



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## Decriminalization of Self-Induced Abortion

### Position Statement

Throughout the United States, women have been prosecuted for a variety of actions during pregnancy that allegedly caused harm or risk of harm to fetuses they were carrying. For example, women have been arrested and jailed for crimes such as child endangerment, feticide, or homicide for using drugs during pregnancy, attempting suicide or declining to proceed with a recommended cesarean delivery. ACOG has long opposed efforts to criminalize such actions during pregnancy.<sup>1,2,3</sup>

In addition, women have been prosecuted and sometimes incarcerated for allegedly self-inducing an abortion in the United States.<sup>4</sup> In some cases, women have been prosecuted under laws that explicitly criminalize self-abortion or that criminalize harm to the fetus, while in other cases, women have faced charges related to the disposal of pregnancy tissue or because they obtained, or helped someone else obtain, abortion-inducing medication.

In 2015, there were more than 700,000 Google searches for information regarding self-induced abortion in the United States,<sup>5</sup> suggesting that many women at least consider this option. While a 2014 national study of abortion patients found that approximately 2% had attempted to self-induce an abortion at some point in their lives,<sup>6</sup> a study of abortion patients in Texas found that 7% had taken or done something to try to end their current pregnancy before coming to the clinic.<sup>7</sup> A representative survey of Texas women aged 18–49 years estimated that 1.7%—or approximately 100,000 women in that state—had attempted to self-induce an abortion at some point in their lives.<sup>8</sup>

The reasons why women attempt to self-induce an abortion are varied and include barriers to accessing clinic-based care, including cost, distance to the facility, and lack of knowledge of where and how to access care, as well as a preference for self-care.<sup>9</sup> Due to the growing restrictions on abortion access and the closure of facilities providing this service, self-induced abortion attempts may become more common.

The American College of Obstetricians and Gynecologists (ACOG) opposes the prosecution of a pregnant woman for conduct alleged to have harmed her fetus, including the criminalization of self-induced abortion. The threat of prosecution may result in negative health outcomes by deterring women from seeking needed care, including care related to complications after abortion. ACOG also opposes administrative policies that interfere with the legal and ethical requirement to protect private medical information by mandating obstetrician–gynecologists and other clinicians to report to law enforcement women they suspect have attempted self-induced abortion. Such actions compromise the integrity of the patient–physician relationship. Obstetrician–gynecologists should protect patient autonomy, confidentiality, and the integrity of the patient–physician relationship with regard to self-induced abortion attempts and should advocate against mandated reporting.

<sup>1</sup> Alcohol abuse and other substance use disorders: ethical issues in obstetric and gynecologic practice. [Committee Opinion No. 633](#). American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:1529-37.

<sup>2</sup> Substance abuse reporting and pregnancy: the role of the obstetrician–gynecologist. [Committee Opinion No. 473](#). American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;117:200-1.

<sup>3</sup> Refusal of medically recommended treatment during pregnancy. [Committee Opinion No. 664](#). American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016;127:e175-82.

<sup>4</sup> The SIA Legal Team. Making abortion a crime (again): how extreme prosecutors attempt to punish people for abortions in the U.S. Available at [https://docs.wixstatic.com/ugd/aa251a\\_09c00144ac5b4bb997637bc3ac2c7259.pdf](https://docs.wixstatic.com/ugd/aa251a_09c00144ac5b4bb997637bc3ac2c7259.pdf). Retrieved December 1, 2017.

<sup>5</sup> Stephens-Davidowitz S. The return of the D.I.Y. abortion. *New York Times*. March 6, 2016:SR2. Available at [https://www.nytimes.com/2016/03/06/opinion/sunday/the-return-of-the-diy-abortion.html?\\_r=0](https://www.nytimes.com/2016/03/06/opinion/sunday/the-return-of-the-diy-abortion.html?_r=0). Retrieved December 1, 2017.

<sup>6</sup> Jerman J, Jones RK, Onda T. Characteristics of U.S. abortion patients in 2014 and changes since 2008. New York (NY): Guttmacher Institute; 2016. Available at: [https://www.guttmacher.org/sites/default/files/report\\_pdf/characteristics-us-abortion-patients-2014.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/characteristics-us-abortion-patients-2014.pdf). Retrieved December 1, 2017.

<sup>7</sup> Grossman D, White K, Hopkins K, Potter JE. The public health threat of anti-abortion legislation. *Contraception* 2014;89:73-4.

<sup>8</sup> Texas Policy Evaluation Project. Texas women’s experiences attempting in self-induced abortion in the face of dwindling options. Austin (TX): TxPEP; 2015. Available at [http://liberalarts.utexas.edu/txpep/\\_files/pdf/TxPEP-Research-Brief-WomensExperiences.pdf](http://liberalarts.utexas.edu/txpep/_files/pdf/TxPEP-Research-Brief-WomensExperiences.pdf). Retrieved December 1, 2017.

<sup>9</sup> Grossman D, Holt K, Peña M, Lara D, Veatch M, Córdova D, et al. Self-induction of abortion among women in the United States. *Reprod Health Matters* 2010;18:136-46.

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