

# Abortion opponents push state lawmakers to promote unproven 'abortion reversal'

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Anti-abortion organizations are pushing state lawmakers to promote a controversial and unproven "abortion reversal" treatment—flouting the objections of medical professionals who point out it is not supported by

science.

In the past several years, Republican lawmakers in at least 14 states have passed laws requiring [health care providers](#) to give patients information about [abortion](#) reversal. Kansas became the 15th state this year.

Meanwhile, Democratic-controlled Colorado this year moved in the opposite direction, becoming the first state to effectively ban abortion reversal treatment, designating it as medical misconduct.

The treatment involves prescribing the hormone progesterone, used for decades to help prevent miscarriage, to stem the effects of mifepristone, one of the drugs used for medication abortions. Medication abortion already accounts for a growing majority of U.S. abortions, and the U.S. Food and Drug Administration in recent years has lifted restrictions on it, allowing more patients to get a prescription via telehealth and receive the pills in the mail.

Medication abortion involves a combination of two drugs, mifepristone and misoprostol, taken within one to two days of each other to terminate a pregnancy.

Proponents of abortion reversal say that a high dose of progesterone, taken within 72 hours of taking mifepristone and before the misoprostol pill, can "reverse" the effects of the mifepristone and stop the abortion process.

Abortion reversal supporters say that women who begin medication abortion and then immediately change their minds should have access to the treatment so they can try to save their pregnancies.

"Autonomy dictates that the patient ultimately decides the intended outcome of her pregnancy even if she's already taken an abortion drug," said Christa Brown, a registered nurse and the senior director of medical

impact for Heartbeat International, a national anti-abortion rights organization that promotes abortion reversal, in a statement to Stateline.

"As the abortion pill is now the leading form of abortion, some women are experiencing immediate regret and looking for a way to reverse the effects," she wrote. "The abortion pill reversal process gives her a chance to save her baby's life."

But critics say not enough research has been done to determine the safety of the practice. The American College of Obstetricians and Gynecologists calls abortion reversal "unproven and unethical" and says claims about it "are not based on science and do not meet clinical standards."

The American Medical Association sued North Dakota in 2019 over its law requiring providers to tell patients that abortions can be reversed, saying it would compel physicians to "convey ideological, government-mandated messages that are false or misleading." The AMA dropped the case this fall because North Dakota has since passed an even stricter law in the wake of the U.S. Supreme Court's *Dobbs v. Jackson Women's Health Organization* decision in 2022 that paved the way for states to ban or restrict abortion.

Colorado's new law is now tied up in the courts after a Catholic health clinic sued to block it and a federal judge ruled it likely violates the U.S. Constitution's guarantee of religious freedom.

Colorado Democratic state Rep. Karen McCormick, one of the sponsors of the measure, said she hopes it makes her state "a leader for the rest of the nation on calling this practice out, because it's hurting people." The law also makes it a deceptive trade practice to create advertisements suggesting a provider offers abortion services or referrals if they do not.

Kansas lawmakers passed a law this year requiring providers to tell patients about abortion reversal, while Massachusetts and North Carolina legislators introduced similar bills, which have not made it out of committee.

"When you put something like this into law, it says that this treatment is real and people really seek it," said Dr. Mitchell Creinin, an OB-GYN and professor at UC Davis Health, at the University of California, who led one of the few studies on abortion reversal.

"People do change their mind [about abortion], but it's incredibly rare. If they push this lie long enough and hard enough, people will think it's the truth," Creinin said. "And that if women are changing their minds all the time, maybe they shouldn't have the right to make this decision."

## **Changing minds**

Heartbeat International serves as an umbrella for a network of pregnancy resource centers, which typically counsel pregnant women against abortions. The group has been promoting abortion reversal through its Abortion Pill Rescue Network, which includes a website and a helpline that offer referrals for abortion reversal services. Brown said the network includes more than 1,400 medical professionals, clinics and hospitals in multiple countries.

The organization's 2023 report claims a 51% increase in the number of times women inquired about abortion reversal and received a prescription for the treatment from 2020 to 2022.

"Heartbeat International supports state informed consent bills that provide reversal information to women, and we reject the idea that this safe and effective treatment should be denied to women," Brown wrote in her statement.

There's no publicly available data on how often people don't complete medication abortion because they change their minds. A study published in 2016 in the journal *Contraception* found that the level of uncertainty in decisions about abortion is comparable to or lower than decisions about other health care.

Scientific data on abortion reversal remains scant and incomplete, despite the growing number of state policies surrounding it. Researchers wrote in the *New England Journal of Medicine* in 2018 that laws promoting abortion reversal "essentially encourage women to participate in an unmonitored science experiment."

A 2018 [case study](#)—by an anti-abortion advocate—of 754 women who underwent abortion reversal found that high doses of progesterone "reversed" the effects of mifepristone and allowed pregnancies to continue in about 64% of cases. A case series published in 2012, by the same author, of six women who took progesterone after taking mifepristone found that four of the women carried their pregnancies to term.

Both studies were led by Dr. George Delgado, a family physician who helped pioneer abortion reversal and founded the Abortion Pill Rescue Network. His studies are often cited by abortion reversal proponents to support claims of the treatment's safety and efficacy. Delgado is one of the anti-abortion doctors suing the U.S. Food and Drug Administration to rescind its approval of medication abortion, claiming that mifepristone is dangerous.

Physicians and medical groups have raised concerns about the way Delgado's studies were conducted, without control groups or supervision by an institutional review board.

In 2020, the only randomized, placebo-controlled and board-approved

study of abortion reversal treatment ended early over safety concerns.

Creinin, the UC Davis Health researcher, led the study. He'd initially planned to enroll 40 patients but halted the study after three of the first 10 patients experienced severe hemorrhaging, requiring ambulance transport to a hospital. One of the hemorrhaging patients had been given progesterone, while the other two had received placebos. Creinin concluded that he couldn't continue the study because women who take mifepristone without following it with misoprostol "may be at high risk of significant hemorrhage."

"These were safety signals that meant I couldn't put this population through that risk," Creinin said. "We've got to figure out some other way to really study it, if we believe there is some value to this claim."

He thinks it's unethical for providers to offer abortion reversal treatment, because there's not enough science-backed data to show it's safe or effective.

"I'm not a lawyer or a legislator," said Creinin, who has spent 30 years in clinical contraceptive research. "When you look at the American Medical Association's code of ethics, [abortion reversal] falls outside of ethical medical care. And the FDA says off-label treatments must have ample research to validate safety and efficacy. This doesn't meet FDA criteria for off-label use."

Brown, of Heartbeat International, wrote that medical associations such as the American Medical Association are politically and ideologically motivated and have chosen to ignore the scientific evidence that favors abortion reversal. She wrote that it's unethical to withhold information and access to the treatment from women who request it.

"Abortion pill reversal is supported by both scientific evidence and the

lived experience of women who are holding their babies in their arms today after starting a chemical abortion and experiencing a successful reversal," she wrote in her statement.

## **Legislatures and courts**

Last year, Kansas voters surprised the nation by overwhelmingly voting against a constitutional amendment that would have stripped Kansans of their abortion rights.

But earlier this year the Republican-controlled legislature passed a law requiring abortion providers to tell patients about abortion reversal, then overrode Democratic Gov. Laura Kelly's veto. Abortion providers sued, and in October a Kansas judge temporarily blocked the law, saying it may violate providers' right to free speech.

Massachusetts legislators earlier this year proposed a similar bill, still in committee, which would require providers to not only tell patients about abortion reversal but also direct them to Heartbeat International's website.

Colorado state Sen. Janice Marchman, a first-term Democrat who co-sponsored the Colorado law that designates abortion reversal as medical misconduct, said she thinks the increased promotion of abortion reversal from anti-abortion organizations—and, subsequently, conservative lawmakers—is due in part to abortion increasingly happening at home, with medication, rather than in clinics where anti-abortion activists can try to intercept people considering abortion.

Colorado state Rep. Scott Bottoms, a first-term Republican who introduced a bill this year to require Colorado providers to provide state-prepared information about abortion reversal, alluded to the sidewalk interceptions when he introduced his legislation during a House

committee meeting in February:

"Many abortion providers are utilizing telehealth virtual technology to prescribe the two-drug medication abortion regimen, which means we can't even reach these women when they enter or leave abortion clinics," he said. The bill died in committee.

In September, California sued two anti-abortion organizations for promoting abortion pill reversal. California Attorney General Rob Bonta, a Democrat, accused Heartbeat International and a chain of pregnancy resource centers of using fraudulent and misleading claims to advertise abortion pill reversal.

Bonta said in a statement that Heartbeat International and the centers "took advantage of pregnant patients at a deeply vulnerable time in their lives, using false and misleading claims to lure them in and mislead them about a potentially risky procedure."

Marchman said she toured an anti-abortion pregnancy resource center and spoke to physicians, nurses and abortion rights groups before co-sponsoring the Colorado law designating abortion reversal as medical misconduct. She said she supports resource centers that are clear and transparent about the services they provide.

But she thinks the law was needed to protect consumers from deceptive advertising and from treatments that aren't supported by science or the larger medical community.

"Those two issues made it clear we had to do something," she said. "It's model legislation. We knew [the law] would be challenged in court. We did what we could to provide very clear legislative intent."

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