Sexual and Reproductive Health

Debunking medication abortion myths

Medication abortion involves the use of 2 drugs, mifepristone and misoprostol, to end a pregnancy.

Myth:
The only option to end a pregnancy is to have a procedure.

Fact: There are **2** options to end a pregnancy:
by procedure and medication.

The mifepristone/misoprostol combination is the only regimen approved in Canada for a medication abortion.[1]

Myth:
A medication abortion only occurs in the hospital.

Fact:
Although the initial consultation takes place in a variety of settings with an authorized prescriber, such as a doctor, midwife or nurse practitioner, the medications can be taken safely at home.

Myth:
Abortion is dangerous.

Fact:
When performed legally and in a regulated environment, abortion is a safe medical intervention.[2]

Myth:
Most people regret having an abortion.

Fact:
Most people feel relieved following an abortion.[4]

Myth:
Abortion leads to negative mental health outcomes, such as depression and anxiety.

Fact:
Having an abortion does not increase the risk of mental health problems. However, when pregnant people who seek abortion services are judged, stigmatized or undermined, the process of accessing this service can become traumatic.

Myth:
Medication abortion drugs cause the pregnancy to be absorbed back into the body.

Fact:
The medications used for abortion work by stopping the pregnancy and causing it to be naturally expelled from the body. This is seen in the form of cramps and bleeding that is heavier than a normal period.

Myth:
Abortion leads to future infertility.

Fact:
1 out of every 1000 patients undergoing a medication abortion experience serious complications that affect future fertility.

Myth:
Only young and irresponsible people have abortions.

Fact:
People in their reproductive years have abortions for different reasons. They are making responsible decisions for themselves and their families.

Myth:
Medication abortion is very painful.

Fact:
Pain, cramping and bleeding are normal and expected side effects. It is advisable to obtain pain relief medications. In addition, making an informed choice, knowing what to expect and having a good understanding of what is happening to your body during the process helps with preparation and coping.

REFERENCES

1. Bancsi A, Grindrod K. Medical abortion: a practice tool for pharmacists. *Can Pharm J (Ott)* 2019;152(3):160–3. https://doi.org/10.1177/1715163519840270
2. Doran F, Nancarrow S. Barriers and facilitators of access to first-trimester abortion services for women in the developed world: a systematic review. *J Fam Plann Reprod Health Care* 2015;41(3):170–80. https://doi.org/10.1136/jfprhc-2013-100862
3. Broussard K. The changing landscape of abortion care: embodied experiences of structural stigma in the Republic of Ireland and Northern Ireland. *Soc Sci Med* 2020 Jan:245:112686. https://www.sciencedirect.com/science/article/abs/pii/S0277953619306811?via%3Dihub
4. Steinberg J. Decision rightness and relief predominate over the years following an abortion. *Soc Sci Med* 2020 Mar:248:112782. https://doi.org/10.1016/j.socscimed.2020.112782
5. Gelman A, Rosenfeld EA, Nikolajski C et al. Abortion stigma among low-income women obtaining abortions in western Pennsylvania: a qualitative assessment. *Perspect Sex Reprod Health* 2017 Mar;49(1):29-36. https://doi.org/10.1363/psrh.12014
6. NHS. *Abortion: risks* [internet]. April 24, 2020. https://www.nhs.uk/conditions/abortion/risks/
7. Gunja MZ, Zephyrin LC. *Health and health care for women of reproductive age* [internet]. April 5, 2022. https://www.commonwealthfund.org/publications/issue-briefs/2022/apr/health-and-health-care-women-reproductive-age

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