

Psychological Effects of Chemical Abortion

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There is no evidence that abortion helps women's mental health and plenty of evidence that many women suffer negative mental-health consequences following an abortion.¹ But there is also evidence that chemical abortions pose particular risks to women's psychological wellbeing.

Chemical abortions now account for nearly two-thirds of all abortions annually, according to the most recent estimates.² The U.S. Food and Drug Administration has relaxed its safety standards surrounding chemical-abortion drugs, allowing women to obtain them without seeing a physician in person, or even at all. It is now possible for women to obtain a chemical abortion via telemedicine from any certified prescriber, including non-physicians such as a physician assistant or pharmacist.

In this context, it is particularly important to understand the unique consequences of chemical abortion to women's mental health. Women often report regret and other negative mental-health consequences following an abortion, but the experience of a chemical abortion seems to present unique psychological concerns. This could be in part because women self-administer a chemical abortion and thus feel more personally responsible for the outcome than they do in the case of surgical abortion. Data and anecdotes also suggest that a lack of information about what to expect during a chemical abortion contributes to women's negative experiences.

While there has been relatively little research into the psychological consequences of chemical abortion specifically, evidence suggests that the experience of chemical abortion poses particular difficulties for women. One qualitative study on the subject surveyed 18 women who obtained

abortions during the second trimester and found that many of the women who underwent chemical abortions described their experience, contrary to their expectations, as having been like a "mini labour" or "giving birth."³

Women said they had not "anticipated how closely the process might resemble experiences of childbearing," and they described "passing the fetus" as "distressing and painful." One woman said that seeing the fetus after the abortion was complete "was for her 'the worst bit' of the experience." By contrast, women in the study who had surgical abortions "appeared to be more distanced from the corporeality of the procedure, and particularly from any visceral encounter with the fetus."

The experiences of the women in this study have been echoed by anecdotal evidence. One group of Ohio women's centers shares the stories of women who have had abortions, including this experience of one young woman who underwent a chemical abortion:

I remember the excruciating pain during the termination process. I was doubled over on the floor of the living room, biting a washcloth because the pain was so intense. Eventually, I passed out on the floor falling asleep for several hours. I would wake up and it would all start again. This went on for a few days but with each day, I started feeling more myself.

Several days had gone by and I still hadn't miscarried. Until one evening at work, I started to feel what would be menstrual cycle pains and excused myself to the restroom. I sat down on the toilet and blood began pouring out of my body. I stood up and gazed down at the small sack that had exited my womb. Everything felt very surreal

at that moment as if I were in a dream. When I fully realized that my baby was lying on the bottom of the commode, I began to cry. The loss that I had felt was very real at that moment, recognizing what I had done and that I had ended my own child's life.⁴

A large case study of women who had chemical abortions, meanwhile, found that most women were largely unprepared for the experience, were

taken by surprise by various aspects of the abortion process including its pain and intensity, and were left with some kind of regret or other negative mental-health consequences.⁵ While some women also reported experiencing feelings of relief after their abortion, nearly 80% of women “explicitly stated that they regretted their decision” and experienced “emotional pain, suffering, remorse, and guilt” in the aftermath.

Endnotes

- 1 For more detail on the mental-health consequences of abortion to women, see EPPC's previous whitepaper “[Abortion and Mental Health](#).”
- 2 Rachel K. Jones and Amy Friedrich-Karnik, “Medication Abortion Accounted for 63% of All US Abortions in 2023—An Increase from 53% in 2020,” Guttmacher Institute, March 2024, <https://www.guttmacher.org/2024/03/medication-abortion-accounted-63-all-us-abortions-2023-increase-53-2020>.
- 3 Purcell, C., Brown, A., Melville, C., & McDaid, L. M. (2017). Women's embodied experiences of second trimester medical abortion. *Fem Psychol*, 27(2), 163–185. <https://doi.org/10.1177/0959353517692606>
- 4 “I Took the Abortion Pill,” Heartbeats, February 20, 2020, <https://heartbeats.org/i-took-the-abortion-pill/>.
- 5 Katherine A. Rafferty, Tessa Longbons, “#AbortionChangesYou: A Case Study to Understand the Communicative Tensions in Women's Medication Abortion Narratives,” *Health Communication* 36, no. 12 (2021): 1485–1494, doi:10.1080/10410236.2020.1770507.

