

HB23-1097  
Abortion Pill Reversal  
February 17, 2023

I am a board-certified Ob/Gyn physician and practiced for 24 years.

While I have not personally prescribed natural bioidentical progesterone for abortion pill rescue, I have prescribed a lot of natural bioidentical progesterone to women. It has been used for more than 40 years with IVF, for more than 50 years in pregnancy when a woman has had repeated miscarriages and has low progesterone, when her ovary which produces the progesterone in pregnancy has to be removed for tumor or hemorrhage, in post-menopausal women as part of hormone replacement when needed, and for prevention of preterm birth in high risk women. ACOG specifically states that it is safe in pregnancy, and without an increased risk for birth defects.

Progesterone is approved by the FDA for safety, and is off-label use for APR. It is part of a large group of drugs that have never applied for use for specific indications due to the cost and time involved, and for those not yet approved. These include many cancer medications, sleep medications, and mental health medications. I personally use medication off-label for severe asthma. This is common practice in medicine, and is based on studies that show efficacy for specific indications.

As an Ob/Gyn I counseled many women for informed consent prior to procedures. With tubal ligations and vasectomies, patients are specifically told about the potential for reversibility, as well as the likelihood of success of the procedure, and of the desired outcome- conception. We all know people sometimes change their minds. People have the right to know and we have the duty to tell what their options are if they change their mind. Especially when life and death are at stake, and there is an option for reversal, it is our duty to accurately inform.

APR has 3 levels of scientific evidence for its effectiveness.

1. Biological plausibility. The first medication of the medication abortion, Mifepristone, is a progesterone receptor binding drug. Progesterone is made by the woman's ovary primarily to support the development of her uterine lining to bind and nourish the placenta. Mifepristone binds the receptor, but does not cause it to be active – think of the wrong key in a lock. By blocking the body's progesterone, the placenta loses its support, detaches, and breaks down. The baby loses its source of oxygen and nutrients and dies. Mifepristone binds the receptor reversibly; by adding progesterone, which has a higher attraction to the receptor, the mifepristone releases and the progesterone attaches – think of the right key which turns the lock. The second drug, misoprostol, taken 24-48 hours later, causes uterine contractions which expel the usually dead embryo or fetus.
2. Studies in pregnant rats: given mifepristone alone, without the second drug Misoprostol, 33% survived. Given mifepristone with progesterone, 100% survived.

3. A large case series, following women who changed their minds after taking only the mifepristone, and within 72 hours. 64 to 68% had effective reversal, with no increase in birth defects, and a large reduction in preterm births compared to the general population. There are now over 4000 women who have given birth by APR after changing their minds after taking mifepristone.

There will never be a randomized controlled study of this, due to the ethics of this life and death situation. ACOG agrees that the same progesterone and doses are safe and effective in threatened miscarriage, loss of the ovary, IVF, prevention of preterm birth in high risk women, and hormone replacement therapy.

It is unethical, does not provide true informed consent, disrespectful of the intelligence and agency of women, and frankly cruel, to not give women seeking medication abortion this truthful information.

I am asking you to vote in favor of HB 23-1097.