

Abortion Pill Reversal

A safe and effective way to halt in-progress chemical abortions.

Chemical abortions now account for nearly two-thirds of all abortions annually, according to the most recent estimates.¹ These abortions are approved by the federal Food and Drug Administration for use before ten weeks of pregnancy, though abortion providers often prescribe them even later, up to about twelve weeks.

As chemical abortions have continued to become more common, doctors have developed a protocol designed to halt and reverse chemical abortions if the pregnant mother changes her mind about the abortion before completing the process. This is called abortion-pill reversal, and it has been proven highly effective at saving unborn children if administered at the right time.

Chemical abortions use two drugs in sequence: First, the pregnant mother ingests mifepristone, which blocks the key hormone progesterone from sustaining the unborn child, usually killing him. Within 48 hours, the pregnant mother takes misoprostol, which causes the uterus to contract and expel the unborn child.

Abortion-pill reversal consists of a sustained regimen of progesterone, one of the most essential hormones in pregnancy for sustaining the unborn child, which can counteract mifepristone and help the unborn child remain alive and attached to the uterus. To have a chance of effectiveness, abortion-pill reversal must be administered before the mother takes misoprostol, and it is more effective the sooner it is taken after the ingestion of mifepristone.

The largest case series studying the use of abortion-pill reversal found that nearly 70 percent of the women studied were able to reverse the effects of mifepristone using the progesterone protocol and carry healthy babies to term. Since doctors first began prescribing abortion-pill reversal, the method has helped at least 5,000 wom-

en save their unborn children with no adverse health consequences for either mother or child.²

As abortion-pill reversal has gained credibility and established its effectiveness, some abortion providers and activist groups such as Planned Parenthood, NARAL Pro-Choice America, and the American College of Obstetricians and Gynecologists have claimed—without evidence—that the method is unscientific and can harm pregnant mothers. Using the same argument, progressive state attorneys general have sued pregnancy-resource centers, attempting to block them from facilitating access to the protocol.³

In reality, doctors have safely and effectively prescribed progesterone for decades to treat women struggling with infertility or who have a higher risk of miscarriage. There is no evidence that, under the supervision of a medical professional, progesterone poses any significant risks either to the pregnant mother or her unborn child.⁴ The chief study that abortion supporters cite to claim that progesterone is harmful actually demonstrates the opposite: Mifepristone poses risks to women, and progesterone has only been proven helpful.⁵

Abortion-pill reversal is particularly important as abortion supporters continue pushing for essentially unlimited access to chemical abortion and as state laws limiting abortion prompt some women to seek chemical abortions across state lines via mail. In recent years, the FDA has loosened its safety regulations to allow women to obtain chemical-abortion drugs without ever seeing a physician. The FDA also permits “certified prescribers” to prescribe chemical abortions, which includes non-physicians such as physician’s assistants and pharmacies. These loosened safety standards pose significant risks to the health of pregnant women, especially if a woman has an

undiagnosed ectopic pregnancy or if she misidentifies how far along her pregnancy is. In such cases, ingesting chemical-abortion drugs could lead to severe hemorrhaging or other serious complications that require emergency hospitalization and surgery.

Even some groups that support legal abortion have acknowledged these risks. The World Health Organization has stated that “it is more difficult to diagnose an ectopic pregnancy during and after medical methods of abortion, due to the similarity of symptoms,” presenting significant challenges during follow-up care. The WHO has also acknowledged that “neither mifepristone nor misoprostol are treatments for ectopic pregnancy, which, if present, will continue to grow. Therefore, health-care staff must be particularly alert to clinical signs of ectopic pregnancy. Women should be told to seek medical advice promptly if they experience symptoms that may indicate

ectopic pregnancy, such as severe and intensifying abdominal pain, particularly if it is one-sided.”⁶ But these risks are impossible to assess and mitigate without in-person medical examination prior to chemical abortion.

Particularly in the context of these relaxed safety regulations, lack of informed consent, and a greater turn toward chemical abortion across the country, increased awareness of and access to abortion-pill reversal is essential. While the protocol doesn’t serve as a treatment for chemical abortions gone wrong, it is a crucial option for women who begin a chemical abortion and soon realize they don’t want to go through with it. There is a growing effort to require abortion providers to notify women about abortion-pill reversal, how it works, and how to access it as part of giving informed consent to a chemical abortion. Abortion providers have thus far largely been successful in blocking these policies.

Endnotes

- 1 Rachel K. Jones and Amy Friedrich-Karnik, “Medication Abortion Accounted for 63% of All US Abortions in 2023—An Increase from 53% in 2020,” Guttmacher Institute, March 2024, <https://www.guttmacher.org/2024/03/medication-abortion-accounted-63-all-us-abortions-2023-increase-53-2020>.
- 2 Steven J. Condly et al., “A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone,” *Issues in Law and Medicine* 33, no. 1 (Spring 2018): 21–31, <https://pubmed.ncbi.nlm.nih.gov/30831017/>.
- 3 Lauren Mascarenhas, “New York attorney general sues anti-abortion group and pregnancy centers for promoting so-called ‘abortion pill reversal,’” CNN, May 8, 2024, <https://www.cnn.com/2024/05/08/us/new-york-abortion-pill-lawsuit/index.html>.
- 4 The Practice Committee of the American Society for Reproductive Medicine, “Progesterone supplementation during the luteal phase and in early pregnancy in the treatment of infertility,” *Fertility and Sterility* Vol. 90 (3) (November 2008): S15–S153. [https://www.fertstert.org/article/S0015-0282\(08\)03459-6/fulltext](https://www.fertstert.org/article/S0015-0282(08)03459-6/fulltext).
- 5 Mitchell D. Creinin, Melody Y. Hou, et al, “Mifepristone Antagonization With Progesterone to Prevent Medical Abortion: A Randomized Controlled Trial,” *Obstet. Gynecol.* Vol. 135 (Jan 2020): 158–165. <https://pubmed.ncbi.nlm.nih.gov/31809439/>.
- 6 World Health Organization, *Safe Abortion: Technical and Policy Guidance for Health Systems*, 2nd ed. (WHO: 2012): 35, http://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf?sequence=1.