

WHAT IS MEDICATION ABORTION?

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Medication abortion—also known as abortion pills or medical abortion—is the process of ending a pregnancy through medication.

The most common regimen in the United States involves two medications: mifepristone and misoprostol. Another regimen is misoprostol alone. Like the two-drug regimen, misoprostol alone is safe and effective. Misoprostol alone is used internationally, supported by [professional and medical organizations](#), and relied upon when mifepristone is not available.

History

The FDA approved mifepristone for abortion in 2000. Mifepristone is currently approved by FDA for use through 10 weeks. It is also safely used off-label for [abortions later in pregnancy](#).

The FDA imposed a Risk Evaluation and Mitigation Strategy (REMS) on mifepristone out of what it claimed was an abundance of caution. Others recognize that [abortion exceptionalism](#) contributed to the drug's strict regulations. Among the [many medically unnecessary restrictions](#), one REMS required patients obtain and take mifepristone in-person. In 2023, FDA lifted this in-person dispensing requirement, allowing patients to obtain mifepristone from certified pharmacies, including by mail.

Common. Safe. Effective.

In 2023, medication abortion accounted for [63% of all clinician-provided abortions](#) in the United States. Decades of research show that medication abortion is overwhelmingly safe and effective. [The National Academy of Science, Engineering, and Medicine's](#) comprehensive review of medication abortion found a safety rate exceeding 99%. [More than 100](#) peer-reviewed clinical studies have found that mifepristone has a low complication rate and is effective for use in abortion care.

Evidence also [affirms](#) that medication abortion is just as safe when patients get pills by mail or at a pharmacy after a telehealth appointment. Patients rely on telehealth medication abortion to help [navigate barriers](#) to in-clinic care. For patients living in states with total abortion bans, [telehealth medication abortion accounted for nearly all abortions](#) in those states in 2025.

How Do People Use Medication Abortion?

The [two-drug regimen](#) involves swallowing one mifepristone pill. Then, twenty-four to forty-eight hours later, dissolving four misoprostol pills sublingually, buccally, or vaginally. Some people may need a second dose of misoprostol.

The [misoprostol only regimen](#) is similar. Four misoprostol pills are dissolved sublingually, buccally, or vaginally three times every three hours until the individual takes twelve pills. Some people may need an additional dose of misoprostol.

There are [multiple ways](#) to obtain mifepristone and misoprostol:

- One can visit their health care provider in-person, where they can take mifepristone on-site or at home and then take misoprostol at home.
- In some states, one can receive mifepristone and misoprostol from a pharmacy—in-person or by mail—after a telehealth appointment.
- Some people may receive medication abortion outside of a clinical setting, such as through community networks or websites. This is a [self-managed abortion \(SMA\)](#). One may self-manage their abortion for many reasons, such as a desire for privacy or a lack of access to care. Regardless of the reason, SMA is a [safe and effective](#) method of abortion care.

The freedom to have medication abortions where one feels safe, whether that is at home, a friend's house, or a clinic, is crucial to realizing reproductive freedom.

Threats and Opportunities

Medication abortion is highly politicized and restricted, despite its overwhelmingly positive track record. At the state and federal level, anti-abortion extremists use misinformation and junk science to push unpopular policies that stigmatize medication abortion. For example, as of September 2026, [twenty-eight states](#) restrict access to medication abortion. Additionally, antis are pressuring FDA and Congress to rescind mifepristone's approval, particularly mifepristone's availability via mail and in pharmacies.

Lawmakers and advocates should work to ensure everyone can access abortion care—including medication abortion—free from stigma, barriers, and political interference. To do so, we must reclaim the narrative by highlighting the science and lived experiences that reaffirm medication abortion's safety and effectiveness. We must protect and expand access to abortion via telehealth. Telehealth is a [vital](#) lifeline for people who need and want abortions because telehealth is [private](#), [accessible](#), [affordable](#), and [safe](#). Finally, we must condemn policies that criminalize abortion seekers, providers, and pills. No one should fear surveillance, jail, or arrest for making decisions about their reproductive future.

To learn more about medication abortion, check out our Medication Abortion Brief: <https://www.prh.org/medication-abortion-brief>



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