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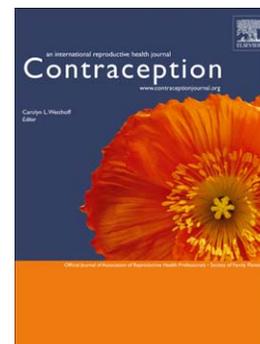
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in the United States

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Self-Sourced Online and Self-Directed at Home: A New Frontier for Abortion in the United States

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In their paper “Exploring the Feasibility of Obtaining Mifepristone and Misoprostol from the Internet”, Murtagh and colleagues provide the first published examination of the availability of abortion medications shipped to United States addresses by unregulated online pharmacies [1]. Among 20 products received from 16 unique websites, all contained the labeled active ingredients in amounts sufficient to cause early abortion. Previous research suggests that women in the US have sought out alternative pathways to abortion, including botanicals and abortion medications from pharmacies and markets [2]. The results of this important study now make it possible for those seeking abortion medications online to shop with increased confidence that pills will actually arrive in their mailbox and contain the labeled active ingredients. But, given that this form of access is a radical departure from our current clinical care model, it necessarily raises questions about the experiences of people who might self-source abortion medications online and self-direct the use of these medications at home. While these questions are by no means limited to clinical concerns, this commentary focuses on the ability to obtain an effective abortion with a low risk of complications and desired level of support.

Assuming that an individual does obtain a product containing the advertised levels of active ingredient, as the study results suggest is possible, does this automatically translate into the ability to conduct a safe and effective abortion? The standard medication abortion protocol (200mg mifepristone and 800mcg misoprostol) offered by the sites Murtagh *et al.* examined has already been established to be highly effective and extremely safe [3-6]. Additionally, although those who self-source their own medication abortions online may not see a healthcare professional in person before doing so, recent evidence suggests that women are able to accurately date their pregnancies using the date of their last menstrual period [7], and that ultrasound confirmation of gestational age or pregnancy location is unnecessary [8]. The key question, then, is whether online pharmacy sites

provide adequate instructions for how to use the medications, sufficient information to understand the risks, the ability to recognize the signs of a potential complication, and the knowledge to determine where and how to seek in-person medical assistance when necessary. In other settings where abortion is highly restricted, tens of thousands of people have self-sourced and self-directed their own medication abortion through online telemedicine services [9], with high rates of effectiveness comparable to the clinic setting, very low rates of complications [10][11], and high acceptability among users [12]. A key aspect of these services is that they provide all of the instructions and information listed above. But Murtagh et al. found that none of these types of information were provided with the medications they obtained, raising the question of whether those relying on pharmacy sites can find other sources of high quality information—such as the information available through organizations such as Safe2Choose, Women on Web, and Women Help Women—or whether they can judge the quality of lay information provided on online forums and discussion sites.

Beyond safety and effectiveness, do those who avail of medication abortion through online pharmacy sites have access to sufficient support? Another important aspect of the online telemedicine initiatives discussed above is that they provide support as desired before, during, and after the abortion experience. Such support can range from practical information on how to maximize comfort during the abortion or how to find trusted sources of in-person care, to having someone with whom to share the experience and talk through feelings, or simply to provide reassurance that someone is there if needed. Those availing of medications from online pharmacy sites may lack sources of practical or emotional support, and depending on individual circumstances may be alone, stigmatized, or marginalized. Additionally, while recent evidence concludes that

follow-up care after medication abortion should not be mandatory [13], it is not clear that those who avail of medications online would be able to easily access follow-up care if desired or needed.

Finally, does ordering abortion pills online necessarily overcome some of the main barriers to accessing abortion services through the formal healthcare setting? For instance, for those who might access abortion medications online to circumvent privacy issues, phone calls from credit card companies or other communication that draws attention to the online order may negate any attempt at privacy or even raise personal safety concerns. Additionally, despite the lower cost of online medications compared to medication abortion provided at a clinic, people with few financial resources may still struggle to afford the medications, and those searching for the cheapest option may be more likely to purchase misoprostol only, thus requiring them to rely on a less effective protocol [14].

To fully meet the needs of those who may self-source and self-direct their own abortions using medications obtained online, we need to understand the experiences of those who have done or have considered doing so [15]. We need only turn to history, however, to understand that when abortion within the formal healthcare setting in the US is inaccessible or unacceptable, people may seek other pathways [16]. And like those before them in the pre-Roe era, those who are well-informed, endowed with resources, and embedded within a supportive community will have the opportunity to complete their own abortions safely and effectively. Those who are isolated from information, alone, and stigmatized may not. In 2017, self-sourced and self-directed abortion can be a network of people providing each other with accurate information and supporting each other through process that is not only safe and effective, but also private, convenient, and empowering. But it is up to policy-makers, advocates, clinicians, and researchers to perceive an ethical, public

health, and reproductive justice imperative to help make it so. Research to better understand the experiences and unmet needs of those who self-source, as well as ongoing advocacy efforts to inform the public discourse and improve access to sources of safe and effective pills are vital to ensure a future where all abortion options are available and equitable choice is a reality.

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