Physicians for Reproductive Health

MEDICATION ABORTION "REVERSAL" | FACT SHEET | JULY 2024

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Background

Medication abortion is a safe, effective, and evidence-based method that uses medication to end a pregnancy. This can be done with a combination of two pills, mifepristone and misoprostol, or with misoprostol alone. The use of these medications for an abortion is supported by decades of clinical research and the real-world experience of millions of people worldwide. Reputable major medical associations including the American Medical Association, the American College of Obstetricians and Gynecologists, the World Health Organization, among others, support access to and affirm the safety and efficacy of medication abortion.

Unfortunately, as a strategy to attack and undermine all abortion access, anti-abortion extremists fabricate scientifically inaccurate and medically dangerous information about medication abortion, including promoting a protocol for so-called "abortion reversal." Importantly, "abortion reversal" is not a medical term. Instead, it is a political term used by the anti-abortion movement to describe a medically unproven protocol in which a high dose of progesterone is given to the pregnant person after mifepristone is administered during a medication abortion with the unfounded belief that this will "reverse" an abortion. Professional medical associations including the American Medical Association (AMA) and American College of Obstetricians and Gynecologists (ACOG) do not support the dangerous protocol that abortion "reversal" utilizes because it is not based in science and does not meet clinical standards.

Abortion "Reversal" Is Extremely Dangerous

Proponents of so-called "reversal" rely on experimental treatments that do not follow standard research protocols or ethical practices put in place to protect patients and keep them safe during the receipt of care. These so-called studies are scientifically inaccurate and unethical. Many proponents of abortion "reversal" rely on the results from a 2012 case series study conducted by an anti-abortion physician. Case series are widely considered the lowest standard of scientific research and weakest form of medical evidence, making it difficult or impossible to create generalizable results. Moreover, the lack of a control group, which allows researchers to compare those receiving experimental or untested care with those who are not, means that they cannot be used to show cause and effect. The 2012 case series reported on six pregnant people who took mifepristone to terminate a pregnancy and then were administered varying doses of progesterone, with the belief that it would counteract the mechanism of action of mifepristone, via injection. While the case study report found that four of the six pregnant people continued the pregnancy to term and delivery, it is important to note that none of the six completed the FDA approved abortion medication regimen which requires the administration of misoprostol following the administration of mifepristone. This study, as it was designed and implemented, is not simply unethical, it also

fails to meet the standard criteria for medical and scientific evidence to prove their theory that that the use of progesterone can "reverse" an abortion.

The 2012 case series was not supervised by an institutional review board (IRB) or an ethical review committee, which are required for scientific studies to protect research participants. The lack of ethical oversight raises significant concerns regarding the ethics and scientific validity of the case study. Additionally, subsequent case series used to support abortion "reversal" procedures have similar limitations, including no ethical approval, no control groups, under-reporting of data, and no reported safety outcomes.

In December 2019, researchers looking into the claims made by abortion "reversal" proponents published the results from the first randomized control study with IRB approval, which is the highest level of scientific study design, to evaluate the validity of the data. This study was discontinued prior to completion due to significant safety concerns about the so-called "reversal" regimen, specifically participants experiencing heavy bleeding that in some cases required blood transfusion and even emergency surgery. The study concluded that the efficacy of progesterone for nullifying the effects of mifepristone could not be estimated due to these significant safety concerns. Notably, ACOG, which publishes practice guidelines, establishing the standard of care for all practicing obstetricians and gynecological care including abortion, opposes the practice of so-called "reversal", stating that "claims of medication abortion reversal are not supported by the body of scientific evidence, and this approach is not recommended in ACOG's clinical guidance on medication abortion." In short, this approach is not safe. It is not effective. It is not based on medical evidence.

Impact of Misinformation about Medication Abortion Care on Patients and Providers

Following the *Dobbs* decision, misinformation regarding abortion "reversal" has become more widely spread, especially online. Researchers focused on misinformation have found that the increase in abortion "reversal" content is sowing doubt and confusion among individuals and raising questions regarding the effectiveness of medication abortion. This doubt and confusion hinder people seeking information on medication abortion care from obtaining evidence-based information regarding the safety and efficacy of care.

Moreover, anti-abortion legislation designed to decrease access to abortion care at the state level often mandates that health care providers share incorrect and biased information about medication abortion, including supporting the possibility of "reversal." Coercing health care providers into providing state-mandated information that is medically and scientifically inaccurate not only goes against any provider's ethical imperative, but it also violates the patient-provider relationship, makes a mockery of the principles of informed consent, and contributes to distrust that many communities already have about medical providers and systems of care. The informed consent process in health care ensures patients are given all the information about their health condition, including testing and treatment options, to make decisions about their care. Forcing providers to share false and misleading dangerous information undermines a patient's ability to make decisions about their health care. Patients need medically accurate information, not state-mandated deception, coercion, that attempt to shame.

Abortion "Reversal" State Policy Trends

There has been a recent trend among anti-abortion state legislators to introduce bills to mandate health care providers to provide abortion care patients with scientifically inaccurate information regarding abortion "reversal." Since 2015, nearly 40 states have introduced legislation related to required counseling on the potential to reverse a medication abortion. In fact, states such as North Carolina, Georgia, Colorado, Iowa, Massachusetts, and Ohio have proposed such legislation across multiple years. As of August 2023, eight states require patients seeking abortion care to receive inaccurate information about reversing medication abortion. Colorado is one example of such efforts where anti-abortion legislators have introduced, but failed to pass, multiple versions of the "Abortion Pill Reversal Information Act." The most recent version of the proposed act requires physicians and other providers to provide "state-prepared" information about abortion "reversal" to all medication abortion patients twenty-four hours prior to the patient receiving abortion care. The mandated information must also include a phone number and website address that provides alleged resources for abortion "reversal." While Colorado successfully enacted a new law in 2023 to ban so-called abortion pill "reversal," it has been temporarily blocked by a federal judge allowing the controversial practice to continue.

In 2024, legislators in West Virginia, Iowa, Massachusetts, North Carolina, and Kansas also introduced bills similar to Colorado that would require health care providers to provide scientifically inaccurate information about abortion "reversal" as a part of informed consent requirements for abortion care patients. Tennessee similarly introduced legislation to require the Department of Health to publish information about abortion "reversal" on its website. While these bills ultimately failed, they indicate a growing trend. Numerous states already require providers share irrelevant or misleading information with patients verbally or in writing. Attempts to require information about so-called abortion "reversal" is just another tactic to misinformation and confuse patients.

Conclusion

As attacks on medication abortion persist with increasing fervor, we expect to see more of these specific efforts to undermine abortion access via misinformation about abortion "reversal." Abortion "reversal" is a dangerous narrative not based in science or evidence and seeks to further shame people who seek out abortion care. Legislative mandates based on unproven, unethical research are dangerous and requiring physicians to tell patients inaccurate information undermines the patient-provider relationship and contradicts a fundamental principle of medical ethics. Abortion care is an essential part of health care and people should be able to access care without shame, stigma, or being subjected to anti-abortion misinformation.

Additional Resources

PRH Medication Abortion Factsheet: https://prh.org/wp-content/uploads/2024/05/policy-fact-sheet-medication-abortion-2024.pdf