

Can you reverse abortions? Some say yes; others call the treatment unethical, possibly dangerous

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The service advertised by Care Net of Puget Sound might seem startling to those unfamiliar with crisis pregnancy centers.

"Reverse Your Abortion," the organization's website proclaims. If you've started a [medical abortion](#), taking only the first of two drugs, "you can still change your mind."

The proposed solution: a highly controversial treatment known as "[abortion](#) pill reversal."

Care Net, a multisite organization that says it offers Biblical truth alongside ultrasounds and other support during pregnancy—but not abortions or birth control—directs those interested to an international reversal hotline that works with 27 Washington providers, according to Christa Brown, who oversees the 'round-the-clock hotline.

Backers say the weekslong treatment, designed to counter the first abortion pill, gives [patients](#) who regret their decision to have an abortion a likely way of continuing their pregnancies and having healthy babies.

"Everyone deserves a second chance," Care Net medical director Dr. Bob Snyder tells patients referred to him by the hotline.

Critics, including the American College of Obstetricians and Gynecologists, call the treatment unproven, unethical and possibly dangerous.

Abortion opponents nevertheless increasingly promote it as more and more people choose to end their pregnancies by medication. Abortion pills now account for roughly half of U.S. abortions, and that number is expected to go up in the aftermath of the U.S. Supreme Court's overturn of *Roe v. Wade*. Because the pills can be discreetly mailed, some are using them to get around state restrictions.

The corresponding touting of reversal treatment has yielded one more flash point in the fever-pitched abortion debate, a quagmire now largely

left to state law.

Eight states require medical professionals to provide information about reversal treatment before administering medication abortions, and a dozen more are considering similar laws, according to Elizabeth Nash of the Guttmacher Institute, a research group that supports abortion rights.

The sprawling Seattle-based Planned Parenthood affiliate, which serves Idaho and Kentucky, complies with laws in those states by giving out "very basic information" about reversal treatment, according to spokesperson Katie Rodihan.

Still, abortion reversal does not appear to be widely sought.

"There just aren't that many people who change their minds," said Sarah Prager, a University of Washington professor of obstetrics and gynecology.

Only a handful of Prager's abortion patients have expressed regret to her in 29 years, she said. A study of 667 American women who had abortions found 99% said it was the right decision five years later, according to a paper Prager co-authored.

Brown, a nurse with the anti-abortion group Heartbeat International, which runs the reversal hotline, said successful treatments have resulted in 3,500 babies born around the world over the past decade. She declined to share a comparable figure for Washington but said 14 women here started the process last year.

Snyder estimated he's administered the treatment at least 20 times in four years and has had a success rate of about two-thirds. He said he doesn't track precise numbers of reversal patients, or outcomes, because the patients come from all over Western Washington and often follow up

with doctors closer to home.

"I just kind of get things started," he said.

The 68-year-old physician's route to reversal treatment wasn't a straight path.

He said there was an abortion in his life many years ago, declining to elaborate, and that he performed the procedure as a young doctor. He stopped when moving to a community that frowned on abortions, he said, and declined even to refer patients to other abortion providers after being challenged by his church group.

About 16 years ago, Snyder recalled, he started a part-time role at Care Net, which serves 10 locations in the Puget Sound region, including Seattle, Tacoma and Bellevue. After learning more about reversal treatment, he joined Heartbeat's network of providers.

Snyder said he understands how people could choose an abortion, given his personal experience, and tries to be empathetic with women seeking reversals. Sometimes, he said, loved ones pressure them to end their pregnancies, and they realize that's not what they want.

It's almost always a quick change of heart. Patients usually call within a couple days of taking the first abortion drug, mifepristone, which deprives a fetus of the progesterone needed to develop, and before taking the second drug, misoprostol, which causes contractions that expel the fetus.

Patients sometimes call the reversal hotline from abortion-clinic parking lots or while they're driving home, according to Brown.

"They realize they made a mistake," he said. "They're asking us: Is there

anything they can do differently?"

Snyder said immediately, before seeing a patient, he prescribes a course of progesterone, a drug more commonly used in birth control and hormone replacement therapy in menopausal women. The drug is intended to counter the effect of the progesterone-blocking first abortion pill, and the sooner patients start taking it, the more likely it will be effective, Snyder said.

He'll schedule an ultrasound for a day or two later to find out if the pregnancy is still viable, seeing patients in his office by St. Francis Hospital in Federal Way, where he mainly practices. If the pregnancy remains viable, he'll have the patient continue taking progesterone until completing the 13th week of pregnancy. (The reversal protocol has varied over time and now involves at least two weeks of daily progesterone after a twice-a-day regimen for the first three days, Brown said.)

"I've seen that it works," Snyder said of the treatment, adding that he's stayed in touch with two women who had the treatment and went on to have babies. He said he's aware of no complications after administering the treatment.

Skepticism, however, abounds.

In 2018, Dr. George Delgado, a family medicine doctor who works at a faith-based clinic in California, co-authored a study of 754 patients who attempted abortion pill reversal through a variety of progesterone doses and methods of receiving it. The most effective protocols resulted in continued pregnancies between 64% and 68% of the time—more than twice the rate than if patients had taken only the first abortion drug but not the second, according to the study.

That comparison could be misleading. Averaging the results of different studies, Prager puts the rate of continued pregnancies with just the first abortion drug at 50%.

But that's just the start of many criticisms of Delgado's work and a few smaller, similar studies. The American College of Obstetricians and Gynecologists, though not specifically naming the report on 754 patients, says that studies supporting abortion reversal "have had... no ethics approval, no control group, under-reporting of data, and no reported safety outcomes."

"There is zero science behind it," said Dr. Mitchell Creinin, a professor of obstetrics and gynecology at University of California, Davis. In particular, Creinin said, Delgado and his co-authors didn't report what happened to the women who didn't keep their pregnancies.

"Maybe they all died. Maybe they all hemorrhaged. We don't know," Creinin said.

Delgado said he didn't receive reports of hospitalizations or other adverse effects among the study's participants, but he also acknowledged a limited ability to track patients whose pregnancies didn't continue. They wanted to get on with their lives, he said.

"We knew that it wasn't going to be a final study," Delgado said. "When you have a new concept, you have studies that build upon each other, and the earliest studies are not as comprehensive as the later studies."

Creinin embarked on his own study in 2019, working with a Planned Parenthood provider and other colleagues. They planned to enroll 40 patients but stopped the study after 12 because three people experienced severe hemorrhaging, one requiring a transfusion.

Two of the three had taken a placebo, and the heavily bleeding patient who had taken progesterone required no intervention at the hospital.

While Delgado claimed that study supported the safety of abortion pill reversal, Creinin and other medical providers drew a different conclusion: There's a risk to taking mifepristone on its own, not in combination with the second abortion drug.

It's immaterial whether the patients took progesterone or a placebo, as Creinin sees it.

The Federal Drug Administration said in a statement that it has not approved progesterone for abortion reversal treatment, but unapproved, "off-label" use of a drug is acceptable when providers "judge that it is medically appropriate."

Meanwhile, reversal proponents and critics say the debate is as much political as scientific. Proponents allege those in the "pro-choice" movement are actually trying to limit the choices of pregnant patients, while critics contend the treatment is being hyped to falsely suggest that people often regret abortions.

Heather Vasquez, executive director of Next Step Pregnancy Services in Lynnwood, said reversal [treatment](#) may not become prevalent until more research is done and more people know about it.

"Not everybody thinks it's a real thing," she said.

Like Snyder, though, Vasquez said she's talked to women who have had babies because of the reversal procedure. So in addition to offering pregnancy tests, ultrasounds, a baby boutique and opportunities to talk about post-abortion emotions, Next Step plans to offer abortion pill reversal as soon as it can find a provider.

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