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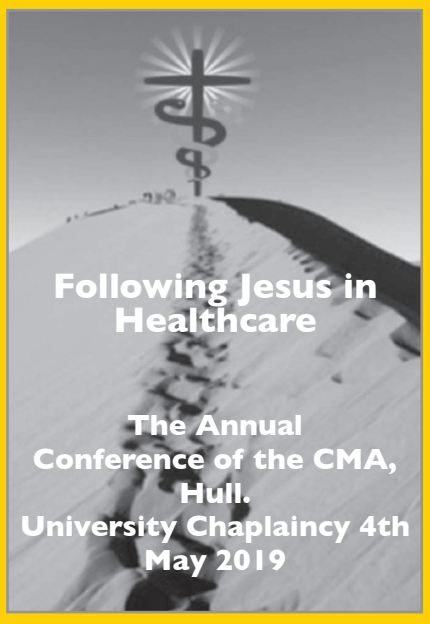

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JOURNAL OF THE CATHOLIC MEDICAL ASSOCIATION (UK)

PAPERS

OFFERING A SECOND CHANCE: ABORTION PILL REVERSAL

DR DERMOT KEARNEY MRCPI

The Newcastle branch of the Catholic Medical Association (UK) held its latest meeting on Wednesday 24th October 2018. The meeting was held at the University Catholic Chaplaincy, newly located at St Andrew's Church on Worswick Street in the centre of Newcastle. The topic for discussion was "Offering a Second Chance: Abortion Pill Reversal" with an opening presentation given by Dr Dermot Kearney.

Of the 192,900 abortions carried out on residents of England and Wales in 2017, 66% were performed by pharmacological means and are commonly referred to as "medical abortions" (as opposed to "surgical abortions").[1] The number of medical abortions has been steadily rising year by year over the last decade and that trend is likely to continue.

Medical abortion involves the pregnant woman taking an initial drug called Mifepristone followed by a second drug, Misoprostol, one or two days later. Mifepristone (also referred to as RU-486) blocks the biological action of Progesterone, a naturally-occurring steroid hormone that is essential for maintaining a pregnancy. It acts primarily by competitively binding to endometrial Progesterone receptors and thereby interfering with the attachment of the developing foetus to the endometrium, resulting in deprivation of oxygen and nutrients essential for the continuing survival of the foetus.[2] Misoprostol, taken one or two days later, is a prostaglandin that causes uterine contractions and the expulsion of the killed foetus from the uterus, thereby completing the abortion.[2]

"Medical abortion" using the combination of Mifepristone and Misoprostol should not be confused with so-called "emergency contraception", also commonly referred to as "the morning after pill", in which different pharmacological agents (Levonorgestrel or Ulipristal) or intra-uterine devices are used within 3-5 days of "unprotected" sexual intercourse. In some cases, such intervention prevents conception from taking place by inhibiting ovulation (a true contraceptive effect) but in many instances, abortion is induced at the very earliest stages of pregnancy by inhibiting implantation or natural development of the already formed embryo within the fallopian tube or within the uterus. In "medical abortion" using Mifepristone and Misoprostol, implantation has already been established and the drugs are used to intentionally end the life of the developing foetus. "Medical" abortions are carried out at any stage from early pregnancy and generally up to fourteen weeks gestation. The law in Britain, however, allows for drug-induced abortions to take place up to 24 weeks gestation.

With the increasing use of pharmacologically-induced abortion, as opposed to surgical abortion using vacuum aspiration or dilatation and curettage techniques, some women change their minds about proceeding with the abortion even after they have taken the first Mifepristone pill. In recent years, the Catholic Medical Association (UK) and other pro-life organisations have received calls from women in distress in this situation. These women are desperately seeking advice and assistance to help them save the lives of their babies and preserve their pregnancies. They are seeking an abortion reversal treatment. Such treatment is available, although it is not truly "abortion reversal". The treatment is Progesterone and, when effective, it inhibits the effects of the abortion pill Mifepristone, preventing abortion from taking place in many cases.

Effects of Abortion Pill Reversal Therapy

This Progesterone-based "reversal" treatment has been available in the USA for many years and, to date, has helped to preserve the lives of hundreds of babies who might otherwise have perished to abortion.[3] The best available research shows that the treatment is effective and safe for both the developing foetus and the mother.[3]

In brief, if the mother proceeds with the abortion by taking both of the prescribed abortion drugs the foetus has a 1-2% chance of survival. Those few who survive, when "medical abortion" has failed, are almost always subsequently killed by the abortionist resorting to surgical abortion.

If the mother, however, changes her mind after taking the first Mifepristone drug and doesn't take the second Misoprostol drug but doesn't receive Progesterone therapy to save her baby, there is a less than 25% chance that the child will survive.

If she changes her mind after taking Mifepristone and seeks help, receiving Progesterone in a timely manner within 72 hours after taking the first abortion pill, there is an overall 68% chance that the baby will survive.

With Progesterone "abortion reversal" therapy the chances of foetal survival are greater when the initial abortion pill has been taken in later stages of pregnancy, with survival

rates up to 77% if the pregnancy has already advanced to 9 weeks. If the abortion pill is taken at an early stage of less than 5 weeks gestation the chance of foetal survival is 25%, even with Progesterone therapy.

Potential objections addressed

Objections have been raised, largely by pro-abortion groups, about the use of "abortion reversal" treatment. Each of these objections is easily refutable. It has been claimed that there is no scientific basis for Progesterone therapy in preserving pregnancy after Mifepristone has been taken. Progesterone has, however, been used for several decades in trying to help women preserve their pregnancy from suspected miscarriages and it is also used in many fertility units to help support pregnancy in assisted fertility management (in-vitro fertilisation). Furthermore, a well-designed animal study from Japan clearly demonstrated the efficacy of Progesterone in inhibiting the effects of Mifepristone.[4] In that experiment, a control group of pregnant rats was administered Mifepristone while the other treatment group received both Mifepristone and Progesterone. In the control group that received Mifepristone only, 33% of the rat pups survived. In the treatment group that received Progesterone in addition to Mifepristone the pup survival rate was 100%. This study importantly demonstrated that Mifepristone blockage of Progesterone receptors was reversible by simple administration of Progesterone. The success rates reported in human studies from the US also support the use of Progesterone as "abortion pill reversal" therapy.[3]

Some have questioned the safety of Progesterone in pregnancy for both the mother and the developing foetus. There is no evidence of any risk to either mother or developing child, especially if the use of Progesterone is short-term. The risk of birth defects in children born where Progesterone has been administered to save their lives is exactly the same as the risk of birth defects occurring in children born after completed pregnancies in the general population.[3]

There is no increased risk to the mother where Progesterone has been administered in the early stages of pregnancy and neither is there any increased risk of prematurity.

Recommended treatment regimens

Progesterone treatment is already available and is inexpensive. It can be administered in a variety of ways. The recommended Progesterone treatment regimens from the US studies are as follows:
Progesterone micronized capsules by oral administration: 400mg as soon as possible after Mifepristone ingestion followed by 400mg twice daily for three days and subsequently 400mg each night until the end of the first trimester; or alternatively Progesterone 200mg by intramuscular (IM) injection as soon as possible after Mifepristone ingestion followed by 200mg IM injections on days 2 and 3 followed by 200mg IM injections on alternate days until 7 injections in total have been administered.[3]

Drug-induced abortions in the USA are licensed up to 10 weeks gestation but are allowed in the UK in later stages of pregnancy. The exact duration of oral Progesterone treatment in abortion pill reversal requires adaptation in each individual case in this country, if the pregnancy has already advanced beyond the first trimester.

The Catholic Medical Association (UK) is keen to promote the use of Progesterone therapy for women who change their minds after taking Mifepristone and who seek help to save the life of their unborn. Submissions have been made to the Royal College of Obstetricians and Gynaecologists and to the Royal College of General Practitioners and also to NHS England seeking support in this area. Formal replies are awaited. In the meantime, it is important for doctors, nurses, midwives, pharmacists and the general public to be aware that such treatment is available, that it is safe and, in many cases, that it can be effective in helping to save the lives of unborn children.

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WMA continued

accepting that euthanasia may not be so abhorrent after all.

It is particularly surprising and perhaps sad that the proposed amendment is being brought forward by representatives from the German Medical Association. Of all the nations affiliated to the WMA, the last one to consider any move that could lead to acceptance that euthanasia or physician-assisted dying is anything other than unethical should be Germany, considering the lessons that should have been learned seventy odd years ago.

The Catholic Medical Association (UK) is of the firm opinion that maintaining current opposition to and outright condemnation of the practices of euthanasia and physician-assisted dying is the only ethical position that the World Medical Association should pursue. There is no need to change current policy relating to these issues.