

Misoprostol-only Topline Messages

As of: May 14, 2026

1. Mifepristone is safe and effective, and any restrictions on it are medically baseless.

Decades of scientific evidence have established that mifepristone is extremely safe and effective. Attacks on mifepristone access are not grounded in science — they are politically motivated and cause real harm to people who need abortion care.

2. There are two recommended regimens for medication abortion, and people should have access to both.

Recommended regimens for medication abortion include mifepristone combined with misoprostol, and misoprostol-only, a single-drug regimen that does not rely on mifepristone. Ensuring access to both medication abortion regimens can expand patient-centered care and increase access.

3. Misoprostol-only is a safe, highly effective abortion method with a decades-long global track record.

Misoprostol-only has been a trusted, widely used medication abortion regimen around the world for decades. The currently recommended regimen is 800 mcg of misoprostol administered sublingually, buccally, or vaginally, in three or more doses every three hours. Studies have shown this regimen to be approximately 90% effective.

4. Characterizing misoprostol-only as a sub-standard regimen is inaccurate, unhelpful, and potentially harmful.

In clinical settings, existing data suggest the misoprostol-only regimen may have slightly lower effectiveness than the combined regimen (~90% vs 95%), including a potentially higher rate of continuing pregnancy — though [ongoing research](#) in the U.S will continue to evaluate this. Labeling misoprostol-only as a "worse" method does a disservice to the people who choose or rely on the regimen for a wide variety of reasons. It is also potentially dangerous because it could predispose people to unnecessary care-seeking that may expose people to an increased risk of criminalization, and could contribute to further restrictions on misoprostol itself. We must advocate for continued access to all medication abortion options, including mifepristone, while also affirming the safety and legitimacy of misoprostol-only.

5. Accurate counseling will help patients manage expectations.

People's experiences may differ between the mifepristone + misoprostol regimen and the misoprostol-only regimen, specifically because the misoprostol-only regimen requires multiple doses of misoprostol, however research describing patient experiences is limited. As with all medication abortion methods, it is essential when counseling patients to set realistic expectations, help them assess completion, and provide clear pathways for support and follow-up. Overstating negative experiences with misoprostol-only regimens may increase concern about normal symptoms and side effects, and/or increase unnecessary follow-up care.

A note on language

When discussing misoprostol-only abortion, we recommend:

- **Avoid** framing misoprostol-only as a "fallback," "alternative," or "less effective" option
- **Use** language that affirms misoprostol-only as a recommended, evidence-based method
- **Contextualize** any comparisons about effectiveness or side-effects carefully, with attention to how that language may be weaponized to restrict access or stigmatize care
- **Center the experiences** of people who are choosing or relying on misoprostol-only — including those who are self-managing, those in restrictive states, and those in communities at heightened risk of criminalization