

AAPLOG FACT SHEET Abortion Pill Reversal

The American Association of Pro-Life Obstetricians and Gynecologists strongly supports a woman's right to choose to keep her pregnancy, and to attempt to reverse the effects of a medical abortion which she no longer desires. The Abortion Pill Reversal process is safe for both the mother and for her unborn child, and offers a real chance for the woman to rescue her unborn child when she has changed her mind about abortion. The following facts about APR are important to understand:

- Progesterone is the hormone produced by the mother's ovaries, which allows the mother's womb to carry an unborn child. ("Pro"=for, "gest"=pregnancy, "erone" = hormone). When progesterone is too low, the unborn child cannot receive nutrients, and dies. ASRM FACT SHEET (Ref 1)
- Mifepristone(RU486/Mifeprex) is a progesterone blocker. (Ref 2) Mifepristone blocks progesterone from allowing the womb to nourish the unborn child. But Mifepristone is a REVERSIBLE (Ref 2) blocker-which means that the effects of Mifepristone can be stopped by adding large amounts of natural progesterone. The natural progesterone competes for the binding sites on the progesterone receptors, and kicks the mifepristone off of these binding sites.
- Natural progesterone has been used for over 50 years in the treatment of early pregnancies who are threatening to miscarry because the mother's progesterone level is too low. Progesterone has also been used for over 3 decades in women who have conceived with IVF. In the extensive medical literature on the use of progesterone in early pregnancy, there are no increased risks of any birth defects with natural progesterone. (Ref 1)
- The use of natural progesterone to reverse the effects of mifepristone poisoning is a simple application of common sense in the treatment of poisonings in situations where the mechanism of poisoning is well understood. Mifepristone poisoning is well studied and well understood. Using natural progesterone to reverse mifepristone effects is a logical extension of understanding the biochemical mechanism of action of mifepristone. (Similar application is used in chemotherapy with methotrexate followed by leukovorin rescue.) (Ref 3)
- In children who survive mifepristone poisoning and continue to birth, mifepristone alone has not been found to be associated with birth defects. In those children who have survived after the mother has ingested mifepristone alone, there have been no increased risks of birth defects noted. (Ref 4)
- The APR protocol involves giving natural progesterone to women who have taken mifepristone alonewho have not yet taken the second abortion drug misoprostol. (Ref 3)
- The APR protocol increases the chances that a baby will survive after the mother ingests mifepristone. Without APR, the chances that an unborn child will survive mifepristone poisoning are around 15%. However, if the mother receives the APR rescue, then 65-70% of the babies will survive. There are currently 200 babies born nationwide after using the APR protocol, and another 100 coming soon. (Ref 6)
- The babies born after using the APR protocol are not at increased risk for birth defects. (Ref 4)
- See AAPLOG FACT SHEET REFERENCES Abortion Pill Reversal

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AAPLOG FACT SHEET REFERENCES Abortion Pill Reversal

- ASRM FACT SHEET
 <u>http://www.reprodsurgery.org/uploadedFiles/ASRM_Content/News_and_Publications/Practice_Guid</u>
 <u>elines/Educational_Bulletins/Progesterone_supplementation.pdf</u>
- Baulieu.E.E. (1985) RU 486: an antiprogestin steroid with contragestive activity in women. In Baulieu.E.E. and Segal,S.J. (eds), The Antiprogestin Steroid RU 486 and Human Fertility Control. Plenum Press, New York,
- Delgado G, Davenport M. Progesterone Use to Reverse the Effects of Mifepristone. Ann Pharmacother 2012;46. Published Online, 27 Nov 2012, theannals.com, doi: 10.1345/aph.1R252
- Bernard N, Elefant E, Carlier P, Tebacher M, Barjhoux C, Bos-Thompson M, Amar E, Descotes J, Vial T. Continuation of pregnancy after first-trimester exposure to mifepristone: an observational prospective study. BJOG 2013;120:568–575 <u>http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.12147/epdf</u>
- http://abortionpillreversal.com/page/2-Abortion%20Pill%20Reversal/
- Davenport et. Al. publication pending.

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