

IMPORTANT POINTS

- ▶ **Telemedicine abortion** is a dangerous practice which shortcuts proper medical care in favor of increased profits. There is no real doctor/patient relationship in a telemedicine abortion.
- ▶ **Physicians** must thoroughly examine the woman—not look at her via webcam—to determine how far along she is and rule out an ectopic pregnancy, which is a potentially life-threatening complication
- ▶ **Follow-up care** is critical in the event of severe or potentially fatal complications. With telemedicine abortions, the physician could be hundreds of miles away from the woman.
- ▶ **The FDA** has given the abortion pill a special label because of its risk of side effects. Abortion providers who do telemedicine abortions are not adhering to FDA warnings.
- ▶ **Complications** from the abortion pill should be reported to the FDA so that accurate data is compiled. Reports can be made by patients online at www.accessdata.fda.gov/scripts/medwatch/ or by calling 1-800-FDA-1088.

THE ABORTION PILL IN MICHIGAN

For six years, telemedicine abortions were banned in the state of Michigan. At the end of 2018, the ban was set to expire. The Michigan Legislature passed a bill to extend the ban indefinitely, but in his final days in office, Governor Rick Snyder vetoed the bill.

In Michigan, women had 11,609 chemical abortions using the abortion pill in 2019, accounting for 42% of all abortions in the state.³ Abortion pill numbers continue to increase because they are a time and cost-saving measure for abortion facilities.

REFERENCES

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- ² Mifeprex medication guide, U.S. Food and Drug Administration, accessed February 2, 2020, <https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>
- ³ Mei You, Lindsey Myers & Glenn Radford, “Induced Abortions in Michigan,” Michigan Department of Health and Human Services, June 2019.
- ⁴ Mifeprex information, U.S. Food and Drug Administration, accessed February 2, 2020, <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information>.
- ⁵ Mifeprex medication guide, U.S. Food and Drug Administration, accessed February 2, 2020, <https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>
- ⁶ Ibid.
- ⁷ Ibid.

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THE DANGERS OF TELEMEDICINE ABORTIONS



IT'S NOT TOO LATE: ABORTION PILL REVERSAL

If a woman has taken the first abortion drug but not the second, there is a chance to “reverse” the abortion and save the child. Progesterone, a hormone commonly prescribed to prevent miscarriages, can counteract the first drugs’ effects.

To learn more, and find a nearby licensed doctor that can help, call **(877) 558-0333** or visit **abortionpillreversal.com**.

HOW DOES A TELEMEDICINE ABORTION WORK?

The physician holds a “patient consultation” through a webcam with the woman seeking the abortion, who could be hundreds of miles away. The physician then uses a password to open a drawer at the abortion facility where the woman is located. The drawer contains the abortion-inducing drugs. After the woman has taken the drugs, she receives no direct follow-up care from the physician.¹

“Would you go to a medical practice where they don’t want you to ever meet your doctor?”

The practice is lucrative for abortion providers. The average charge for a chemical abortion is between \$300 to \$500. The process was developed by Planned Parenthood as a cost-saving measure. Instead of doctors being physically present to examine the woman at each of their abortion facilities, one doctor can

manage several facilities in a single day, without having to take the time to examine a woman.

HOW DOES THE ABORTION PILL WORK?

The U.S. Food and Drug Administration (FDA) approved the abortion drug RU-486 (brand name Mifeprex, also known as mifepristone) in 2000. The drug was sold as a safe, private way for a woman to abort if she was 7 weeks pregnant or less. The FDA expanded the use of the abortion pill up to 10 weeks gestation in 2016.

The medical abortion regimen involves two drugs. The initial dose of RU-486 blocks the pregnancy hormone progesterone, depriving the unborn child of nutrients and weakening the connection between her and her mother.

A second drug, misoprostol, is taken 24 to 48 hours later at home and causes uterine contractions and expulsion of the dead baby.²

FDA WARNINGS

When the FDA approved the drug, a REMS (Risk Evaluation and Mitigation Strategy) was placed on the drug. There are 76 drugs with potentially serious side effects which require a REMS—RU-486 is one of them.

According to the REMS, “Mifeprex must be dispensed to patients only in certain healthcare settings, specifically clinics, medical offices and hospitals by or under the supervision of a certified prescriber.”⁴

Despite this statement, the telemedicine protocol means the abortion pill will be dispensed without direct supervision from a certified prescriber.

THE ABORTION PILL CAN BE DANGEROUS

A review of FDA data shows that 85% of women report at least one or more of the following adverse reactions after taking the abortion pill:

- bleeding
- nausea
- weakness
- fever/chills
- vomiting
- headache
- diarrhea
- dizziness

Women bled/spotted for an average of 9 to 16 days, and some women have died taking the abortion pill.⁵

In addition, between 2% and 7% of the abortions failed, meaning women needed follow-up surgical abortions.⁶ Since the FDA increased the age limits in 2016, we can expect more “failures,” because the older the baby the more likely the abortion pill is to fail.

Undiagnosed ectopic pregnancies are particularly dangerous; the side effects of the abortion pill are similar to symptoms of a potentially fatal ruptured ectopic pregnancy.⁷

