Making Sense of Bioethics March, 2015 Father Tad Pacholczyk Director of Education The National Catholic Bioethics Center



Undoing a Chemical Abortion

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In 1978, Charles E. Rice, a former Professor of Law at Notre Dame Law School made this prediction in his book *Beyond Abortion: The Theory and Practice*:

> "The abortion of the future will be by pill, suppository, or some other do-it-yourself method. At that point the killing of a baby will be wholly elective and private. We have, finally, caught up with the pagan Romans who endowed the father, the pater familias, with the right to kill his child at his discretion. We give that right to the mother. But it is all the same to the victim."

His prediction was prescient, given that "chemical abortions" are now widely available in the form of the French abortion pill, RU-486. The abortion pill has been available in the U.S. since 2000. By 2008, approximately 25 percent of abortions prior to 9 weeks relied on RU-486, also known as mifepristone. A 2010 scientific review on RU-486 noted that chemical abortion "has been used successfully in the medical termination of pregnancy for over 25 years, and the method is registered in 35 countries."

In recent years, there has been a small but important glimmer of light piercing through this dark backdrop of widespread RU-486 utilization, namely, that it is sometimes possible to reverse a chemical abortion if a woman comes to regret her decision soon after taking the abortion pill.

Carrying out a chemical abortion actually requires two different pills to be taken sequentially. RU-486 is administered prior to reaching the 10th week of pregnancy, and about two days later, a hormone called misoprostol is given that causes contractions and expels the unborn child. Reversal may be possible when the second pill has not yet been taken.

RU-486 itself is often described as a "progesterone antagonist" or as an "antiprogesterone." These names indicate the extent of its hostility towards the hormone, progesterone. vital What this means is that RU-486 blocks progesterone, a hormone needed to build and maintain the uterine wall during pregnancy. Thus, RU-486 can either prevent a developing human embryo from implanting in the uterus, or it can kill an implanted embryo by essentially starving her or him to death.

The reversal technique relies on using progesterone itself to

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counteract the effects of the abortion pill. In a study published in the *Annals of Pharmacotherapy* in December, 2012, successful reversal was reported for four of six women who took RU-486; these women were able to carry their pregnancies to term after receiving an intramuscular injection of progesterone. Since 2012, dozens of other women have successfully reversed their chemical abortions. Thus far, no side effects or complications associated with reversal of the abortion pill have been reported.

On the other hand, the abortion pill itself has notable side effects and risks associated with its use. Common side effects include: uterine cramps, high blood pressure, bleeding not related to the menstrual period, overgrowth of the uterine lining, stomach cramps, dizziness, reduced blood potassium, and nausea. Some women also experience fever, chills and infection.

Among the more serious possible side effects would be death of both mother and child arising from endomyometritis (infection of the uterine lining) and septic shock. A December, 2005 article in the *New England Journal of Medicine* indicated that women are about ten times more likely to die from RU-486 abortions than surgical abortions in early pregnancy, partly because of the risk of infection.

Another complication of using RU-486 is incomplete abortion, with embryonic/fetal parts remaining. In the first six years of RU-486 availability in Australia, for example, there were 792 reports of adverse effects, 579 of which pertained to parts of the embryo/fetus remaining, and 126 of these required follow-up surgical abortion.

Time is clearly of the essence: the longer a woman waits after taking RU-486 before attempting a reversal, the lower the likelihood of success. Health care professionals should become informed about the possibility of using progesterone to reverse the effects of RU-486 in women who have begun the chemical abortion process and then changed their minds. The website for the Abortion Pill Reversal Program, a national effort to encourage and support abortion pill reversal, can be found at: http://abortionpillreversal.com/. As noted on the site,

> "The Abortion Pill Reversal Program has a network of over 200 physicians worldwide that assist the women that call our

hot line. This hotline is manned 24 hours a day, 7 days a week by one of our Registered Nurses... if you've taken the abortion pill, it may not be too late. Call 877-558-0333 right away."

This remarkable initiative has already saved the lives of many children, and has brought the blessing of motherhood to fruition for many women who recognized the mistake they had made in taking the abortion pill.

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.

