



1. What is abortion self-care?

Following the World Health Organization's (WHO) definition of self-care, abortion self-care is the ability of pregnant individuals to manage their unwanted pregnancies with or without the support of health care providers - particularly, in the early weeks of pregnancy (up to 12 weeks' gestation).

2. How common is abortion self-care?

Evidence suggests that nearly half of abortions worldwide are self-managed and up to as many as 70% or 80% in some settings.

3. Is abortion self-care safe and effective?

A growing body of literature from around the world indicates that the practice of self-managing a medication abortion can be safe when individuals have access to information about how to obtain pills, how to take pills, assessing for completion, and warning signs that may indicate complications. WHO recommends that individuals in the first trimester (up to 12 weeks pregnant) can self-administer mifepristone and misoprostol medication without direct supervision of a health-care provider.

Studies have demonstrated safe and effective self-managed abortion with support through telehealth online websites, pharmacies and community health workers, and accompaniment models. Recent evidence reported that self-managed abortion with mifepristone and misoprostol was 92%-99% effective among people having abortions less than 9 weeks gestation. Effectiveness was defined "no longer pregnant" obtained through self-report among people obtaining abortion. In select cases, effectiveness also included "no surgical intervention".

4. Is abortion self-care acceptable to a person wanting to end a pregnancy?

People self-manage their abortions for a variety of reasons including fear of discrimination or stigma in the healthcare system or their community, inability to access services due to legal or logistic restrictions, personal preference to self-manage due to ease and convenience, among others. For some people, self-managing their abortion is a choice and for others it is the only option. The type of information and social support that people have when self-managing likely influences how they feel about their experience.

The physical and emotional experience of self-managing abortion may be similar to abortion with clinic supervision. For example, people using misoprostol on their own report similar symptoms to clinic-based clients such as intense cramping and passing large clots. The range of emotions people may feel are also similar, such as gratefulness, relief, confidence, guilt, sadness, stress.

5. Can pregnant people accurately estimate gestational age without a physical examination?

Studies have shown that pregnant people are reasonably good at estimating their gestational age based on last menstrual period (LMP) within the eligibility for outpatient medical abortion (<77days since LMP), without the need for a physical examination.

6. What about in cases where gestational age >77 days from last menstrual period or in second trimester?

Recent studies conducted in legally restricted settings suggest that self-managed medication abortion beyond 12 weeks gestation, when conducted with accompaniment groups and referrals to formal health care services as needed, can be an effective model of abortion care and can provide a safe alternative to clandestine surgical procedures.



7. What are the implications in cases with contraindications to medical abortion, such as ectopic pregnancy?

If a person has a known or suspected ectopic pregnancy based on medical history, signs or symptoms, this should be further evaluated, and appropriate treatment provided without delay. While medications used for medical abortion such as mifepristone and misoprostol do not treat ectopic pregnancy, the medications do not increase the likelihood of complications from ectopic pregnancy. On the contrary, lack of bleeding after medical abortion could provide an earlier suspicion of potential ectopic pregnancy which could lead to expedited evaluation and care compared with women who are being managed expectantly.

8. What happens if someone experiences complications from self-managed abortion?

While complications are rare when using medications for abortion, they can occur. In addition, the abortion experience is new for many people and therefore common symptoms may cause alarm or concern. Whenever possible, all people should be provided information about the available methods of abortion, what to expect during and after the process, how to recognize potential complications and where to seek help. If the person who is self-managing recognizes warning signs of complication or is concerned, they should be able to obtain care at a health facility without judgement for assessment and treatment. Treatment provided to people who have complications following self-managed abortion is similar to that provided to patients presenting with complications after early pregnancy loss or clinic-based medication abortion and should similarly be provided with the appropriate urgency and compassion.

9. Shouldn't an individual be required to have counselling before being eligible for an abortion?

Some people may benefit from counselling to aid in decision making or for emotional support before or after an abortion, while others may not need or want it. The WHO defines counselling as “a focused, interactive process through which one voluntarily received support, additional information or guidance from a trained person in an environment that is conducive to openly sharing thoughts, feelings and perceptions.” This should be offered to all people but should not be required. Some people who self-manage their abortion may obtain emotional support from peers or other people in their community.

10. What is a gender transformative approach to abortion self-care?

Gender-transformative policies and programmes aim to challenge gender norms and promote relationships that are fair and just. Gender-transformative programming aims to build equitable social norms and structures; advance individual gender-equitable behaviour; transform gender roles; create more gender equitable relationships and advocate for policy and legislative change to support equitable social systems.

A gender transformative approach to abortion self-care, thus challenges relationships of power and recognises the right to abortion of every girl, woman or person who can become pregnant, in a manner that respects their rights, autonomy, dignity and needs, taking their lived experiences and circumstances into account. This approach places the individual at the centre with control over decision-making in their lives and challenges gender norms and stereotypes that stigmatise women's reproductive autonomy and that of all individuals who can become pregnant. A gender transformative approach to abortion self-care also ensures that the pregnant individual “leaves” the process more empowered, knowledgeable of their rights, aware of how to address additional needs and feeling in charge of their experience.



Abortion Self-Care Frequently Asked Questions

11. Will abortion self-care reduce choice and remove duty of care for women's health away from the formal health system?

People have been practicing abortion self-care throughout history. Given how common it is, the decision to incorporate support for self-care into service delivery options is an opportunity to meet people where they are, while also maintaining clinic-based services available for those that want or need them. Self-care can offer people autonomy and empowerment in their reproductive health decisions. Yet, the formal health system remains essential in offering accurate information, choice of abortion methods including MVA, reassurance of normal symptoms, treatment for adverse events, and follow up care including the full range of post-abortion contraception options if desired. IPPF has a role to play, alongside other partners, in ensuring that women can access medical abortion either with or without the support of the health system. Formal health systems can and should offer easy links to care as a key part of a woman's support network in her self-care journey, if, and when she should choose to seek that support.