

Facts Are Important: Medication Abortion “Reversal” Is Not Supported by Science

Facts are important, especially when discussing the health of women and the American public. Claims regarding abortion “reversal” treatment are not based on science and do not meet clinical standards. The American College of Obstetricians and Gynecologists (ACOG) ranks its recommendations on the strength of the evidence,ⁱ and does not support prescribing progesterone to stop a medical abortion.

Yet, politicians are pushing legislation to require physicians to recite a script that a medication abortion can be “reversed” with doses of progesterone, and to steer women to this care. Unfounded legislative mandates represent dangerous political interference and compromise patient care and safety.

What is Medication Abortion?

- Medication abortion is the use of medications, rather than surgery, to end a pregnancy. This safe and effective evidence-based regimen includes a combination of two drugs—mifepristone, taken first, and misoprostol, taken at a later point.
- Mifepristone stops the pregnancy growth by blocking the hormone progesterone; misoprostol makes the uterus contract to complete the abortion.
- Medication abortion is more effective when both drugs are used, because mifepristone alone will not always cause abortion. In fact, as many as half of women who take only mifepristone continue their pregnancies.ⁱⁱ
- Mifepristone is not known to cause birth defects.

So-called abortion “reversal” procedures are unproven and unethical.

- A 2012 case series reported on six women who took mifepristone and were then administered varying progesterone doses. Four continued their pregnancies.ⁱⁱⁱ This is not scientific evidence that progesterone resulted in the continuation of those pregnancies.
- This study was not supervised by an institutional review board (IRB) or an ethical review committee, required to protect human research subjects, raising serious questions regarding the ethics and scientific validity of the results.
- Case series with no control groups are among the weakest forms of medical evidence.^{iv}

Legislative mandates based on unproven, unethical research are dangerous to women’s health.

Politicians should never mandate treatments or require that physicians tell patients inaccurate information.

Additional ACOG Resources:

- ACOG Practice Bulletin 143 [Medical Management of First-Trimester Abortion](#) (March 2014)

ⁱ Hal C. Lawrence, M.D., “The American College of Obstetricians and Gynecologists Supports Access to Women’s Health Care,” *Obstetrics & Gynecology* vol. 125 1282, 1283 (Jun. 2015) available at http://journals.lww.com/greenjournal/Fulltext/2015/06000/The_American_College_of_Obstetricians_and.2.aspx.

ⁱⁱ Grossman D et al. “Continuing Pregnancy After Mifepristone and ‘Reversal’ of First-Trimester Medical Abortion: A Systematic Review,” *Contraception* 92 206–211 (Jun. 2015).

ⁱⁱⁱ Delgado G and Davenport M, “Progesterone Use to Reverse the Effects of Mifepristone,” *The Annals of Pharmacotherapy* vol. 46 (Dec. 2012).

^{iv} ACOG, *Reading the Medical Literature*, available at <http://www.acog.org/Resources-And-Publications/Department-Publications/Reading-the-Medical-Literature>.