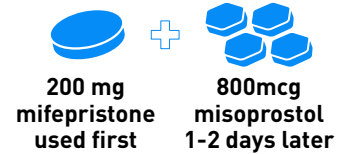




ABORTION WITH PILLS

What is abortion with pills?

Abortion with pills is using medicine to end a pregnancy. The FDA-approved drug regimen is a combination of two drugs, mifepristone and misoprostol.



WHAT YOU NEED TO KNOW

Can the abortion process be stopped after a patient takes the first abortion pill (mifepristone)?

- + You may have heard that the effects of the abortion pill or mifepristone can be stopped by administering high doses of another medication, progesterone.
- + While it is possible that progesterone could have some effect on the action of mifepristone, the idea has not been scientifically tested.
- + We do not know the relative effectiveness and safety of the use of progesterone compared to not giving any treatment at all.

Why are some states requiring that doctors tell their patients about treatments that claim to stop the effects of the abortion pill before they provide abortion care?

- + Since 2004, some states have passed laws to limit access to abortion with pills including, most recently, requiring doctors to tell people seeking abortion about the use of unproven treatments to stop the effects of the abortion pill. These laws are not based on scientific evidence.
- + Professional medical groups including the American College of Obstetricians and Gynecologists, National Abortion Federation, and Planned Parenthood do not currently recommend administering progesterone if a person decides to try to continue their pregnancy after using the abortion pill.
- + Politicians should never mandate that health care providers give their patients inaccurate information about an unproven treatment.

Mifepristone

WHAT IT DOES Used first, mifepristone blocks the hormone progesterone and prevents the pregnancy from growing.

WHAT HAPPENS A few people feel nauseated or experience bleeding, but most experience no side effects.

EFFECTIVENESS Used alone, mifepristone is not very effective, especially later in pregnancy.

Misoprostol

WHAT IT DOES Used 6-48 hours later, misoprostol, opens the cervix and starts uterine contractions to complete the abortion.

WHAT HAPPENS This combination causes cramping and bleeding, similar to a heavy period or an early miscarriage.

EFFECTIVENESS Abortion with pills works 98-99% of the time with use of both drugs.

TAKING ACTION 

See the **HAVING YOUR SAY** pages of this toolkit for ways you can make a difference.



THE PROBLEM

Patients need medically accurate information, not unsupported claims about abortion care.

- + **Unnecessary Laws** Since 2004, state legislatures have passed medically unnecessary laws to restrict abortion, delaying care or pushing abortion out of reach for many.
- + **Dangerous Legislation** Anti-abortion politicians are pushing dangerous legislation based on unproved claims that forces doctors to deceive their patients.
- + **Compromised Care** Forcing unproven treatments compromises patient care, erodes doctor-patient trust, and perpetuates abortion stigma.

THE SOLUTION

We trust patients to know what's best for themselves and their families, and patients must be able to trust their health care providers to provide accurate and evidence-based information.

- + **Trust** We must trust patients to know what's best for themselves and their families. Credible research shows that patients are very certain about their decisions, and it's extremely rare for someone to change their mind after seeking abortion care.
- + **Accurate Information** Patients must receive truthful, accurate, and evidence-based information about their health care. It would be unacceptable and deceptive for patients to receive inaccurate or insufficient information ahead of knee surgery, before taking cold medication, or to treat an upset stomach, and we must hold abortion to those same standards.
 - > Claims that administering progesterone after mifepristone can stop the abortion process are based on scientifically unsupported theories.
 - > Research studies on the use of progesterone after mifepristone use inappropriate comparison groups, are too small to support scientific conclusions, and rely on unverified, inaccurate and results-oriented data collection.
 - > Both the American College of Obstetricians and Gynecologists and the American Medical Association agree that there is no reliable evidence that administering progesterone after mifepristone can stop the abortion process.

TAKE ACTION

Supporting doctors and ensuring access to evidenced-based research will enable proactive measures to protect and expand abortion access.

- + **Standard of Care** Patients need the same standards for abortion care that they would receive for any health care, which means information based on research and science, not deceptive, ideologically driven claims.
- + **Support Doctors** We should support doctors so that they can help their patients make critical and accurate decisions about their health care, including abortion care.
- + **Protect and Expand Access** Instead of working to restrict access to abortion, we must provide the evidence-based research that allows policymakers to pass proactive state and local measures that protects and expands abortion access.
- + **Information** Politicians have no place in the exam room, and we must reject all efforts that force doctors to recite unsupported claims about unproven treatments or direct patients to websites and fake clinics promoting such care.