

What We Know & What We Need to Know:

ABORTION IN OUR WATER

This chart sets forth the known and unknown harms associated with the FDA’s approval of the chemical abortion pill and the instructions often given by abortion providers to pregnant mothers to flush aborted human fetal remains down the toilet.

What We Know	What We Need to Know
During the original approval process for the abortion pill, the FDA failed to consider how fetal remains would be disposed of, a violation of both the Clean Water Act and the National Environmental Policy Act. It likewise failed to study the possible adverse effects that exposure to active abortion pill (mifepristone) metabolites may have on animal and human health over time, even if in trace amounts.	The actual environmental impact of the abortion pill and related byproducts (active mifepristone metabolites and human remains tainted with the same) entering our water systems.
A conservative estimate suggests 700,000 babies were flushed into our collective sewer systems in 2024 — this is only likely to increase. Adding insult to injury, many women regret their decision to abort upon seeing a recognizable baby in their toilet.	Whether Congress will take urgent action to ensure women are fully informed of the effects of chemical abortion, including the likelihood of seeing a “ fully formed ” fetus floating in the toilet.
State medical waste regulations generally prohibit disposing of medical and pathological waste into the sewer system — yet providers of chemical abortion pills evade these requirements on a daily basis. Indeed, consider that in a home birth , medical professionals “need to make a plan ahead of time” that includes “proper placenta disposal.” Yet in a home abortion , “medical professionals” (abortion providers) often simply direct women to sit on the toilet. Such an illogical double standard results in placentas, alongside other body parts like developing cranial structures, limbs, etc., regularly being flushed down the toilet.	Whether the FDA will take action to ensure its approval for the use of mifepristone outlines a means for proper disposal — ideally via cremation or burial — of human fetal remains (which also fall under the EPA's and Clean Water Act's definition of medical waste), and forcing abortion providers to cease their evasion of state medical waste disposal requirements.
After being taken by women, mifepristone is metabolized in the body and forms active metabolites, which may retain the therapeutic effect of mifepristone. - The therapeutic effect of mifepristone blocks the hormone progesterone, a vital fertility hormone for men, women and wildlife. - Mifepristone and its active metabolites are eliminated from the body mainly via excretion (urine and feces, which pass into the toilet), and thus enter our wastewater systems. - Most conventional wastewater treatment plants are not designed to fully remove such active metabolites — meaning active abortion pill components are likely entering our nation’s drinking water sources. Indeed, according to a 2019 study, mifepristone has been reported in fresh and saltwater, “representing a danger for aquatic species.” Furthermore, several studies demonstrate that exposure to mifepristone can be harmful to aquatic species: - A 2019 study found mifepristone exposure “caused a decrease in fertility and embryo development” in female sea urchins, specifically reducing the percent of normally developed larvae.	Whether the federal government will commence immediate testing of the water exiting our wastewater treatment plants to determine: - The prevalence of mifepristone and its metabolites in our nations’ water bodies (which include drinking water sources). - The potency of mifepristone and its post-excretion active metabolites, and whether they are capable of blocking progesterone (or causing other adverse effects) in wildlife at levels present in our water sources. - Whether prolonged exposure to mifepristone and its metabolites at levels present in our water sources can cause adverse effects on wildlife and related ecosystems.

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• Another 2019 study on the effects of long-term exposure to mifepristone on Nile tilapia found strong indication that “long-term exposure of RU486 [mifepristone] resulted in sex reversal of XX female fish.” • A 2023 study on the African clawed frog found mifepristone-exposed frogs had an increased expression of progesterone receptors, which “could lead to unpredictable disruption of reproduction and reproductive behavior later in adulthood.” The study concluded that further research on frog reproduction was required.	
Conventional drinking water filtration processes fail to remove all active pharmaceutical contaminants — meaning it is very possible that mifepristone and its metabolites are in our drinking water.	Whether and the extent to which mifepristone and its active metabolites are in our drinking water.
By blocking the vital fertility hormone progesterone (essentially cutting off vital nutrients and starving the baby) to cause abortion, mifepristone acts as an endocrine disruptor; that is, it disrupts the body’s natural hormonal processes. Current scientific research on other potential endocrine-disrupting chemicals found in our water, PFAS (Per- and Polyfluoroalkyl Substances), suggests that exposure to certain PFAS “may lead to adverse health outcomes,” and two of them are now regulated by the EPA.	Whether exposure to certain levels, even low or trace levels, of mifepristone and its metabolites over time can effectively block progesterone (disrupt the endocrine system) in humans or otherwise adversely affect human health and fertility, and if so, what are those levels.
Infertility affects one in six individuals globally. The U.S. is not exempt from this trend. Indeed, Health and Human Services Secretary RFK Jr. has called for an investigation into our nation’s “alarming decline in fertility.”	Whether the promised investigation into infertility will include research on the presence of mifepristone and its metabolites in our water and their possible adverse effects on human health, particularly fertility.
Related to the above, FDA commissioner Makary promised to conduct “a review of mifepristone.” Similarly, the Make America Healthy Again (MAHA) Commission recommended launching a “national initiative to map gene-environment interactions affecting childhood disease risk, especially for pollutants, endocrine disruptors, and pharmaceuticals.” Mifepristone and its metabolites are a pollutant, potential endocrine disruptor, and a pharmaceutical.	Whether the FDA’s promised review of mifepristone and the MAHA commission’s recommendation will include an investigation into mifepristone and its metabolites in our water and their possible adverse environmental and health impacts, particularly in light of their endocrine-disrupting properties.
According to the EPA, “there is little doubt that small disturbances in” the body’s use of hormones to regulate certain processes, “particularly during certain highly sensitive stages of the lifecycle [like pregnancy] can lead to profound and lasting effects.”	In the midst of what a leading government official has termed an “infertility crisis,” will the government investigate whether American men and women are drinking trace amounts of a chemical substance that blocks a vital fertility hormone.

For more information, visit:
AbortionInOurWater.org