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Texas Abortion Patients' Attempts to End Their Pregnancy on Their Own is Higher than the National Rate, New Study Finds

Seven percent of Texas abortion patients in the study reported trying to self-manage abortion before coming to a clinic for services.

Women cited cost and long distance to clinics as reasons for choosing to self-manage abortion.

AUSTIN, Texas—A new study by the [Texas Policy Evaluation Project](#) (TxPEP) finds that approximately seven percent of patients seeking abortion at Texas clinics had tried to end their current pregnancy on their own before coming to the clinic. This is higher than the national rate of 2.2 percent. The article was recently published in [BMC Women's Health](#).

Women mentioned four primary reasons for attempting to self-manage their abortion: 1) they could not afford to get to a clinic or pay for the procedure; 2) their local clinic had closed; 3) a close friend or family member recommended self-managing abortion and 4) they wanted to avoid the stigma or shame of having an abortion.

"No single reason was enough for anyone to consider self-managing their abortion," says Liza Fuentes, senior research scientist at Guttmacher Institute and researcher with TxPEP at the time of the study. "For all of the women we interviewed, poverty intersected with other obstacles to leave them feeling they had no other option."

The methods used for abortion self-management fell into two broad categories: medications, such as misoprostol, a safe and effective pill used as part of clinic-based medication abortions that can be obtained in Mexico without a prescription; and home remedies such as herbs, teas, and vitamins. Most women who used misoprostol were successful in ending their pregnancy; women who used home remedies did so without success and then sought abortion care at a clinic.

Nearly all of the women in the study said that they would prefer to go to a clinic and would recommend a friend go to a clinic instead of trying to self-manage their abortion because their experience was difficult, painful, uncomfortable, or because it could be dangerous or ineffective.

“Even though the women we interviewed said they would prefer going to a clinic, many chose self-managed abortion when that was the only feasible option,” says Daniel Grossman, investigator at TxPEP and director of Advancing New Standards in Reproductive Health at the University of California at San Francisco. “These findings highlight how barriers to care force some people to self-manage their abortion when faced with limited options.”

These results are based on 721 surveys conducted in 2012 and 2014 with patients seeking abortion care at facilities in Texas and 18 interviews conducted from October 2014–October 2015 with women in Texas, some of whom did not access clinic-based care, about their experiences with self-managed abortion.

Since 2011, Texas has passed numerous laws limiting access to clinic-based abortion services. These laws include a mandatory ultrasound requirement, stricter gestational age limits for abortion, and other medically unnecessary restrictions on abortion providers and facilities. There currently are only 24 facilities providing abortion services in the state of Texas, compared to 41 clinics that were open in 2012.

See the full citation below:

L. Fuentes, S. Baum, B. Keefe-Oates, K. White, K. Hopkins, J.E. Potter, D. Grossman. Texas women’s decisions and experiences regarding self-managed abortion. *BMC Women’s Health* 2020; 20, 6 [doi:10.1186/s12905-019-0877-0](https://doi.org/10.1186/s12905-019-0877-0).

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About the Texas Policy Evaluation Project

The [Texas Policy Evaluation Project](#), or TxPEP, is a comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the Texas Legislature. The project team includes researchers at The University of Texas at Austin Population Research Center, the University of California San Francisco, and Ibis Reproductive Health. The project is supported by grants from the Susan Thompson Buffett Foundation. Infrastructure support for the Population Research Center is provided by a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Funders of the Texas Policy Evaluation Project have no role in the design and conduct of the research, interpretation of the data, approval of the final manuscript or decision to publish.