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REPORT

Abortion pills: why the adverse effects are underestimated

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Why are the complications of abortion pills underestimated? This question is answered in a report by Randall K. O'Bannon, published in September 2025 by the US pro-life group National Right to Life. The analysis takes into account a number of recent studies,

along with official data from federal agencies such as the Food and Drug Administration (FDA), public statements, and dominant media trends.

The above question relates to the discrepancy that frequently emerges between different research studies, depending on who is promoting and conducting them. The abortion industry claims that mifepristone, the first of the two substances taken in the standard chemical abortion procedure (the other being misoprostol), results in serious complications in fewer than 0.5% of cases. This figure contrasts sharply with the results of other research. For instance, a significant report released in April of this year by the Ethics & Public Policy Center (EPPC) examined insurance claims associated with 865,727 mifepristone abortions in the United States between 2017 and 2023. This study revealed that approximately 11% (10.93%) of women experienced severe complications within 45 days of undergoing a chemical abortion. In practice, this is approximately 22 times higher than the figure quoted by the promoters of the pill. This figure is also closer to the results of other studies on the use of the abortion pill in Canada, the UK, and Finland.

Why is there such a marked discrepancy? O'Bannon's report emphasises three main points. First, abortion pill providers and promoters suggest that women conceal the complications associated with mifepristone use and lie to their doctors by saying they have had a miscarriage. Back in 2020, Aid Access, an organisation that provides abortion pills by mail, advised women as follows on its website: "If you think you might have a complication you should go to a doctor immediately. You do not have to tell the medical staff that you tried to induce an abortion; you can tell them that you had a spontaneous miscarriage...". The abortion organisation added that the symptoms of a miscarriage and a pill abortion are exactly the same, and that the doctor will not be able to see or detect any evidence of abortion as long as the pills have completely dissolved.

In 2024, Rebecca Gomperts, the founder of Aid Access and a Dutch doctor, speakingto a US feminist magazine (*Ms.*) about women who have used abortion pills and need togo to the emergency room, said: "We want them to be able to go and not to be afraidand scared to be prosecuted", as long as they give "the correct information [sic!] and saythat they had a miscarriage and not that they took abortion pills". However, as theNational Right to Life report notes, even after the *Dobbs* ruling in 2022, "no stateprosecutes women for seeking or attempting abortions. Women can reveal the oneresponsible for their injury without fear of exposure or prosecution". In other words,failing to report that the complication is due to the abortion pill 'saves' not the women,but those who supply, prescribe or administer the pill itself.

Moreover, the medical equivalence between miscarriage and chemically induced abortion is false. As gynaecologist Ingrid Skop, director of medical affairs at the Charlotte Lozier Institute, explains: "The abortion pill impairs the immune system, meaning that women experiencing complications have a higher risk of infection, including an unusual sepsis. The abortion pill also increases the risk of hemorrhage". A corollary of abortion-related misinformation is the opposite of reality: on the one hand, the idea is conveyed that mifepristone, which is used to terminate pregnancies, is safe for women; on the other hand, pregnancy is considered particularly dangerous due to an alleged increase in 'spontaneous' abortions, which are actually voluntary.

The report also highlights the behaviour of the media, which largely follows the abortion industry's narrative and tends to minimise or attribute adverse effects to other causes. They do this despite the FDA reporting that 36 women have died and several thousand have experienced complications, including serious ones, as a result of taking mifepristone between its approval on 28 September 2000 and 31 December 2024. It must be remembered that the number of official complications is largely underestimated, both because it clearly only concerns adverse effects that have come to the attention of the FDA (and thus the public), and because, as of 2016, the US drug agency no longer requires the reporting of complications due to abortion pills, except in cases of death.

The third component of the distortion is the way the abortion industry qualifies the adverse effects of abortion pills. A study published in 2015 on emergency room visits in California and conducted by a group of researchers led by Ushma Upadhyay is exemplary in this regard. Examining the medical records of women who had had an abortion with mifepristone, Upadhyay and her team reported only 0.31% "serious" complications (hospital admissions, surgery and blood transfusions). This study is one of

the most frequently cited to support the supposed 'safety' of mifepristone and claim that serious complications are less than 0.5%. However, the classification of severity is misleading, as Upadhyay's study includes situations such as cervical injuries requiring sutures, failed or incomplete abortions, haemorrhages, infections, aspiration surgery and uterine perforations under "minor" complications. Including all these post-abortion complications, O'Bannon notes that the percentage rises to 5.19%, meaning that more than one in twenty women in the study experienced adverse effects requiring emergency room access.

Other studies, some by abortion supporters themselves, have found even higher percentages. However, even a figure of 5%, which refers only to physical consequences and not psychological or moral ones, which are also very real, reminds us that the abortion industry, besides being hostile to unborn children, is incompatible with 'women's health'.

One final point to stress is that the National Right to Life report reminds us that undergoing a chemical abortion increases the risk of an ectopic pregnancy. In other words, if a woman with an ectopic pregnancy takes mifepristone and misoprostol, they will not be effective and she may confuse the symptoms (e.g. cramping and bleeding) with those of a normal chemical abortion. This could result in her not seeking the necessary treatment in time and putting her life at risk.