**Research Recap**

**Chemical Abortion: Psychological Risks**

**U.S. abortion rates have steadily declined for decades (**[**https://www.pewresearch.org**](https://www.pewresearch.org/)**), yet the rate of chemical abortions continues to rise, constituting 54% of all abortions.**

**Medication abortion has been transitioning to a home-based protocol with limited clinician assistance. This shift occurred without adequate examination of women’s perceptions and personal experiences and largely divorced from women’s individual lives**

**Reasons Women Cite for Choosing Chemical over Surgical Abortion:**

* Belief that it is safer, “more natural”...akin to menstruation.
* No surgery and/or anesthesia.
* One or both drugs may be taken at home.
* Belief that it is easier and simpler.
* Feeling of being more in control.
* Increased privacy.

**Lowenstein and colleagues (2006) found that compared to women choosing surgical abortion, those choosing chemical abortion were more fragile psychologically:**

* Higher obsessive-compulsive symptoms.
* Higher levels of guilt.
* Higher interpersonal sensitivity scores.
* More paranoid ideation.
* More general psychiatric symptoms.

**Women’s Pre-Abortion Concerns Expressed in Studies of
Chemical Abortion:**

* Efficacy of the procedure*…will it really work?*
* The level of pain involved.
* Long-term detrimental health effects, particularly with regard to future planned pregnancies.

**Reasons to Expect More Psychological Trauma with Chemical Abortion
Compared to Surgical:**

* The participatory role of the woman, as the woman is directly responsible for the abortion.
* Chemical abortion requires the woman to be more alert and involved during the process.
* The woman may see the expelled fetus.
* The woman is more likely alone and without emotional support.
* The home generally or the bathroom, in particular, may become associated with abortion.

As researchers Slade and colleagues (1998) noted: *“One of the main differences
between these two methods of termination is the consciousness and participation of the patient in the medical procedure in a process that involves blood, pain, and death.”*

**Studies Indicating More Psychological Distress among Women Undergoing Chemical vs. Surgical Abortion**

* Slade and colleagues (1998) found that compared to those who had surgical abortions, those who had chemical abortions rated it as more stressful and experienced more disruption in their lives.
* Ashok and colleagues (2005) reported 46.8% of women undergoing a chemical abortion experienced a significant decline in self-esteem 2-3 weeks following the abortion. This was a higher percentage than among those who had a surgical abortion (39.5%).
* Kelly and colleagues (2010) reported women who underwent chemical abortion had higher PTSD intrusion scores (nightmares, unwanted thoughts, and images) than women who had surgical abortions.
* There is also some published data indicating the levels of psychological distress are comparable among women undergoing the two forms of termination.
* Rafferty and Longbons’s (2020) reported that negative and difficult emotions following chemical abortion were common, with 38% explicitly stating problems with anxiety, depression, drug abuse, and suicidal thoughts.
* Regret was common in this sample as well, with 77% explicitly stating that they regretted their decision to have an abortion.

**Women’s Ambivalence with Chemical Abortion**

* Kero and Lalos (2009) interviewed 100 women one week following a medication abortion in Sweden. Mixed feelings pertaining to starting the process and ingesting the pill were identified by approximately 30% of the women in the sample.
* The author noted, “..Thirteen of these women made comments about existential thoughts in relation to the act when they took the pill in such terms as ‘the definitive act’, ‘an act with no return’, ‘here I sit and have an abortion . .. unreal and irrevocable’. Several of these women stated that taking the pill was the most difficult part of the whole abortion procedure’.

**Women’s Dissatisfaction with Chemical Abortion**

* Slade and colleagues (1998) reported 47% of a group who underwent a chemical abortion would not choose the same procedure again compared with 23% of a surgical group.
* Kelly and colleagues (2010) found 47% of women who underwent chemical abortions indicated they would not choose the method again and 53% felt the procedure was worse than expected.
* Rorbye and colleagues (2005) reported 32% of women were not satisfied when randomly assigned to a chemical abortion compared to 6% assigned to a surgical abortion.
* Ashok and colleagues (2002) found 30% of women who underwent chemical abortion and 21% who underwent surgical abortion would not opt for the same method in the future.
* Aamlid, and colleagues (2021) concluded that women felt information provided for chemical abortion was inadequate, especially as related to bleeding and pain.

**Key Sources:**

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3. Hallden, B. M., Christensson, K., & Olsson, P. (2009). Early abortion as narrated by young Swedish women. Scandinavian journal of caring sciences, 23(2), 243–250.
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6. Rafferty, K. A., & Longbons, T. (2020). #AbortionChangesYou: A case study to understand the communicative tensions in women's medication abortion Narratives [published online ahead of print, 2020 Jun 1]. Health Commun. 1‐10.
7. Rørbye, C., Nørgaard, M., & Nilas, L. (2005). Medical versus surgical abortion: comparing satisfaction and potential confounders in a partly randomized study, Human Reproduction, 20 (3), 834–838.
8. Slade, P., Heke, S., Fletcher, J., & Stewart, P. (1998). A comparison of medical and surgical termination of pregnancy: choice, emotional impact and satisfaction with care. Br J Obstet Gynaecol. 105(12),1288‐1295.