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Self-Managed Abortion and Criminalization in the Post-*Dobbs* US

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Pregnant people have, for millennia, sought to self-manage their own fertility. Records from ancient Egypt, Greece, and Rome document a range of practices, including herbs, vaginal douches, and suppositories, that pregnant people themselves used to induce abortions.[1] Indigenous communities around the globe hold deep knowledge of native herbs that can be used to bring on a menses.[2] Today, we would refer to these methods collectively as *self-managed abortion*, a term commonly defined as "any action a person takes to end a pregnancy without clinical supervision."[3] Recent World Health Organization estimates suggest that nearly half of the 56 million abortions worldwide may be self-managed.[4] In some countries, such as India, estimates suggest that self-managed medication abortion (eg, using misoprostol with or without mifepristone for abortion without clinical supervision) may comprise up to 80% of all abortions.[5] Decades of experiential evidence from around the globe has demonstrated that access to misoprostol (and mifepristone, where available), with or without a prescription, coupled with accurate information offers people the ability to safely and effectively self-manage their own abortions.[6]

In contexts where abortion is legally restricted, like in some parts of the US, self-managed abortion is likely more common than where abortion is legally available. However, in large part due to social and cultural stigmas, regardless of legal setting, accurate measurement of abortion incidence and outcome has been challenged by underreporting and selection bias. Measurement challenges are further exacerbated in the study of self-managed abortion, for which the universe of people who self-manage is difficult to ascertain,[3] and the process of searching for, obtaining, and/or attempting self-managed abortion can lead to criminal, immigration, and family policing consequences from the state. Despite these challenges, documenting trends in the prevalence of self-managed abortion attempts and methods used, in the US and around the globe, is necessary science. This research can help to inform interventions that support people who cannot or may not want to access abortion within the formal health care sector, reduce the risks of criminalization for those people, and can help to identify where information needs and barriers may exist for different communities.

In a series of cross-sectional online surveys, Ralph et al[7] sought to understand whether the prevalence of self-managed abortion attempts increased following the *Dobbs vs Jackson Women's Health Organization* decision. Using a nationally representative sample from a panel survey administered in December 2021 and January 2022 (7016 participants) and in June and July2023 (7148 participants), the authors found a statistically significant 1% increase in the proportion of people reporting ever having attempted to self-manage an abortion (from 2.4% in 2021 to 3.4% in 2023). The authors estimated an adjusted lifetime prevalence of self-managed abortion attempts in the 2023 sample of 5.1% (95% CI, 4.1%-6.1%), and after accounting for under-reporting of abortion, this estimate was 10.7% (95% CI, 8.6%-12.8%). An increase in self-managed abortion attempts following the 2022 *Dobbs vs Jackson Women's Health Organization* ruling by the Supreme Court that the Constitution does not confer a right to abortion is consistent with the global literature demonstrating that in settings where abortion is legally restricted, people continue to access abortion, often by self-managing.[4] Ralph et al[7] acknowledge a number of important potential limitations to their measurement approach, including likely underreporting in their sample of a stigmatized behavior that is highly politicized, and the potential for differential underreporting between the 2 samples in an unknown direction. Given that the time period between surveys coincided with a proliferation of state-level bans and laws—for example, Senate Bill 8 and Senate Bill 4 in Texas isolate people who need abortions by legally threatening those who seek to support

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them—it would not be surprising if respondents were less likely to report self-managed abortion attempts, especially in states where such laws pose a risk to them or their loved ones.[8]

Additionally, in their sample, participants who hold a variety of marginalized identities, including Black participants, adolescents, and lesbian, gay, bisexual, transgender, queer, and nonbinary/gender nonconforming participants, were more likely to report attempting to self-manage abortion. While also subject to biases from potential differential reporting, these findings may signal that increasing barriers to abortion access may make it more challenging for those whose identities are marginalized to access care within the formal health care sector. Alternatively, the data could simply be capturing an ongoing phenomena–that the formal health care sector has never been equally accessible or served the needs of these communities[9] resulting in the need (or preference) to avoid health care settings and opt for self-care. Another notable finding in the study by Ralph et al[7] is that most people reporting self-managed abortion attempts did not use abortion medications (75.9%), and instead relied on ineffective methods (eg, taking a hot bath or shower) or potentially harmful methods (eg, hitting oneself in the stomach). Given the distribution of methods used, it is not surprising that only 32.6% of reported self-managed abortion attempts were initially successful, while another 19.5% later obtained abortion care at a clinic. These findings are consistent with the global literature indicating that lack of knowledge about or accessibility of abortion medications contributes to the use of unreliable methods, unsuccessful abortion attempts, and/or delays in abortion care.[10] Additionally, that herbs were used in 25.9% of self-managed abortion attempts could indicate among some respondents, easier access to, or preference for, herbal approaches or other traditional methods.

Despite the myriad measurement challenges associated with capturing representative data on self-managed abortion, Ralph et al[7] document an increase in attempted self-managed abortion in the US following the *Dobbs vs Jackson Women's Health Organization* decision. As legal restrictions on abortion throughout the US persist, including attacks on the availability and use of abortion medications within the health care system, this increase may continue to grow. In response to the increasing prevalence of self-managed abortion in the US, health care professionals and those committed to public health must work to ensure that people have access to evidence-based information about how to safely self-manage abortion with medications, provide support and resources for people with questions about the process, and do everything in our power to prevent people from being criminalized for seeking essential health care.

ARTICLE INFORMATION

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