



## Chemical Abortion Factsheet

### What are Chemical Abortions?

- Often referred to as medication abortion or medical abortion, this type of non-surgical abortion uses pills to end the pregnancy. We call this type of abortion a chemical abortion because unlike most medicine which heals patients, this chemical concoction ends the life of the unborn child.
- The most common chemical abortion method involves a two-step drug process. The first abortifacient drug (mifeprex, mifepristone or RU-486) is given at the clinic and weakens or kills the baby by blocking progesterone. The second drug, misoprostol, is taken 24-48 hours later, usually at home, to expel the baby and complete the abortion.
- Chemical abortions are supposed to be limited to 70 days or less since the first day of the last menstrual period.
- Research indicates that the first drug, mifepristone, alone is not always effective in ending a life. A woman may still have a viable pregnancy after taking the first abortifacient drug, mifepristone.
- In Louisiana in 2020, chemical abortions accounted for 38% of all abortions.

### Are chemical abortions dangerous?

- Chemical abortions have a much higher complication rate than surgical abortions.
- The most common problems are severe bleeding and incomplete abortion.
- Many women are often mistaken about their pregnancy dating. Chemical abortions are only supposed to be taken in early pregnancy. Without seeing a doctor and getting accurate dating of pregnancy, women are put at risk. The risk of death from chemical abortion goes up 38% every week beyond eight weeks—so accurate dating is critical.
- Ectopic pregnancy can be fatal. Without seeing a doctor, there is no way to rule out ectopic before taking the chemical abortion pills.
- There could be complications with future pregnancies (including potentially the death of the next baby) if blood type is not assessed. Rh-negative women must receive an injection to prevent complications.
- The FDA website states: A woman should not take Mifeprex if it has been more than 70 days since the first day of her last menstrual period, or if she:
  - has an ectopic pregnancy (a pregnancy outside of the uterus)
  - has problems with the adrenal glands (the glands near the kidneys)
  - is currently being treated with long-term corticosteroid therapy (medications)
  - has had an allergic reaction to mifepristone, misoprostol or similar drugs
  - has bleeding problems or is taking anticoagulant (blood thinning) drug products
  - has inherited porphyria
  - has an intrauterine device (IUD) in place (it must be removed before taking Mifeprex).

- Yet, with the push of easier access to chemical abortion, women are not even being seen by a medical professional to determine if any of these risk factors exist.
- When Mifeprex was first approved in 2000, the FDA imposed restrictions on its distribution. These restrictions were then converted to a REMS program in 2011. “A Risk Evaluation and Mitigation Strategy (REMS) is a drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks.” *FDA website*
- Only a tiny fraction of drugs require REMS, but Mifeprex is one of them.
- In 2020, under intense political pressure and the COVID pandemic, the FDA ended up exercising “enforcement discretion” for the in-person requirement. Then in December of 2021, the FDA permanently removed the in-person requirement of the Mifepristone REMS Program.
- “As of June 30, 2021, there were reports of 26 deaths of women associated with mifepristone since the product was approved in September 2000, including two cases of ectopic pregnancy (a pregnancy located outside the womb, such as in the fallopian tubes) resulting in death; and several cases of severe systemic infection (also called sepsis), including some that were fatal.” <https://www.fda.gov/media/154941/download>

### What is Louisiana’s law on chemical abortions?

- Louisiana Revised Statute 40:1061.11 (Drugs or chemicals used; penalties) passed in 2019 required that “the physician who prescribed the drug or chemical” is “in the same room and in the physical presence of the pregnancy woman when the drug or chemical is initially administered, dispensed, or otherwise provided to the pregnant woman.
- In addition, LARTL helped pass a law which requires that all women who take the first pill of a chemical abortion are given information about abortion pill reversal.
- Finally, [Act 548](#) works with the [Louisiana 2022 Reaffirmation of Human Life Protection Act](#) (Act 545 / LA R.S. 14.87.7) to prohibit the selling, prescribing, distributing, dispensing, or delivering of chemical abortion.

### What is the Abortion Pill Reversal (APR) Process?

- Women do regret their abortion decision, as indicated by the more than 150 calls a month to the Abortion Pill Rescue Network. [www.abortionpillrescue.com](http://www.abortionpillrescue.com)
- A review of the medical literature has shown that anywhere from 23% to 41% of women attempted chemical abortion may change their mind. (*based on 19 years of FDA data in the 2021 Study, Dr. Kathi Aultman and associates*).
- For those seeking to reverse the chemical abortion, the goal is to start the protocol within 24 -72 hours of taking the first abortion pill, mifepristone. An ultrasound will be done as soon as possible to confirm heart rate, placement, and dating of the pregnancy. The doctor or another medical provider will prescribe progesterone, given as a pill to be taken orally or vaginally or possibly by intramuscular injection. The treatment will usually continue through the first trimester of pregnancy.
- Currently, the APR network includes more than 500 clinicians willing to prescribe progesterone to patients who have initiated the medication abortion process. To sign up to be a part of the APR network, visit: <https://www.heartbeatinternational.org/abortion-pill-reversal-works>
- A study in *Issues of Law and Medicine* was released in 2018 that showed results of the protocol on 754 patients, providing further evidence. The results showed that:
  - 64%-68% of the pregnancies were saved through Abortion Pill Reversal
  - There was no increase in birth defects
  - Lower preterm delivery rate than the general population
- More than 2,000 babies have been saved through the abortion pill reversal!

### What are mail-order abortions?

- Even though telemedicine abortions are not legal in Louisiana, there is a thriving online chemical abortion industry.
- Plan C, Aid Access, and over 100 online sources including [www.mahotline.org/](http://www.mahotline.org/) which tells patients how to get abortion pills in any state.

- Some websites direct patients to purchase the chemical abortion pills through pharmacies in other countries which are not regulated in the same way that US pharmacies are regulated. There is no way to know exactly what is in chemical pills if you order online.

**Resources:**

[www.thisischemicalabortion.com](http://www.thisischemicalabortion.com)

<https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifeprex#:~:text=The%20FDA%20approved%20GenBioPro%2C%20Inc,be%20safely%20substituted%20for%20Mifeprex>

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