POSITION

WRITTEN BY: **We *Need* a Law**

THE ABORTION PILL ENDS *a life*

“The worst part of the abortion pill for women is the inescapable fact that they are ending the life of their pre-born child.”

If a woman is pregnant and wants an abortion, she now has the option in the first nine weeks of her pregnancy to either undergo a surgical abortion in a clinic or hospital or take the abortion pill. Both have the same result: the woman walks away no longer pregnant. While both options are deadly for the unwanted pre-born child, the abortion pill presents new challenges, both physically and mentally, for the mother. It is incumbent on the pro-life movement to understand the new challenges presented by the abortion pill.

The abortion pill poses a health risk to women. Messing with hormones and a woman’s body is a grave undertaking. On top of that, the worst part of the abortion pill is the inescapable fact that it ends the life of a pre-born child.

Elizabeth describes her experience in the *Missing Project* series: “I went into that corporate washroom and that’s where my baby was aborted. I remember the sound; I remember the sound of the baby hitting the water. Mind you, at 8 weeks it’s not going to be very big, but it sounds significant. And I knew right away that I had made the worst decision that I’d ever make in my whole life. I was compelled to look and when I did, I felt even more disgust with myself and regretful. And that’s when I pushed down a lever on the back of the toilet and flushed the baby down the toilet.”[1]

HOW THE ABORTION PILL ENDS A LIFE

The abortion pill works through two separate pills.[2] The first pill, Mifepristone,[3] blocks progesterone, which causes the lining of the uterus to break down. The second pill, Misoprostol, induces contractions to cause the “evacuation of intrauterine content.”[4] To be clear, “intrauterine content” is a pre-born child. Pregnancy is defined as “the

state of carrying a developing embryo or fetus within the female body."[5] To terminate a pregnancy requires terminating that embryo or fetus. That is what the abortion pill accomplishes by artificially forcing a woman's body to prematurely expel the pre-born child who has not yet had time to develop into a state capable of living independently.

WHAT THE MOTHER EXPERIENCES

"Nothing – not the drug literature, not the clinic doctor, not even my own gyno – had prepared me for the searing, gripping, squeezing pain that ripped through my belly 30 minutes later...For 90 minutes, I was disoriented, nauseated, and, between crushing waves of contractions that I imagine were close to what labor feels like, racing from the bed to the bathroom with diarrhea. Then, just as quickly, it was over. The next night, I started bleeding. I bled for 14 days."[6]

This is how Norrine, a pro-choice woman, describes her experience in a 2007 *Marie Claire* article. An abortion using the abortion pill is a painful, bloody experience. While women's experiences vary, Norrine's is considered normal. The product monograph for the abortion pill from Health Canada explains that, "[o]n average, bleeding lasted for 11.4 days and was heavier than a normal period for 2.2 days."[7] Other *very common* effects described in the monograph include nausea, vomiting, diarrhea, gastric discomfort, abdominal pain, fatigue, fever, and dizziness.

These "very common" adverse events can be expected by almost everyone who takes the abortion pill. There are also other common adverse events, defined by the monograph as happening for 1-10 out of every 100 women who take the pills – still a significant number. These common effects include prolonged bleeding, severe hemorrhage, and heavy bleeding requiring surgical termination of pregnancy. That last adverse event occurs because of a failed abortion. A failed abortion doesn't necessarily mean the abortion failed to end the life of the pre-born child (although that happens on occasion). Rather, it means that the contractions caused by the abortion pill failed to expel all the intrauterine contents –all the parts of the pre-born child. A woman's body is designed to carry her child safely, and it fights back against the unnatural assault of abortion pills, resulting in the common event of requiring a surgical follow-up.

ADVERSE EVENTS	FREQUENCY	TYPE
Very Common	More than 1/10	Nausea, Abdominal Pain, Bleeding, Contractions, Fatigue, Fever
Common	1/10 to 1/100	Prolonged Bleeding, Severe Hemorrhaging, Requiring Surgical Abortion
Uncommon	1/100 to 1/1000	Hemorrhagic Shock, Requiring Blood Transfusions, Infection

Source: Mifegymiso: Product Monograph including Patient Medication Information from Health Canada.

The product monograph also describes findings from studies that the abortion pill can fail in 2.7% to 5.1% of cases. To put that number in context, British Columbia, one of the few provinces to report the number of abortions done using the abortion pill, reported 4,562 prescriptions in 2019.[8] This means that in just one year, in just the province of British Columbia, 120 to 230 women still needed a surgical abortion after taking the abortion pill.[9]

Aside from the adverse events listed above, there are also very serious side effects that are more rare. While Norrine's abortion was successful in ending the life of her child, she experienced "huge cystic boils that soon covered my neck, shoulders, and back. I was also overcome by fatigue – an utter lack of ability to do anything more strenuous than sleep or lie on the couch. My brain felt so fuzzy, English seemed like a second language, and I couldn't work. On top of all that came depression: I sobbed constantly. I wouldn't leave the house. I stopped showering."[10] Norrine's body had been instinctively preparing for pregnancy and was working to maintain a pre-born child's life. The abortion pill disrupted that normal biological process and sent her body into what she describes as "hormonal chaos."[11]

Given the nature of what the abortion pill is doing by disrupting a woman's natural physical processes, it is understandable that it is "unpredictable: no one knows how a particular woman will react to mifepristone or misoprostol (or the combined drugs)."[12] No woman knows what her

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experience with the abortion pills will be and what adverse events she will face as a result of taking the pills.

THE MOTHER'S LOSS OF HER CHILD

Rose wrote of her experience in this way: "It was awful on many fronts…[I] remember calling nursing staff on at least two occasions during the 24 hours after my taking the tablets, as we were worried at the nausea, pain and amount/size of blood clots." But these adverse events were not the worst part for Rose. She explains that "overall the worst part of the [abortion pill] was the sheer amount of time it took for me to 'terminate' my baby: with each and every large clot of blood – which I could literally feel passing through my insides and then out of my vagina – was a reminder of the fact I was terminating a baby, for which I felt hugely saddened. More than I realized I would."[13] The hardest part for Rose was not the pain and bleeding – it was that she had to experience her child dying for three days.

Despite not acknowledging the humanity and corresponding value of the pre-born child, pro-abortion activist Renate Klein is extremely critical of the abortion pill because she picks up on the impact that ending a child's life has on the mother. In the preface to the second edition of her book, *RU486 Mifepristone: Misconceptions, Myths, and Morals*, Klein describes what she terms the "profound difference" between the abortion pill and a surgical abortion as "the likelihood with [the abortion pill] that women will actually see the expelled embryo in their sanitary pad or toilet, and although an embryo is still small at 7 or 9 weeks (1-1.5 cm), it is recognizable as the possibility of a child that has now ceased to exist." Klein explains that "those women who understand the precise action of [the abortion pill]… might be very disturbed by this method of terminating their growing embryo's existence."[14]

Klein goes on to cite a 1998 UK study which found that "women who saw the foetus were most susceptible to psychological distress, including nightmares, flashbacks, and unwanted thoughts related to the procedure."[15] Euphemisms and talk of autonomy can't do away with the reality that a mother faces when she actually sees the body of her pre-born child, after feeling it be expelled from her body. Seeing the reality means they cannot pretend not to know what abortion is, or what it does.

ABORTION IN ISOLATION

Abortion pill proponents tout the amount of control and privacy the pill supposedly gives to women. Klein summarizes this argument: "[t]he going wisdom holds that a woman pops a pill in the privacy of her home and the pregnancy disappears."[16] But "the pregnancy disappears" is better understood as a long, drawn-out process of a woman bleeding out the body of her child, and "privacy" is better described as isolation through a difficult ordeal.

Just as we are concerned with the abortion pill's impact on a woman's physical health, so we must be concerned for her mental health. Moving abortion to her home will only increase the sense of isolation and sole responsibility she feels when facing an unplanned crisis pregnancy. In one study of women seeking abortions, nearly a third of the women "told no one other than the man involved" about their abortion. The authors comment on this sense of isolation: "Give birth and…any mom within a mile radius of your home whose kid is the same age as your kid, whether you have anything else in common or not, is a potential new friend. The same is definitely not true of abortion. As far as I know, there are no special friends groups who all got their abortions at the same time."[17] Remove also the medical staff that care for women in hospitals and clinics and you are only further isolating her in a difficult circumstance.

Many women cite a feeling a of desperation when they discover they are unexpectedly pregnant. Desperation and isolation are not something anyone should be promoting for Canadian women. While the abortion pill purports to give women more control over the abortion experience, in fact

it further puts the onus of pregnancy and the experience on them alone.

WHAT LEGISLATORS CAN DO FOR THESE WOMEN

Provinces do not have the jurisdiction to ban abortions (only the federal government has that power), but they do have the ability to pass laws relating to healthcare – and there is room for them to promote the health of women taking the abortion pill. The question we need to ask our provincial lawmakers is what they are doing about the risks of the abortion pill outlined above.

Currently the product monograph from Health Canada requires health professionals to inform women of some of the risks,[18] but a provincial legislature can add more detail to this requirement, explicitly outlining what informed consent entails with the abortion pill to ensure that women are prepared for some of the potential adverse events. They can also mandate that women be made aware of the potential need for emergency care and give referrals to counseling and support should she have trouble with her experience.

Additionally, the product monograph requires health professionals to "exclude ectopic pregnancy and confirm gestational age by an appropriate method."[19] The practice had been to do this with an ultrasound, but that requirement has been lifted.[20] Provincial governments should reinstate this requirement so that the timing of the pregnancy is not based solely on the women's calculation and women are not at risk of death from an undiagnosed ectopic pregnancy.

These are the types of the solutions that we need here in Canada to shed light on the lived experiences of women taking the abortion pill and to protect future women from having the same regrets as Rose, who ended her abortion pill story with the words, "I would never ever go through that again."[21]

Read more from We Need A Law at

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REFERENCES

1 The Missing Project Canada. 2019. *Elizabeth*. https://www.youtube.com/watch?v=CXXCGcuDvNo.

2 In Canada, the combination of the two pills is sold under the name of Mifegymiso.

3 Also referred to as RU-486.

4 Linepharma International Limited. 2019. *Mifegymiso: Product Monograph including Patient Medication Information.* Concord, ON: Celopharma Inc. https://pdf.hres.ca/dpd_pm/00050659.PDF at p 15.

5 Davis, Charles Patrick, MD, PhD. *Medical Definition of Pregnancy.* Medicine Net. https://www.medicinenet.com/pregnancy/definition.htm.

6 Dworkin-McDaniel, Norrine. 2007. "I Was Betrayed by a Pill." *Marie Claire.* https://www.marieclaire.com/sex-love/advice/a552/abortion-pill/.

7 Linepharma International Limited. 2019. *Mifegymiso: Product Monograph including Patient Medication Information.* Concord, ON: Celopharma Inc. https://pdf.hres.ca/dpd_pm/00050659.PDF at p 10.

8 Maloney, Patricia. 2020. "BC Abortion Numbers Vary from CIHI Numbers." *Run with Life.* https://run-with-life.blogspot.com/2020/04/bc-abortion-numbers-vary-from-cihi.html.

9 One study looked at all paid medical claims records for several states in the United States found that up to 60.9% of ER visits were misclassified as being a result of a miscarriage rather than following the abortion pill. Studnicki, James, Donna J Harrison, Tessa Longbons, Ingrid Skop, David C Reardon, John W Fisher, Make Tsulukidze, and Christopher Craver. 2021. "A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999-2015." *Health Services Research and Managerial Epidemiology 8*: 1-11.

10 Dworkin-McDaniel, Norrine. 2007. "I Was Betrayed by a Pill." *Marie Claire.* https://www.marieclaire.com/sex-love/advice/a552/abortion-pill/.

11 Dworkin-McDaniel, Norrine. 2007. "I Was Betrayed by a Pill." *Marie Claire.* https://www.marieclaire.com/sex-love/advice/a552/abortion-pill/.

12 Klein, Renate, Janice G Raymond, and Lynette J Dumble. 2013. *RU486 Mifepristone: Misconceptions, Myths, and Morals.* 2nd. North Melbourne, Vic: Spinifex Press Pty Ltd at p l.

13 Klein, Renate, Janice G Raymond, and Lynette J Dumble. 2013. *RU486 Mifepristone: Misconceptions, Myths, and Morals.* 2nd. North Melbourne, Vic: Spinifex Press Pty Ltd at p li.

14 Klein, Renate, Janice G Raymond, and Lynette J Dumble. 2013. *RU486 Mifepristone: Misconceptions, Myths, and Morals.* 2nd. North Melbourne, Vic: Spinifex Press Pty Ltd at p xxii.

15 Klein, Renate, Janice G Raymond, and Lynette J Dumble. 2013. *RU486 Mifepristone: Misconceptions, Myths, and Morals.* 2nd. North Melbourne, Vic: Spinifex Press Pty Ltd at p xxii. Klein's proposed solution is to promote only surgical abortion, so a doctor can remove the body of the pre-born child without the mother having to see it.)

16 Klein, Renate, Janice G Raymond, and Lynette J Dumble. 2013. *RU486 Mifepristone: Misconceptions, Myths, and Morals.* 2nd. North Melbourne, Vic: Spinifex Press Pty Ltd at p 25.

17 Greene Foster, Diana, PhD. 2020. *The Turnaway Study.* New York: Scribner.

18 Linepharma International Limited. 2019. *Mifegymiso: Product Monograph including Patient Medication Information.* Concord, ON: Celopharma Inc. https://pdf.hres.ca/dpd_pm/00050659.PDF at p 4.

19 Linepharma International Limited. 2019. *Mifegymiso: Product Monograph including Patient Medication Information.* Concord, ON: Celopharma Inc. https://pdf.hres.ca/dpd_pm/00050659.PDF at p 4.

20 2019 "Health Canada says ultrasound no longer mandatory before Mifegymiso prescribed for abortion." *CBC News. https://www.cbc.ca/news/health/mifegymiso-ultrasound-1.5100405.*

21 Klein, Renate, Janice G Raymond, and Lynette J Dumble. 2013. RU486 *Mifepristone: Misconceptions, Myths, and Morals.* 2nd. North Melbourne, Vic: Spinifex Press Pty Ltd at p li.

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