

CENTER FOR ARIZONA POLICY

POLICY PAGES

Abortion Pill Rescue

September 2023

OVERVIEW

A woman should never be coerced into starting *or continuing* an abortion. If a woman expresses regret over taking the first abortion pill and has not yet taken the second drug to complete the abortion, abortion clinic staff should never pressure her into continuing the abortion process. Rather, the staff should inform her that the effects of the pill could possibly be reversed.

An analysis of clinical data of 754 women who attempted to reverse the effects of the first abortion pill by taking supplemental progesterone showed reversal rates of 64% and 68% when women received intramuscular progesterone or high dose progesterone, respectively.ⁱ That means a woman who takes the first abortion pill may still be able to save her pregnancy.

The [Abortion Pill Rescue \(APR\) protocol](#) and the [Abortion Pill Rescue Network \(APRN\)](#)—which includes over 800 professional healthcare providers in the U.S. and in 11 other countries— provide critical information regarding this life-saving treatment. Because time is of the essence, APRN has a 24 hours a day, seven days a week helpline at 877-558-0333 and a live chat feature at abortionpillreversal.com to help women who want to save their pregnancies after starting the abortion pill process.

ANALYSIS

Women who have taken the first abortion pill, Mifeprex or RU-486, and then regret their decision may be able to reverse the effects with the APR protocol, which involves taking supplemental progesterone.

HOW THE ABORTION PILL PROCESS WORKS

The abortion pill process—known also as a chemical or medical abortion—involves taking two separate drugs, mifepristone and misoprostol.

The First Drug. Doctors prescribe mifepristone—marketed as Mifeprex and known as the abortion pill or RU-486—during the first seven to ten weeks of pregnancy.ⁱⁱ This first drug “blocks a hormone called progesterone that is needed for a pregnancy to continue.”ⁱⁱⁱ In



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other words, the drug “blocks the essential nutrients which leads to the death of the developing baby.”^{iv}

Mifepristone taken alone has an “incomplete abortion rate of 20-40%”^v and, therefore, requires a second drug to complete the abortion.

The Second Drug. According to the U.S. Food & Drug Administration (FDA)-approved regimen as of March 2023, the second drug, misoprostol, should be taken buccally (in the cheek pouch) or vaginally within twenty-four to forty-eight hours after taking mifepristone.^{vi} This second drug “cause[s] contractions and expel[s] the remains of the baby. This process may take a few hours or as long as a few days.”^{vii} The FDA-approved regimen includes a follow-up with the healthcare provider seven to fourteen days after taking Mifeprex^{viii} to make sure the abortion was complete and to check for complications.

The abortion pill process causes an abortion up to 95 percent of the time.^{ix}

Side Effects of the Abortion Pill Process. As would be expected, abortion advocates tend to downplay the potential side effects of the abortion pill process. Although cramping and vaginal bleeding are expected effects of the abortion drugs, the FDA reports that in some cases “very heavy vaginal bleeding will need to be stopped by a surgical procedure.”^x Other common side effects include “nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness in the first day or two after taking the two medicines.”^{xi}

The FDA has also received “reports of serious adverse events in women who took Mifeprex.”^{xii} As of December 31, 2022, “there were reports of 32 deaths of women associated with Mifeprex,” though the deaths “cannot with certainty be causally attributed to mifepristone.”^{xiii}

HOW ABORTION PILL RESCUE WORKS

The effects of the first abortion pill, Mifeprex, are reversible in some cases following a progesterone regimen detailed at abortionpillreversal.com. APRN reports that medical providers have been able to reverse the effects of the abortion pill if they begin the APR protocol within 24 hours of a woman taking the abortion pill, though some pregnancies have been saved when treatment started *even* 72 hours after the abortion pill was taken. The APRN boasts more than 4,000 lives have been saved through the APR protocol.^{xiv}

The APR protocol involves an ultrasound to confirm heart rate, placement, and dating of the pregnancy. Then, progesterone is prescribed as a pill to be taken orally or vaginally, or possibly by injection. The treatment usually continues through the first trimester of pregnancy. The APR protocol aims to counteract the effects of the abortion pill by boosting the progesterone supply to the developing baby, thereby allowing the pregnancy to continue.

In the Spring of 2018, *Issues in Law and Medicine*, a peer-reviewed professional journal, published “A Case Series Detailing the Successful Reversal of the Effects of Mifepristone



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Using Progesterone.”^{xv} The article analyzes clinical data from 2012 to 2016 of 754 women who attempted to reverse the effects of the first abortion pill by taking supplemental progesterone. The study found reversal rates of 64% and 68 %when women received intramuscular progesterone or high dose progesterone, respectively.^{xvi} The analysis concludes, “the use of progesterone to reverse the effects of the competitive progesterone receptor blocker, mifepristone, appears to be both safe and effective.”^{xvii}

STATE BANS

In spite of the 4,000+ lives saved as a result of the APR protocol, pro-abortion activists oppose the notion of reversing an abortion and have lobbied to stop it. As of 2022, Colorado enacted legislation banning the use, prescription, or administration of abortion pill rescue. The law describes both pregnancy resource centers and the APR protocol as “deceptive practices,” and labels the provision of the rescue “unprofessional conduct.”^{xviii} The lawmakers ironically claim that this ban somehow protects a woman’s choice, while simultaneously preventing the woman from choosing to stop her abortion if she changes her mind.

The APRN pushed back on this contradictory rhetoric by stating that women should not be forced into continuing an abortion they no longer want.^{xix} Rather, if the woman decides she does not in fact want to end the life of her unborn baby, she should be able to choose life.

The rationale for the ban was linked to a weak study conducted in 2020 that observed the effects of progesterone supplements on women who had taken the first abortion pill, mifepristone. The study was stopped due to safety concerns when three of the women started hemorrhaging. It is interesting to note that only one of those women was in the controlled, progesterone administered group, and that the increased risk of hemorrhaging was attributed to using mifepristone for the abortion, and not to the progesterone.^{xx}

Despite the fact, Colorado determined that the painful, traumatizing experience of chemical abortion is less of a risk than the administration of natural progesterone to save the life of an unborn baby. SB 23-190 was signed into law by Democratic Governor Jared Polis on April 14, 2023. However, a Catholic healthcare clinic immediately challenged the law as targeting them based on religion and, by the end of April, a federal district court ruled that the state would not enforce the law against them or any other healthcare provider in the immediate future.^{xxi}

UNDER ARIZONA LAW

Arizona law provides some protections for women that change their minds after starting the abortion pill process. First, under ([A.R.S. §36-2153\(A\)\(2\)\(d\)](#)), “[i]t is unlawful for any person



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to coerce a woman to undergo an abortion” which prevents abortion clinic staff from pressuring a woman to continue a chemical abortion after she expresses regret for starting the process.

Second, Arizona law requires abortion clinic staff to inform a woman who has taken the first pill and then questions her decision to terminate her pregnancy that the first abortion pill alone is not always effective and she should talk to a doctor immediately. [A.R.S. §36-2153\(B\)](#).

In 2021, Arizona lawmakers passed a law prohibiting abortion providers from distributing abortion-inducing drugs through the mail, by courier, or by delivery. [A.R.S. 36-2160](#)). Additionally, the 2021 law requires only qualified physicians provide the abortion drugs and must do so in accordance with existing laws, such as the requirement the drug be dispensed during a doctor’s visit. This new law is part of a larger commonsense regulation scheme from a CAP-supported measure that was signed into law by Governor Doug Ducey.

TALKING POINTS

- **A woman should never be coerced into starting *or continuing* an abortion. The Abortion Pill Rescue protocol is credited with saving more than 4,000 babies’ lives - proof that chemical abortions can be reversed under certain circumstances.^{xxiii}**
- **The “abortion pill” actually consists of two pills, one to cut off necessary progesterone to the baby, and the second to pass the remains. Analysis of clinical data show intervention before the second pill is taken can reverse the abortion and save the life of the baby.**
- **Women often regret having an abortion, suffering emotionally for many years to come. The Abortion Pill Rescue protocol can save the lives of babies and save women a lifetime of regret.**
- **Abortion is a life-altering decision for a woman. She should have all the information available to her for making—or changing—her decision.**

CONCLUSION

A woman should never be coerced or pressured into continuing an abortion. If a woman takes the first abortion pill and then changes her mind, she should be given accurate information that the first pill is not always effective, and its effects may potentially be reversed. The APR protocol— consisting of supplemental progesterone doses—has been shown to be effective in reversing the effects of the first abortion pill in many cases. If a



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woman finds herself in this situation, she should immediately call the APRN hotline at 877-558-0333 or go to abortionpillreversal.com

ⁱGeorge Delgado, et al., *A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone*, 33 *Issues in Law & Medicine* 21 (2018), <https://pubmed.ncbi.nlm.nih.gov/30831017/#:~:text=Results%3A%20Intramuscular%20progesterone%20and%20high,progesterone%20is%20safe%20and%20effective>. (last visited October 23, 2023).

ⁱⁱU.S. Food & Drug Administration, “Mifeprex (mifepristone) Information,” <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information> (last visited September 7, 2023).

ⁱⁱⁱU.S. Food & Drug Administration, “Questions and Answers on Mifeprex,” <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifeprex>. (last visited September 7, 2023).

^{iv}Abortion Pill Rescue, “How The Abortion Pill Works,” *supra* note 2.

^vDelgado et al., *supra* note 1 at 22.

^{vi}U.S. Food & Drug Administration, “Mifeprex (mifepristone) Information,” *supra* note 2.

^{vii}Abortion Pill Rescue, “How The Abortion Pill Works,” *supra* note 2.

^{viii}U.S. Food & Drug Administration, “Mifeprex (mifepristone) Information,” *supra* note 2.

^{ix}Shimels, T., Getnet, M., Shafie, M., & Belay, L. (2023). Comparison of mifepristone plus misoprostol with misoprostol alone for first trimester medical abortion: A systematic review and meta-analysis. *Frontiers in global women's health*, 4, 1112392. <https://doi.org/10.3389/fgwh.2023.1112392>

^xU.S. Food & Drug Administration, “Questions and Answers on Mifeprex,” *supra* note 3.

^{xi}*Id.*

^{xii}*Id.*

^{xiii}*Id.*

^{xiv} Abortion Pill Rescue Network, <https://www.heartbeatinternational.org/our-work/apr> (last visited September 8, , 2023).

^{xv}Delgado et al., *supra* note 1.

^{xvi}*Id.* at 21-22, 25-26.

^{xvii}*Id.* at 29.

^{xviii} Senate Bill 23-190. Deceptive Trade Practice Pregnancy-related Service | Colorado General Assembly. (2023, April 1). <https://leg.colorado.gov/bills/sb23-190>

^{xix} Henderson, E. (2023, May 4). Colorado becomes the first state to ban so-called abortion pill reversals. *News: Medical Life Sciences*. <https://www.news-medical.net/news/20230504/Colorado-becomes-the-first-state-to-ban-so-called-abortion-pill-reversals.aspx>

^{xx} Creinin, M. D., Hou, M. Y., Dalton, L., Steward, R., & Chen, M. J. (2020). Mifepristone Antagonization With Progesterone to Prevent Medical Abortion: A Randomized Controlled Trial. *Obstetrics and gynecology*, 135(1), 158–165. <https://doi.org/10.1097/AOG.0000000000003620>

^{xxi} *Bella Health and Wellness v. Weiser*. The Becket Fund for Religious Liberty (n.d.). Retrieved from <https://www.becketlaw.org/case/bella-health/>.

^{xxii} Abortion Pill Rescue Network., *Supra* note 14.



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