Self-managed abortion: How well does misoprostol alone work to end pregnancies even at later gestation periods?

As more than a dozen states banned abortion in the past year, women with unwanted pregnancies have turned in growing numbers to self-managed medication abortions.

But the arduous and time-consuming methods needed to procure the drugs create delays, often meaning pregnancies are more advanced by the time the drugs arrive. The new study, one of the first to report on self-managed medication abortions carried out after the first trimester of pregnancy, offers these women some reassurance, researchers said.

Follow the latest news and policy debates on sustainable agriculture, biomedicine, and other ‘disruptive’ innovations. Subscribe to our newsletter. SIGN UP

The two-drug regimen of mifepristone and misoprostol is approved by the Food and Drug Administration for use through only 10 weeks of pregnancy, under the supervision of a health care provider.

But the W.H.O., taking into account shortages of health care providers in much of the developing world, endorses self-managed medical abortions in pregnancies of up to 12 weeks without medical supervision.

The new report was a sub-analysis of a larger study that looked at 1,352 women who self-managed abortion at different stages of pregnancy, and the number with more advanced gestations was relatively small.

Only three participants self-managed abortions with gestations of 17 weeks and longer, and the study’s authors called for more research into medication abortion and later pregnancies.