



POSITION

WRITTEN BY: **WeNeed** a Law



Abortion Pill **RESCUE**

Hope for Women and Pre-Born Children

Abortion may seem like an easy choice. However, after swallowing that first pill, some women face immediate regret.

Rebecca took the abortion pill to put an end to her pregnancy. But it was the finality of that decision which caused her to question it. "I began to think about how this world is only for a short while, but my choice to abort this baby would be eternal. It was crystal clear to me that I made a huge mistake." With a changed mind, Rebecca rushed to her computer to see if there was a way to save her child. "I clicked on 'abortion reversal.' I called the hotline provided on the website and asked, 'Is it true that the abortion pill can be reversed?' The hotline nurse answered, 'Yes.'"¹

When Rebecca became pregnant, her body instinctively acted to support and maintain the pregnancy. A woman's body routinely prepares to care for new life. One part of this is that, during the second half of a woman's menstrual cycle, her body is producing a hormone called progesterone. This hormone works to strengthen the lining of the uterus in anticipation of potentially receiving a fertilized egg. If a fertilized egg is implanted, progesterone levels will remain high throughout the pregnancy to preserve the lining of the uterus, protecting the child in the mother's womb.²

To end a pregnancy, an abortion must disrupt the natural response of a woman's body. The abortion pill procedure does so through two separate pills.³ The first pill, Mifepristone,⁴ blocks progesterone, which means the lining of the uterus starts to break down. The second pill, Misoprostol, then induces contractions to cause the "evacuation of intrauterine content"⁵, better known as a pre-born child.

If a woman takes the first pill but then regrets her decision, like Rebecca did, there is a possibility that her baby will survive if she simply does not take the second pill. That possibility increases significantly if she is able to quickly access the abortion pill rescue. Understanding and promoting the abortion pill rescue can save pre-born

lives by providing women with an option to reverse the unnatural effects of abortion drugs.

ABORTION PILL RESCUE

An unintended pregnancy can send a woman's world into chaos. Women cite feeling desperate and afraid. Abortion may seem like an easy choice. However, after swallowing that first pill, some women face immediate regret. Emily explains it this way: "The fear I had of being pregnant overcame all other emotions, and I took the pill." However, immediately she felt regret – "I cried the whole way home." Thankfully, Emily researched online and got in touch with the Abortion Pill Rescue Network.⁶

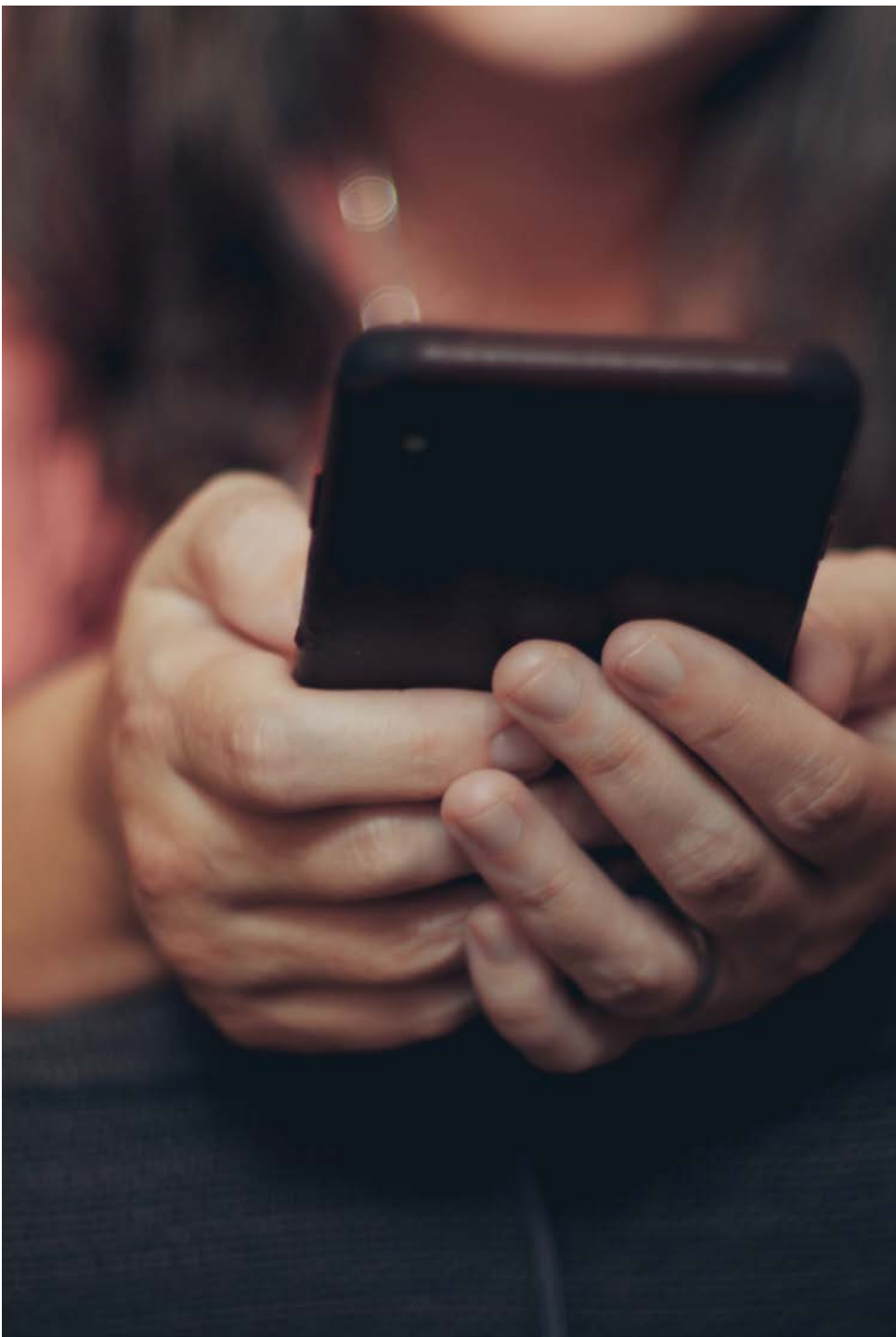
If a woman takes only the first pill in the two-pill medical abortion process, there is an opportunity to try to reverse the effects of that pill to save the pre-born child's life. Called the abortion pill rescue, this reversal simply involves reintroducing progesterone into the pregnant woman's body. Her body was naturally producing this hormone before the first pill began blocking it and reintroducing it will support and strengthen the lining of the uterus, which is critical to the health of the pre-born child. Doctors have been prescribing progesterone to pregnant women at risk of miscarriage for over 50 years.⁷

The Abortion Pill Rescue Network has a hotline (1-800-712-4357) that women can phone. If the mother has only taken the first pill and wishes to reverse its impact, the network will connect her with a local doctor (including some in Canada) who will be able to prescribe progesterone and do follow-up care.⁸ In Canada, Canadian Physicians for Life has great resources including a letter patients can take to their doctor explaining the procedure.⁹

If a mother takes the first abortion pill and does nothing further, her pre-born child has about a 25% chance of surviving.¹⁰ Restoring progesterone levels through the abortion pill rescue increases the likelihood that the pre-born child will survive to about 60%.¹¹ Cachet describes the impact of such a decision: "Not following through with the abortion pill has been a tremendous blessing. My little girl is the joy of my life and I truly don't know what I would do without her."¹²

PRESCRIBING PROGESTERONE FOR PREGNANT WOMEN IS A COMMON PRACTICE

Before detailing studies that look at the effectiveness of the abortion pill rescue, it should be noted again that prescribing progesterone for pregnant women is a common practice. Progesterone is considered low risk for women and beneficial for protecting pregnancy. In a 2020 study, 4,153 pregnant women in the United



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Kingdom were either prescribed progesterone or a placebo to determine its cost effectiveness. The study concluded that it was a good use of resources to give progesterone to women with one or more previous miscarriages who presented bleeding early in the pregnancy. The study notes that broader use of progesterone “depends on the amount that society is willing to pay to increase the chances of an additional live birth [after] 34 weeks of gestation.”¹³ What this study demonstrates is that outside the context of abortion, progesterone is seen as low risk and generally good for protecting pregnancy.

TWO STUDIES ON THE ABORTION PILL RESCUE

Given the controversial nature of abortion, it is unsurprising that the abortion pill rescue (also called the abortion pill reversal) has come under scrutiny. Essentially, as discussed above, the abortion pill rescue introduces progesterone back into a mother’s body in an effort to undo the effects of the first pill in the abortion pill process. It can only be utilized before the second pill is taken. There has been one case series study done on the effectiveness of the abortion pill rescue and one other partial, halted study.

The first study done on the abortion pill rescue was a case series involving 547 patients in the United States who had taken the first pill, phoned the abortion pill reversal network in the United States, and initiated the abortion pill reversal process.¹⁴ Of those patients, 261 (48%) gave birth to a live child. When those results are broken down by how the progesterone was administered, some subgroups reached as high as a 68% success rate. The other significant factor was weeks of gestation, with 5 weeks gestation having a 25% success rate and 9 weeks gestation having a 77% success rate. Of the 261 live births, 7 had birth defects. This percentage is equal to that of the general population.

The main limitation of this study is the design. As a case series study, participants are self-selected and there is no

placebo-controlled group. While this limitation needs to be taken into consideration, it is worth noting that there are many medical studies with this same limitation that still contain useful information. The authors note this limitation, explaining that “a placebo-controlled trial in the population of women who regret their abortion and want to save the pregnancy would be unethical.”

What is unethical to those who value the lives of pre-born children, however, is not so to pro-abortion researchers. Researchers in the United States decided to study the abortion pill reversal with no respect for the actual lives at stake.¹⁵ The plan was to enroll 40 patients who were intending to have an abortion, see if they could save the child, and then proceed with the abortion anyway. Participants were given the first abortion pill and then given either progesterone or a placebo. The mothers and their children would be monitored for about two weeks, at which point the women would have a scheduled surgical abortion regardless of the outcome. The study did not go as planned, however, and was ended after only 12 patients, 10 of whom actually participated in the study.

The study was halted because three of the patients experienced severe hemorrhaging, a common side effect of the abortion pill they had been given. One of those women was given the progesterone and her bleeding stopped by itself. The other two had taken the placebo and required intervention, including a blood transfusion for one participant. With such a small sample size, this study has limited value. However, gestational cardiac activity (i.e., the heartbeat of the pre-born child) was detected in 4 out of the 5 participants given progesterone and in 2 out of the 5 women in the placebo group. Rather than discrediting the abortion pill reversal, this study’s limited results indicate the success of the abortion pill reversal while at the same time illustrating the potential complications, specifically the risk of hemorrhaging, of the abortion pill itself.

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MORE RESEARCH AND MORE SAVED LIVES

We need more research on the abortion pill rescue. Whether this research is initiated by the medical community, the Colleges of Physicians and Surgeons, or by a committee of a provincial legislature, the pro-life movement welcomes more rigorous, ethical studies of the effectiveness of the abortion pill reversal. As laid out above, the abortion pill rescue is a straightforward, uncontroversial process. More Canadian experience with it will benefit our understanding of how to best help mothers and their children.

The abortion pill rescue is relatively new, with Dr. Delgado's case series beginning in 2012. This means the oldest lives

saved would be around 10 years old now. We look forward to hearing from these voices as they grow as they will add a valuable contribution to our discourse about the abortion pill. In the meantime, there are hundreds of children alive today because of the abortion pill rescue, and many

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- 4 Also referred to as RU-486.
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We Need a Law

P.O. BOX 1377 STN B
OTTAWA, ONTARIO K1P 5R4

1-866-410-9625
info@WeNeedALaw.ca

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