LifeNotes

A Detailed Look at the Abortion Pill

Medical abortion using pills has become the most common form of abortion in America. This LifeNotes provides a detailed look at the most common drug regimen used for these abortions. Mifepristone, a synthetic steroid developed in 1982, is used with another drug, misoprostol, a medication for stomach ulcers. When combined, these drugs are about 95 percent effective in ending a pregnancy.[1]

Chemical abortions are complicated

When a woman is pregnant her body secretes a natural hormone which prepares the lining of the uterus for a human embryo. Mifepristone blocks this action. The uterus lining softens and breaks down until the embryo is expelled from the body.

A woman will take the first pill, mifepristone, and later take misoprostol, a medication for stomach ulcers. The child will essentially die from starvation, and then be expelled in the womb—if everything goes according to plan. Even with the use of these two powerful abortion-causing drugs, around five percent of the women will have to have a surgical abortion.[2]

Mifepristone was developed by the French pharmaceutical company Roussel Uclaf in 1982. It was originally known as RU-486. It was brought to America in 2000 by the Population Council, an international population control organization founded by John D. Rockerfeller. The Population Council licenses a company called Danco Laboratories to distribute mifepristone in America under the brand name Mifeprex. Mifeprex is the only product distributed by Danco Laboratories. Since 2019, generic forms of mifepristone are now available.

America did not step blindly into the chemical abortion procedure. A small trial in the United States showed the serious ramifications of this procedure.[3] Clinical trials were conducted in the U.S. on 2,121 women from September 1994 to September 1995 at 17 abortion facilities. The Population Council and the New England Journal of Medicine reported these findings:

- The most frequent side effects were bleeding and cramping.
- 56 women underwent surgical intervention for excessive bleeding.
- Four women received blood transfusions.
- The average duration of bleeding and spotting was 13 days.
- Gastrointestinal side effects of the drugs, such as nausea, diarrhea and vomiting were documented.
- Eight percent of the women did not abort with the medication and were encouraged to have a surgical abortion.
- Five percent of the women never completed the study.

One important question remains: are there any long-term effects on women who opt for this medical abortion? For women, it is too soon to know the ultimate ramifications of this chemical cocktail. For the unborn, the long-term effects are clear: a human life is ended.

You at day 70 of pregnancy

Abortion providers may say that the fetus at 10 weeks is only a "blob of tissue," but that doesn't do justice to the amazing development of a child in the womb. Don't be fooled into thinking an unborn child is merely "tissue" during the earliest stages of human life. Learn the facts!

Our lives begin, of course, long before birth. Not open to dispute is the fact that every one of us began our lives at the moment of fertilization. How much do you know about your own beginnings? Let's take a look at your history.

"By week five (only 21 days after fertilization), your heart was beating."

At fertilization, sperm joined ovum to form a single cell which, miraculously, contained the genetic blueprint for every detail of your development: sex, hair and eye color, height, skin tone and everything else. Over the next week, you traveled through your mother's fallopian tube to her uterus, implanting in the nutrient-rich lining. By week five (only 21 days after fertilization), your heart was beating.

By week six the foundation of your brain and nervous system had been laid. Your tiny heart was already pumping blood and beating about 100 times a minute. Your tiny nostrils were probably visible and your hands and feet were beginning to take shape, along with your facial features: ears, nose, lips, tongue, and even tiny teeth.

By the 10th week of pregnancy, your eyes were plainly visible. Your eyelids were beginning to close over them to protect their delicate development. Your toes had formed, and your arms could bend at the elbow as your arm bones developed. You were about an inch long.

Abortion pill reversal

Many women instantly regret taking the abortion pill, but are unaware that their choice may not be final. Research has found that RU-486 can be reversed if the woman has not taken the second of the two-pill regimen. In 2007, Dr. Matthew Harrison in North Carolina was approached by a woman who regretted her decision and wanted to save her baby. Dr. Harrison came up with a last-ditch attempt to reverse the effects of RU-486 and save the child: a progesterone treatment. Progesterone treatments are commonly used to help prevent miscarriages.

Around the same time Dr. George Delgado in California made the same conclusion in his research. Previously the only hope women had was not taking the second pill (misoprostol) and hoping the first pill (mifepristone) wouldn't be effective.

Further research and practice show that 50 to 70 percent of children can be saved by treating women who have only taken the first pill with natural progesterone. The treatment is generally safe and is a standard fertility treatment. Research shows the surviving children suffer no significant ill-effects. With the use of these drugs for chemical abortions on the rise, it is important that we make sure that women know all of the choices that are in front of them because it may not be too late for them to get the help that they need. It is wrong for organizations that support abortion to take away this life-saving option. For more information about abortion pill reversal, visit abortionpillreversal.com.

FDA rules abortion industry sell the abortion pill

The United States Food and Drug Administration (FDA) approved the drug as a chemical method to end the life of a developing unborn child on September 28, 2000. On that day, the FDA stepped out of the healing business and into the killing business. Under former President George H.W. Bush, RU-486 was banned in the United States. But under the Clinton Administration,

RU-486 was welcomed to America to take the lives of innocent children, haunt women who regret aborting their unborn children, and continue disintegrating families.

"No one knows if these two drugs will cause more serious long-term side effects to the women that use them."

When the FDA approved RU-486, it did so under an accelerated process for drug approval called "21 CFR 314 Subpart H." Before RU-486, there were only 30 drugs that had been approved under Subpart H, all of which were for treatment of HIV/AIDS, cancer, and other debilitating diseases. Since RU-486 was approved under an accelerated process, it didn't have to go through any long-term effects studies that other drugs go through. No one knows if these two drugs will cause more serious long-term side effects to the women that use them.

On March 30, 2016, the Food and Drug Administration altered its guidelines for using RU-486 after years of the abortion industry ignoring the initial FDA guidelines. These previous guidelines called for the drug to be used only in the first 49 days of pregnancy, and that women should take three trips to the abortion provider. The new guidelines extend the time the drug can be used to 70 days, and reduce the number of visits to the abortion provider to two. The new guidelines also allow for non-physicians to provide chemical abortions.

The FDA also changed the Mifeprex web page to delete information on the deaths of several women from sepsis after undergoing RU-486 abortions. According to the FDA's most recent statistics, at least 26 women have died after taking RU-486.[4]

In light of these deaths, the FDA during the George W. Bush Administration issued a public health advisory to alert abortion providers and the public about the dangers of RU-486.[5] In the advisory they stated that the "safety and effectiveness of other Mifeprex dosing regimens, including use of oral misoprostol tablets intravaginally has not been established by the FDA."

The FDA warning fell on the deaf ears of abortion providers. In response, some states passed legislation requiring abortionists to follow the FDA guidelines. Under the Obama Administration the FDA simply altered their guidelines in 2016 to match the abortionists' desires. While the abortion industry touts the new RU-486 regimen as safe, a study in the New England Journal of Medicine found that complications from RU-486 abortions double if the pregnancy is 56 to 63 days.[6]

Eliminating another visit to an abortion clinic, taking doctors out of the equation and prescribing RU-486 up to three weeks later isn't about making the abortion physically safer for women, it's to make it more convenient for the abortion provider.

Mail-order abortions put women at further risk

The Abortion Industry was not satisfied with watering down the safety regulations. During the coronavirus pandemic, the Biden Administration's FDA issued emergency rules allowing RU-486 to be shipped through the mail.

Planned Parenthood has an ongoing problem finding enough business to afford setting-up abortion facilities in rural areas. Having doctors in the office is a significant cost if there aren't enough abortions to pay for them.

In 2008, Planned Parenthood clinics in Iowa developed webcam abortions as a original way around this obstacle. The doctor sits in an office miles away and talks with the patient via webcam, and then presses a button to remotely open a drawer containing the RU-486.[7] Michigan banned telemedicine abortions in 2012, but Governor Rick Snyder allowed that law to expire at the end of 2018.

With a pro-abortion presidential administration, the Abortion Industry took advantage of the pandemic and had the FDA permanently revise their rules on December 16, 2021, to allow mail-order abortions.[8] Common sense requires doctors to examine patients in person at least once before giving them medication with potentially life-threatening side effects. However, Planned Parenthood consistently puts their profits before patient safety.

Even before the advent of mail-order abortions, abortion facility follow-up with women taking RU-486 was very poor. In 2016, the FDA removed the requirement to report adverse events (other than death) from taking RU-486. Now, with women receiving deadly drugs in the mail—without verifying the gestational age of their child, testing for Rh negativity, or ruling out a dangerous ectopic pregnancy—it will be nearly impossible to track the damage caused by these political decisions.

References

[1] Irving M. Spitz et al., "Early Pregnancy Termination with Mifepristone and Misoprostol in the United States," *New England Journal of Medicine* 338, no. 18 (1998): 1241-1247.
[2] Ibid.
[3] Ibid.
[4] Available online on the FDA website: www.fda.gov
[5] Ibid.
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[7] Monica Davey, "Abortion Drugs Given in Iowa via Video Link," *The New York Times*, 9 June 2010, A1.
[8] Available online on the FDA website: www.fda.gov

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