Additional Risks

For Home Use of Pills Prescribed by Telemedicine, Delivered by Mail

Inadequate Screening

While women visiting a clinic can have a physical examination and an ultrasound, health care providers doing only an online or telephone interview rely on a woman giving them accurate, honest answers to questions about her last menstrual period, symptoms of ectopic pregnancy, allergies or other disqualifying conditions. If a woman is unaware of these contraindications, mistakes spotting for her last menstrual period, or does not yet recognize signs of ectopic pregnancy, these important factors may be missed and the abortion pills either may not work or may prove dangerous for her.1

Testing for Rh Factor

Failure to identify and treat Rh factor could mean the loss of future pregnancies.2

Higher Failure, Complication Rates

Less careful, less scientific screening will mean more women past the FDA recommended cutoff date of ten weeks, and thus a greater likelihood of complications or a failed or incomplete abortion.3

Less Assurance of Access to Emergency Care

Women doing screening by telemedicine and having pills shipped to remote locations may not necessarily have ready access to specialized surgical care from their prescriber or a nearby emergency care facility if they suffer sudden serious bleeding episodes or a ruptured ectopic pregnancy.4

Quality of Internet Medication

Women buying mifepristone and misoprostol from a foreign based internet pharmacy have no real assurance of product purity, dose, or efficacy and often receive little or no instructions on appropriate use.5

Sale to Dishonest, Deceptive Buyers

Online, telemedical, or telephonic screening and prescription allows those ordering to misrepresent their intentions or identities, potentially allowing these to be resold or given unknowingly to underage teens, unwilling or unscreened women with later pregnancies or conditions for whom these would not work or might prove dangerous.6

Difficulty knowing when you’re done.

Without a professional exam, it is possible a women might bleed and cramp and think her abortion is completed, yet be mistaken.7

Detailed Notes & Citations follow, next page

Detailed Notes & Citations

1. U.S. Food and Drug Administration (FDA), "Mifeprex® (mifepristone) tablets Label," 01/2023 Revision, Reference ID: 5103833, available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s025Lbl.pdf, accessed 5/11/23, see Table 4, p. 13.; Elizabeth Raymond, Daniel Grossman, Ushma D. Upadhay, Mitchell D. Creinin, *et al.*, "Commentary: No-test medication abortion: A sample protocol for increasing access during a pandemic and beyond," *Contraception*, Vol 101, No. 6 (June 2020), pp. 361-366, at p. 363. A 2007 study appearing in the *British Journal of Obstetrics & Gynaecology* found that women's estimates of pregnancy duration were 19 days fewer [two and half weeks shorter] than ultrasound estimates. K. Blanchard, Beverly Winikoff, *et al.*, "A comparison of women's, providers', and ultrasound assessments of pregnancy duration among termination of pregnancy clients in South Africa," *BJOG*, Vol. 114, No. 5 (May 2007), pp. 569-75. Even supposing these misestimations are not intentional to meet the gestational deadline, it is possible that women may miscalculate by mistaking early spotting for a menstrual period.

2. FDA, 01/2023 Mifepristone Label (see note 1), "Warnings and Precautions. 5.5 Rhesus Immunization," p. 6. Armando Fuentes, "Rh Incompatibility During Pregnancy," *KidsHealth* from Nemours, October 2018. Available at https://kidshealth.org/en/parents/rh.html, accessed 7/31/20. Rh D immune globulin for Rh D negative women having either medical or surgical abortions is recommended by the American College of Obstetricians and Gynecologists (ACOG), "Practice Bulletin No. 181: Prevention of Rh D Alloimmunization" *Obstetrics & Gynecology*, Vol. 130, no. 2 (August 2017) pages e57-e70. Also see Kristi Stone Hamrick, "Abortion pills without Rh-testing could prevent many women from every having children," *Washington Examiner*, May 29, 2020, at https://www.washingtonexaminer.com/opinion/abortion-pills-without-rh-testing-could-prevent-many-women-from-ever-having-children, accessed 7/31/20.

3. FDA, 01/2023 Mifepristone Label (see note 1), accessed 5/10/23, Table 4, p. 13 shows risk of failure – defined in terms of "Surgical intervention for ongoing pregnancy" – increased with gestational age. Though that chart showed progression only up to ten weeks, abortion pill advocates led by Elizabeth G. Raymond and Daniel Grossman have advocated a "No-Test" chemical abortion protocol (see note 1) which would rely on prescriber and patient estimates based on last menstrual period or LMP. Authors note that "Regardless of the precise GA [gestational age] limit selected, use of the no-test approach will inevitably result in treatment of some fraction of patients whose true GAs exceed 77 days" [already beyond the FDA limit], p. 363. More recent stories and studies show higher rates of complications with a pharmacy or home delivery system. Researchers from Canada looking at nearly 40,000 abortion patients in Ontario between 2017 and 2020 found nearly 10.3% of the chemical abortion patients visiting the emergency room with some concern or complaint (Ning Liu and Joel G. Ray, "Short-Term Adverse Outcomes After Mifepristone–Misoprostol Versus Procedural Induced Abortion," *Annals of Internal Medicine*, January 3, 2023, online edition). Notably, Canada has a pharmacy distribution system similar to the one proposed for the United States. An analysis by a former executive at Marie Stopes International found higher rates of complications once the "Pills by Post" program was put in place in the United Kingdom. Kevin Duffy of Percuity found that 5.9% of chemical abortion patients were treated for complications connected to incomplete abortions or "retained products of conception." Three percent of women there require surgery to deal with incomplete abortions and 2.3% of these patients were treated in National Trust hospitals for hemorrhage. Rates were higher after the institution of the mifepristone mailing program than before (Percuity, 10/27/21, at https://percuity.files.wordpress.com/2021/10/foi-ma-treatment-failure-211027.pdf, accessed 5/10/23). Another source found a jump in ambulance calls in Britain after the "Pills by Post" system went into operation, increasing by more than 50% in

some areas, up at least 25% in others ("Home abortion pills spark major review demand as emergency call outs double in some areas," Daily Express (London), April 25, 2023, found at express.co.uk/news/politics/1762710/home-abortion-pills-call-outs-review-demand, accessed 5/10/23.

4. Alice Cartwright of Advancing New Standards in Reproductive Health (ANSIRH), a research group from the University of California - San Francisco that, among other things, promotes abortion by telemedicine, writes specifically about "How telemedicine can fill the void left by 'abortion deserts'," *Mashable*, May 27, 2018 at https://mashable.com/article/abortion-deserts-telemedicine, accessed 1/24/22. "Abortion deserts" are those places that are more than 100 miles or more from an abortion clinic. Cartwright neglects to mention that a person far from an abortion clinic may also be miles from the closest emergency room, a critical factor should a patient begin to hemorrhage, show signs of infection, or go into shock. For a map showing what an enormous portion of the United States qualifies as "abortion desert," see Jackie Flynn Mogensen, "This Map Depicts Abortion Access Across America and It's Really Bleak," *Mother Jones*, May 15, 2018, at https://www.motherjones.com/politics/2018/05/this-map-depicts-abortion-access-across-america-and-its-really-bleak/, accessed 1/24/22.

5. Chloe Murtagh, Elizabeth Raymond, Beverly Winikoff, *et al.*, "Exploring the feasibility of obtaining mifepristone and misoprostol from the internet," *Contraception*, Vol. 97, no. 4 (April 2018), pp. 287-291. Though authors tried to argue that their attempt to order abortion pill kits over the internet showed the method was "feasible," they found that none of the kits came with any instructions or warnings, none required any prescription, some came with pin pricks in the packaging that may have degraded the products, raising serious questions about the safety and efficacy of these drugs and the responsibility of those selling them.

6. If a healthcare provider does not directly examine a woman or ask for some sort of identification or documentation, he or she cannot be certain that the person they are talking to is actually pregnant or is even the intended patient. Even before the FDA authorized prescription of abortion pills by telemedicine, there were multiple occasions where someone ordered pills that they intended to use on others, e.g., Kevin Murphy, "Abortion-drug dealer pleads guilty, linked to Grand Rapids man accused of poisoning pregnant woman's drink," *Wisconsin Rapids Tribune*, March 5, 2020, https://www.wisconsinrapidstribune.com/story/news/2020/03/05/abortion-pill-dealer-ursula-wing-guilty-case-tied-grand-rapids-man/4966488002/; Shereen Siewert, "New York woman convicted of illegally selling abortion drugs in Wisconsin," *Wausau Pilot & Review*, July 12, 2020, https://wausaupilotandreview.com/2020/07/12/new-york-woman-convicted-of-illegally-selling-abortion-drugs-in-wisconsin/, accessed 8/7/20.

7. In Stephen L. Fielding, Emme Edmunds and Eric A. Schaff, "Having an Abortion Using Mifepristone and Home Misoprostol: A Qualitative Analysis of Women's Experiences," *Perspectives on Sexual and Reproductive Health*, Vol 34, No. 1 (January/February 2002), pp. 34-40, at p. 37, early pioneer Eric Schaff noted early on in the chemical abortion campaign that "Even though a woman may have experienced cramping and bleeding, she cannot know for certain that her abortion is complete until a provider performs either a sonogram or a hormonal pregnancy test." The FDA concurs. On page 4 of the FDA Mifepristone Label (see note 1), at "2.3 Post-treatment Assessment: Day 7 to 14," The FDA cautions that "Lack of bleeding following treatment usually indicates failure; however, prolonged or heavy bleeding is not proof of a complete abortion."