



Written by [Raven Clabough](#) on February 6, 2020

Michigan Lawmakers Introduce “Abortion Pill Reversal” Bill

Lawmakers in Michigan [have introduced](#)  [legislation](#) that would require women seeking chemical abortions to be informed of the abortion pill reversal option in the event women regret their decision to initiate the medicine-induced abortion.

Chemical abortions involve taking two pills — mifepristone and misoprostol — over the course of two days within the first 10 weeks of pregnancy to induce a miscarriage. Unlike the morning-after pill, which contains higher doses of hormones to delay or prevent the release of an egg to avoid fertilization, medical abortion pills terminate confirmed pregnancies.

House Bill 5374 would require physicians to provide women seeking a chemical abortion with information on the Abortion Pill Reversal (APR) option:

If the patient will undergo a procedure that utilizes the drugs known as mifepristone and misoprostol, [the physician must provide] information about the existence of treatment to reverse the effects of mifepristone before ingesting misoprostol to increase the possibility of maintaining the pregnancy if the patient changes her mind about terminating the pregnancy.

APR requires the administration of extra progesterone to counteract the effects of the abortion pill within 24 to 72 hours of taking it. The earlier the protocol is started, the higher the success rate.

And while the bill’s opponents claim APR is harmful and unproven, OB/GYN Dr. William Lile said the protocol is based on the medical understanding of progesterone’s FDA-approved use in a variety of other pregnancy-related situations, [Life Site News reports](#). For example, progesterone is administered to women who are either experiencing miscarriage or who have recurring miscarriages to prevent miscarriage during early pregnancy and help the womb prepare for pregnancy. Science Daily reported in 2019 that research from the University of Birmingham suggested giving progesterone to women with early pregnancy bleeding and a history of miscarriage could increase their chances of having a successful pregnancy. Mifepristone induces an abortion by blocking progesterone, a hormone essential to the development of a viable pregnancy. It stands to reason that introducing additional progesterone would counteract its effects.

And it has. According to a 2018 [study](#) published in the medical journal *Issues in Law and Medicine*, APR has saved 68 percent of pregnancies after women have changed their mind. The study followed 754 women who wished to stop their abortion after taking mifepristone and took the progesterone within 72 hours of taking the abortion pill.

APR can only have a chance at success if the woman has not taken the misoprostol, which works by emptying the uterus through the induction of cramping and bleeding.

Critics of APR bills claim the protocol is unsafe, [citing](#) a 2019 study on abortion pill reversal by Dr. Mitchell Creinin, which was prematurely discontinued after three women ended up in the hospital for severe vaginal bleeding. This, however, is a severe misrepresentation of that study, according to Tara Sander Lee, director of life sciences at the Charlotte Lozier Institute. Writing for The Federalist, Lee



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[explained:](#)

To clarify: The study was ended not because of attempted abortion pill (Mifeprex) reversal landing women in the hospital, but because of severe hemorrhaging in the women who did not take progesterone, the reversal medication. In fact, two out of five, or 40 percent, of women who took Mifeprex alone, and did not take progesterone, required emergency surgery, and one required a transfusion.

The other woman who bled had taken progesterone after taking the Mifeprex. But her bleeding stopped by itself, and she did not need surgery. There is no evidence the woman needed to be seen in the ER. Clearly, the women who did not take progesterone fared much worse than the women who did take it.

The researchers, who were forced to end the trial due to safety concerns, failed to admit those concerns were not in the patients who took progesterone, only the patients who did not, resulting in misleading media reports and scientific deceit.

In other words, the “risks” associated with attempts to reverse the effects of an abortion pill have everything to do with the abortion pill itself, and not with the administration of progesterone. The results of the interrupted study raised concerns specifically about using mifepristone without taking misoprostol.

“This study further illustrates these serious, life-threatening risks when taking the abortion pill,” Lee asserts.

It’s also worth noting that, of the five women who took the progesterone in that study, one lost her baby after experiencing heavy bleeding (though did not require surgery), but the other four had living babies at their two-week follow up — a remarkable 80 percent success rate.

Lee contends the discontinued study seemed to underscore the risks of medication-induced abortions, which were already well known but downplayed by their proponents, even as the FDA has acknowledged that abortion pills pose serious risks. She writes, “Our federal government’s top doctors, scientists, and policymakers at the Food and Drug Administration have deemed the abortion pill so risky that the pill’s regimen is part of the FDA’s Risk Evaluation and Mitigation Strategy (REMS), which the FDA describes as a program required ‘for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks.’”

CBN News has also noted the dangers associated with chemical abortions. The FDA has documented “at least 4,000 cases of serious adverse events, including more than 1,000 women who required hospitalization,” according to CBN News. The White Rose Women’s Center in Texas notes on its website severe reactions to abortion medications, though rare, can be fatal, and that other complications associated with medication abortions, such as infections and ectopic pregnancies, can be life-threatening. There are also emotional and psychological side effects of taking the abortion pill, the Center notes. According to the American Pregnancy association, the long-term studies on the effects of the abortion pills have not been studied as extensively as the surgical procedures.

Right to Life of Michigan president Barbara Listing contends women who claim to be “pro-choice” should support any measure that equips women with the ability to make informed choices.

“Offering information to women about their options should be something abortion businesses have no issue with, as they claim to support all women’s choices,” Listing [said](#) in support of HB 5374. “The



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abortion pill reversal protocol is another choice for women who experience regret after taking the first abortion pill.”

HB 5374 now sits before the House Committee on Families, Children, and Seniors and awaits a hearing, which is not yet scheduled.

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Raven Clabough acquired her bachelor's and master's degrees in English at the University of Albany in upstate New York. She currently lives in Pennsylvania and has been a writer for The New American since 2010.



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