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FACT SHEET: NO EVIDENCE FOR MEDICATION ABORTION REVERSAL

STATE LAWS REQUIRE PHYSICIANS TO PROVIDE INACCURATE INFO

Despite a lack of clinical evidence or public health demand, Arkansas, Idaho, South Dakota, and Utah have all enacted laws that require abortion providers to tell patients about treatment that may reverse the effect of mifepristone, a drug used in the medication abortion regimen to block the hormone progesterone that is necessary for maintaining the uterine lining during pregnancy.[1] Mifepristone is taken orally in a clinical setting, and 24-48 hours later, patients take misoprostol at home, which causes uterine contractions. Medication abortion is approved by the FDA up to 70 days gestation, and it has a success rate of nearly 100%.[2]

MOST WOMEN ARE SURE OF THEIR ABORTION DECISION

Studies have found that women show much higher certainty about their decision to obtain an abortion as compared to other decisions about medical treatment. Several surveys have found that 92-99% of women seeking abortion care were certain of their decision.[3,4,5,6] The US manufacturer of mifepristone reports that less than 0.004% of patients who took mifepristone between 2000 and 2012 decided to continue their pregnancies.1 The current recommendation for treating women who wish to continue their pregnancy after taking mifepristone is watchful waiting and monitoring of the fetus.[7]

MEDICATION ABORTION REVERSAL: LACK OF EVIDENCE

Flawed Studies

Only three published studies have investigated whether patients who are administered progesterone after mifepristone is taken have a higher likelihood of continuing their pregnancy as compared to those who take mifepristone alone. The first was a case study of only six women who were given multiple doses of progesterone following intake of an unknown dose of mifepristone at 7 to 11 weeks gestation.[8] Although four of the six women carried their pregnancies to term, the study size was extremely small and did not obtain IRB approval.[7,8] The second study included 754 patients who tried a form of progesterone treatment after mifepristone ingestion and found that nearly half of the women continued their pregnancy.[9] However, this study had serious limitations. First, patients whose fetus had already been compromised after ingesting mifepristone were excluded from the study, potentially inflating the rate of success for the progesterone intervention. Second, patients who did not follow up before 20 weeks were also excluded, leaving out another source of patients for whom the intervention may or may not have worked.

Further Research Refutes Flawed Studies

Most recently, other researchers[1] have used data from the two studies[9] to more rigorously compare pregnancy outcomes for groups of similar gestational age, and they concluded medication abortion reversal is ineffective. As gestational age increases, pregnancy continuation is more common, and existing data on mifepristone's effectiveness alone is only available for up to 7 weeks gestation.[1] Thus, it is important to compare outcomes of the progesterone intervention specifically by gestational age and only up to 7 weeks. Using this analysis, Grossman and White (2018) found no significant difference in continued pregnancy among women who were up to 6 or 7 weeks pregnant who received the reversal regimen or who only received mifepristone.[1] This suggests that, using the data available, medication abortion reversal is not actually effective.

CLINICAL GUIDELINES DO NOT SUPPORT "REVERSAL"

Overall, the evidence supporting progesterone as a means of reversing the effects of mifepristone taken for medication abortion is lacking and not based on the experiences of abortion clients, who report high levels of certainty about their abortion decisions. Physicians instead follow recommended clinical protocol that employs watchful waiting and monitoring of the fetus for women who wish to continue their pregnancy after taking mifepristone.[1] Laws that require physicians to counsel patients on medication abortion reversal force doctors to provide information about a medical intervention that currently lacks scientific consensus supporting its effectiveness or necessity.

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