



RCOG position statement on self-managed abortion

This statement sets out the RCOG's position around self-management of abortion.

The term self-management of abortion (also referred to as abortion self-care¹) is used to describe the use of medication² by a pregnant woman to induce their abortion, with limited or no involvement of a medical professional.

Self-management of abortion can involve some or all of the following elements: self-assessment of eligibility for medical abortion; self-administration of medicines; and/or self-assessment of the success of the abortion.ⁱ Most commonly, only part of the abortion pathway is self-managed, such as in the case of telemedicine for abortion.

The RCOG endorses the WHO's recommendation that self-managed medical abortion up to 12 weeks of pregnancy is a safe and effective abortion method, recognising the importance of women and people who are pregnant self-managing their abortion having: accurate information; access to quality-assured drugs and; access to a healthcare professional should this be needed or desired.ⁱⁱ

Self-management of abortion has incredible potential to increase access to quality³ abortion care globally. It should be available as a delivery model alongside clinic-based medical and surgical abortion care. It is key that those who require abortion care are provided with the option to choose the pathway that is safe and appropriate for their individual needs, preferences and health background.

The practice provides a safe pathway that facilitates women to have an abortion and has huge potential to reduce the number of unsafe abortions⁴ across the world each year. However full access cannot be guaranteed until abortion care is decriminalised and legal. **The RCOG is calling for the decriminalisation of abortion globally and urges governments around the world to take progressive steps to this end.**

¹ Self-care and self-management are terms that are sometimes used interchangeably. The WHO defines self-care as the “ [...] ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker.” See WHO Self care interventions for health https://www.who.int/health-topics/self-care#tab=tab_1

² In a medical abortion, a pregnancy is ended using mifepristone and misoprostol, or misoprostol alone, in the recommended doses for the duration of the pregnancy at time of the abortion. Medical abortion is recommended by the World Health Organization (WHO) as an effective and safe abortion care method.

³ Quality abortion care is defined as safe, effective, equitable, acceptable/person centered, efficient, and accessible (<https://srhr.org/abortioncare/>)

⁴ Between 2010 and 2014, 25 million unsafe abortions took place each year⁴, many of which will have resulted in hospital treatment with some that may have led to morbidity and even death. See Ganatra, B, et al (2017) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31794-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31794-4/fulltext)



Creating an enabling environment for self-management of abortion

Self-management of abortion provides a person-centred, rights-based, equitable abortion care pathway. To ensure it is available and accessible, it is important that an enabling environment is created for individuals to self-manage their abortions.

This should include:

1. Accessibility of effective and accurate information about self-managing abortion;
2. Availability of quality assured, affordable and accessible abortion medication;
3. A healthcare system that is prepared to support women who are self-managing their abortion at any stage of the process, if they want support or if there is a medical need;
4. A law and policy framework that facilitates self-management of abortion, ultimately through the decriminalisation of abortion.

The role of healthcare professionals in creating an enabling environment

Obstetricians and gynaecologists, as well as nurses, midwives and other associated healthcare professionals can play an important role in creating an enabling environment for the self-management of abortion.

Information provision

1. OBGYNs and other health professionals have an important role to play in ensuring that information about abortion care, including self-management delivery models, is accurate and factual. They are key in ensuring that information is available and disseminated widely, working with hospital management, professional associations and other relevant stakeholders to do so.

Quality and available medication

2. Where mifepristone and/or misoprostol are not readily available in a country, or are not quality assured, healthcare professionals have an important role in advocating for improved access to essential medicines, working in partnership with professional bodies, the private sector and other relevant stakeholders.

Legal, policy and practice

3. It is important for healthcare professionals to be supportive of self-management as a safe and effective pathway to care. In contexts where self-management for abortion is currently legally restricted, they can play an important role in advocating for change, using the available evidence that shows that self-managed abortion is an important and safe pathway to expand access to abortion care and calling for decriminalisation of abortion. Healthcare professionals can also advocate for the update of clinical protocols and guidelines to include self-management as an effective abortion care pathway and advocate for universal access to post-abortion care in all circumstances without fear or recrimination.



In settings where self-management abortion is available, OBGYNs should be ready to support people during any stage of the self-management process when requested. This support should be respectful, non-discriminatory, and in line with evidence and established best practice, such as the WHO Abortion care guidelines.ⁱⁱⁱ

Legal reform and decriminalisation

4. Where the legal framework does not facilitate (aspects of) self-management for abortion, healthcare professionals can be strong advocates for legal and policy reform to allow for self-management of abortion, as well as the overall decriminalisation of abortion.

ⁱ World Health Organisation (2022). Abortion care guidelines.
<https://www.who.int/publications/i/item/9789240039483> p.98

ⁱⁱ Idem

ⁱⁱⁱ World Health Organisation (2022). Abortion care guidelines.
<https://www.who.int/publications/i/item/9789240039483>