



A BIBLICAL VIEW ON

Chemical Abortion

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Chemical Abortion



The number of chemical abortions has skyrocketed in recent years. Chemical abortions, also known as medical or medication abortions, or the “abortion pill,” now account for most abortions in the United States. In 2023, chemical abortion accounted for 63 percent of abortions in the U.S., according to the Guttmacher Institute, a pro-choice

research organization.

The increase in chemical abortions has occurred as government agencies and providers have loosened restrictions on these dangerous pills, which end unborn life and often harm mothers. These pills can be obtained through the mail and across state lines, often sent by providers who never speak to their “patients.” Post *Roe v. Wade*, many in the pro-life movement are turning their attention to fighting chemical abortion by educating people about its dangers and advocating for its regulation.

This booklet updates a 2021 booklet, *“A Biblical View on the Abortion Pill.”* In this updated version, I detail some recent battlefronts in the fight against chemical abortion. I also explain what chemical abortion is, how it works, and how it’s different than emergency contraception. Most importantly, this booklet will apply biblical truth to the idea of using medication to end an unborn

human life.

As pro-life believers, we should understand chemical abortion and its dangers, so that we can support appropriate policies, educate others, and effectively help abortion-vulnerable women and their children.

What is a Chemical Abortion?

A chemical abortion is a two-medicine combination approved by the FDA in the year 2000, under pressure from the Clinton administration. It's meant for the first 10 weeks of pregnancy, after which time the effectiveness decreases and risk of complications for the mother increases.

The first medicine is mifepristone (sold under the brand name Mifeprex; the medication is also known as RU-486). It blocks the release of progesterone, the hormone required for the continuation of pregnancy. By blocking progesterone, this medicine ends the new life that has begun to grow.

The second medicine is called misoprostol, which causes the body to expel the contents of the uterus through contractions and bleeding. It's taken one or two days after mifepristone. This combination ends a pregnancy over 90 percent of the time when taken in the intended gestational window.

A chemical abortion can also be achieved by taking misoprostol by itself, though it is not always as effective. (Misoprostol may also be prescribed to women who have experienced a natural miscarriage, to ensure that no fetal tissue remains in the uterus.)

Abortion Pills vs. Morning After Pill

Emergency contraceptives (sometimes called “morning after” pills) such as Plan B are often confused with the abortion pill. Unlike mifepristone and misoprostol, certain emergency contraceptives are available over the counter at pharmacies.

Because emergency contraceptives

can be taken days after intercourse, many people assume they primarily function as an abortifacients. This isn't always the case; the function of the pill depends on the kind.

Plan B works by blocking or delaying ovulation, similar to many hormonal birth control methods. FDA labeling says Plan B could possibly prevent implantation, which is when the fertilized egg (embryo) attaches to a woman's uterus, usually about seven days after fertilization. The medical community defines implantation as the beginning of pregnancy, even though an embryo is a genetically unique life prior to implantation.

More recent research shows that Plan B may not stop ovulation consistently after all. When Plan B is taken prior to ovulation and ovulation occurs anyway, clinical pregnancies are often still prevented. This led authors of a 2015 study to conclude that Plan B can potentially cause "the death of the embryo in

the fallopian tube, in utero, or after implantation.”¹

There are other forms of emergency contraception. Ella is classified as an emergency contraceptive but differs from Plan B in a few ways. It requires a prescription, and it blocks progesterone like mifepristone. It’s meant to stop ovulation, but because it blocks progesterone, it is also more likely to adversely affect an existing embryo.

Increasing in Number

After the U.S. Supreme Court decision in *Dobbs v. Jackson* overturned *Roe v. Wade*, many states banned or severely restricted abortion. As of January 2025, 12 states have total bans, seven states ban abortion sometime between 6-18 weeks’ gestation, and 22 states ban abortion sometime after 18 weeks’ gestation. A total of nine states, plus Washington, D.C., do not have any ban or

1 Kahlenborn, Chris; Peck, Rebecca; Severs, Walter B. “Mechanism of action of levonorgestrel emergency contraception.” *The Linacre Quarterly*, 82(1): 18–33, Sage Publishing, February, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4313438/>.

gestational limit on abortion.

Unfortunately, states' freedom to ban abortion has not resulted in fewer abortions overall. The number of abortions in the U.S. has increased since 2020, according to a study released in late 2024 by the pro-choice organization #WeCount.² The organization acknowledges it is working with incomplete data, but what is clear is that "telehealth abortions were a big driver of the increases," as *The New York Times* reported.

Deregulated and Dangerous

Post-Roe, many women began receiving abortion pills by mail across state lines, thanks to relaxed regulations. In the past, abortion pills were subject to REMS (Risk Evaluation and Mitigation Strategy), a regulation the FDA places on more dangerous medications. The REMS protocol requires that a woman be evaluated before receiving the abortion pills.

2 "#WeCount Report April 2022 through June 2024." 2024, October. <https://doi.org/10.46621/728122kflzwf>.

However, in April of 2021, the FDA lifted restrictions on medical abortion, citing COVID-19. But the change was permanent—and a major victory for abortion advocates who had been trying to lift or help women work around FDA restrictions for years. Prior to 2021, many states required in-person evaluation before pills could be prescribed, though some were already allowing telehealth prescriptions. Even then, pro-life doctors were sounding the alarm.

“Relying solely upon a telephone/video call interview to date a woman’s pregnancy before prescribing an abortion is malpractice, in my opinion,” Dr. Sandy Christiansen told me in 2017 when I interviewed her for *The Stream*. Christiansen is an OB/GYN and National Medical Director for Care Net. She said it would be impossible to know for certain over phone or video whether a woman is experiencing an ectopic pregnancy, which can be deadly.

Despite assurances from Planned

Parenthood and others in the pro-abortion lobby, there are significant risks of complications associated with chemical abortion.³ AAPLOG (American Association of Pro-Life Obstetricians and Gynecologists) compiled research on the dangers of chemical abortion.³ Here are some notable statistics:

- “The rate of ER visits after chemical abortions has increased 500% since 2002.”
- International studies show that chemical abortions are 4 times more likely to result in complications when compared to surgical abortions.
- 1 in 5 women who take abortion pills will experience so much bleeding that they will require medical attention.
- It’s estimated that only 5% of chemical abortion complications

³ “Chemical Abortion: A Brief Overview.” n.d. <https://aaplog.org/wp-content/uploads/2023/08/20230728-Chem-Ab-One-Pager.pdf>.

are reported in the U.S., meaning that the number of women who experience adverse side effects is likely far greater than any studies currently show.

Christiansen also raised concerns about the mental and emotional toll at-home medical abortions may take:

“A fetus that is 10 weeks LMP [since last menstrual period] has a fully recognizable human structure with arms, legs, hands, and toes. Data are lacking about the psychological impact of ‘giving yourself’ an abortion and seeing baby parts in the toilet. How can anyone say this is good medicine?”

Abusers’ Advantage

The ability to obtain a medical abortion online and without an in-person evaluation also increases the risk that women may be forced to take the pills by abusive partners, sex traffickers, and even parents.

In February of 2025, Louisiana Governor Jeff Landry signed an extradition warrant for a New York doctor who sent abortion pills to a Louisiana woman. The woman allegedly ordered the pills online to give to her daughter, a minor, who reportedly wanted to keep her unborn baby. In Louisiana, abortion is banned.

Local news reported that the teen's unborn baby died, and she ended up in the hospital after taking mifepristone.

"The young child was told by the mother that she had to take the pill or else. The child took the pill, was home alone ... felt something happening to her body and began hemorrhaging, and the baby began to come out," Louisiana District Attorney Tony Clayton told the local news station.

At the time of this writing, New York Governor Kathy Hochul pledges to reject the extradition request. New York has a shield law which protects

abortionists who send abortion pills out of state.

This story is just one example demonstrating the multi-faceted dangers of chemical abortion: lack of medical care and oversight, lack of accountability for medical professionals, hidden abuse of women and girls, medical emergencies, and of course, death of the unborn.

Other Dangers of Chemical Abortion

In 2021, Students for Life of America (SFLA) partnered with Heartbeat International and producer Charlotte Pence Bond to publish a documentary series on medical abortion. In one episode, OB/GYN Dr. Brent Boles takes issue with the misinformation many women are fed regarding the abortion pills.

“I’ve seen one abortion center website promising a painless process, and that’s simply not true. That is a statement that is unsupportable and indefensible,” he said, continuing:

“[My patients] didn’t expect the

bathroom to look like a slaughterhouse from all the bleeding. They didn't expect to see [a] deformed baby in the toilet. They didn't expect it to feel like they were in labor for a full day with no epidural. And that's not every woman's experience, but it's common enough that it is manifestly unfair for an abortion provider to tell the patient that she's just going to have a little bleeding and cramping that's no worse than a period, because that's what they're usually told."

Since then, SFLA has also raised awareness about the detrimental environmental impact of abortion pills. Women who take abortion pills are instructed to complete the process at home, flushing their deceased unborn baby down the toilet. This can result in not only medical waste, but also active chemicals from the abortion pills themselves, ending up in Americans' drinking water. This potentially impacts the health and

fertility of humans and animals.

You can watch the SFLA's docuseries on chemical abortion and find scholarly sources on the environmental risk of abortion pills at ThisIsChemicalAbortion.com.

In an Alliance Defending Freedom case that made it to the U.S. Supreme Court in 2024, pro-life medical professionals sought to revoke the FDA's approval of mifepristone. The case was unsuccessful. Since then, however, the Trump administration has signaled an interest in investigating the detrimental effects of abortion drugs.

In February 2025, HHS Secretary Robert F. Kennedy Jr. said President Donald Trump had asked him to investigate the safety of mifepristone. "I think that is worth doing," Kennedy told Laura Ingraham in a Fox News interview.

When Life Begins

What's the biblical view on chemical abortions? Is there a moral difference

between a surgical abortion, when the unborn baby is forcefully and violently extracted from his mother's womb, and a medical abortion that simply alters a woman's hormones in the earliest stages of pregnancy?

To understand a Christian perspective on this, we need to know exactly when life begins. A definition of "life" found at Dictionary.com is "the condition that distinguishes organisms from inorganic objects and dead organisms." It is "manifested by growth through metabolism, reproduction, and the power of adaption to environment through changes originating internally." The fertilized egg fits that definition.

At fertilization, the single-celled embryo that results begins dividing into multiple cells on the way to the uterus. Even before implantation, that embryo has a unique set of DNA that will determine everything from its sex to its eye color.

So even at its most microscopic

stage, the embryo that forms at fertilization is a genetically distinct, living human being. This is why many in the pro-life community consider fertilization to be the beginning of pregnancy, as it marks the beginning of a new life.

Moreover, that embryo is rapidly growing. Ultrasounds can detect a heartbeat as early as 6 or 8 weeks LMP—well within the timeline that chemical abortions are offered.

What the Bible Says

The Bible teaches that all human beings are created in God's own image. God clearly values human life, and there is no cut-off age given in the Bible for when that value ends or begins. What we can find in the Bible are multiple passages about unborn life.

In Psalm 139 the psalmist describes God “knitting” him together in utero, having a future planned out for him. In Jeremiah 1, God tells the prophet Jeremiah, “Before I formed you in

the womb I knew you, and before you were born I consecrated you," suggesting that God's divine purpose for individuals is set before they are born. In the New Testament we read about John the Baptist leaping for joy inside his mother's womb (Luke 1:41-44), which seems to indicate both value and personhood for humans yet preborn.

Other verses throughout the Bible describe a God who decides matters of life and death, hates innocent bloodshed, and cares about children and the vulnerable. The unborn child, completely dependent upon its mother despite being a distinct person from its earliest form, is arguably the most vulnerable among us.

If we value what God values, we must protect and cherish human life even in its earliest stages. And since chemical abortion intentionally ends an innocent human life, we have a moral obligation to oppose it just as we oppose other forms of abortion.

As pro-life Christians, we should also exercise wisdom when it comes to contraception, avoiding methods of birth control that may end a new life after it is begun.

Get Involved

While we have a responsibility to protect the unborn, as Christians we also have a responsibility to love and support women in difficult situations, including those who are considering abortion or are post-abortive. There are multiple organizations and hundreds of resource centers around the nation dedicated to this (see the resource list at the end of this booklet).

Get familiar with the pregnancy centers in your area so you can point women to them when the opportunity arises. Local pregnancy centers are also frequently in need of financial support, material donations, and volunteers.

Another important resource to know is AbortionPillReversal.com

and its 24/7 hotline (877) 558-0333. For women who have taken mifepristone, the first step in a medical abortion, abortion pill reversal offers significant hope that the process can be reversed and her unborn child saved.

Abortion pill reversal is a safe regimen consisting of progesterone doses to counter the progesterone blocking function in mifepristone. According to AbortionPillReversal.com, the reversal method has a 64-68 percent rate of success.

By calling the abortion pill reversal hotline, a woman can get connected to a local provider that can prescribe the abortion pill reversal.



Additional Resources

“2019 AAPLOG Position Statement on Abortion Pill Reversal.”

<https://aaplog.org/wp-content/uploads/2019/02/2019-AAPLOG-Statement-on-Abortion-Pill-Reversal.pdf>.

AbortionPillReversal.com

Benjamin Watson and Carol Traver, *The New Fight for Life: Roe, Race, and a Pro-Life Commitment to Justice*. Carol Stream: Tyndale House Publishers, 2023.

Care-Net.org/what-is-a-pregnancy-center

Embracegrace.com

HeartbeatInternational.org/our-work/apr

HumanCoalition.org/get-involved/ThisIsChemicalAbortion.com

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