RU-486, also known as chemical abortion or the “abortion pill,” is now used for 25% of abortions prior to nine weeks LMP in the United States. Its use is encouraged earlier in pregnancy - even prior to the ability to demonstrate, through ultrasound, that a pregnancy is intrauterine and viable. Such early use of RU-486 is very distressing for Pregnancy Resource Medical Clinics (PRMCs) providing ultrasound confirmation of pregnancy. However, there are recent developments, supported by medical research, that give some encouragement regarding RU-486.

Despite the increased usage of RU-486 to terminate pregnancies, there are women who have changed their intent to abort after beginning the abortion pill regimen. Unlike surgical abortions, RU-486 abortions do not have immediate effects, as the procedure lasts several days and utilizes a two drug protocol. Therefore, a woman may have the opportunity to stop its progress and reverse its effects without harming her unborn. Women need to know this possibility in the event they have a change of heart after beginning RU-486.

Thanks to the work of two prolife physicians, groundbreaking findings on RU-486 reversal are now available in the November 2012 issue of The Annals of Pharmacotherapy. Their article can be accessed and viewed in its entirety at the website listed in the endnotes below.

Doctors Delgado and Davenport present a series of patients who took mifepristone (Mifeprex) to terminate their pregnancies and then sought assistance to block the mifepristone effects. Mifepristone works by binding to the progesterone receptor, placental failure ensues and the developing embryo loses its nutrition and oxygen supply. “Mifepristone blocks progesterone from the uterine lining, causing the lining to break down, preventing the ability to continue a pregnancy.” It is usually given in a 200-600 mg dose, and then two days later the woman takes oral misoprostol 400 µg to complete the abortion, as it causes uterine contractions to expel the unborn. Misoprostol and the abortion process may occur in a few hours or over several days. If the RU-486 regimen does not work, women are offered a surgical abortion to end the pregnancy.

With increased gestational age, mifepristone is less successful in ending pregnancy. FDA clinical trials found a 5% failure rate prior to 49 days and a 7-8% failure at 50-63 days. This means that there would be a living embryo continuing at less than 1% prior to 49 days and up to 9% at 57-63 days.

How does the RU-486 reversal work? The case studies show when a woman has taken the initial dose of mifepristone, and then wants to stop the abortion, she should not take the follow-up dose of misoprostol. At this time, a physician may commence progesterone therapy, which uses progesterone to combat the mifepristone, allowing the unborn to continue development. Time is of essence.
As leaders in the reversal of RU-486, the physicians who support this endeavor have a website with a phone number where women can speak with a nurse. That website can be found at: http://abortionpillreversal.com/contact-us.php

NIFLA suggests the following actions for PRCs regarding RU-486:

☐ Provide the research article on RU-486 reversal to the Medical Director and urge her/him to consider its implications. A policy should be in place to address this issue should calls come seeking help once a medical abortion has commenced. A sample Policy: RU-486 Reversal is found in this Clinic Tips for consideration.

☐ Time is of essence for the mother and her unborn. Be proactive by contacting care providers; obstetricians-gynecologists, family physicians and emergency department physicians who would benefit from the website of the group pioneering this work. Other physicians may be willing to see women who have begun RU-486 and either refer or begin the progesterone treatment regimen. Despite the fact that use of RU-486 is increasing, NIFLA is excited that, in some cases, its use appears to be reversible.

POLICY RE: CHEMICAL ABORTION AND RU-486 REVERSAL

POLICY:
Recent medical research shows that RU-486, or chemical abortion, may be reversed with progesterone treatment. A chemical abortion utilizes two drugs, mifepristone and misoprostol, and the abortion procedure may be reversed if the second drug (which causes the unborn to be expelled) has not been ingested.

When the clinic is contacted by anyone expressing regrets after the RU-486 process has been started and requests help and/or information to stop this procedure, such person needs to be served expeditiously. The caller may use terms such as RU-486, medical abortion or “abortion pills.”

PROCEDURE:
1. The call will be immediately forwarded to a medical professional at the clinic.
2. The clinic’s medical professionals should be familiar with research on RU-486 reversal.
3. The professional should inform the caller that medical history or the addressing of any medical problem cannot be taken over the telephone. The caller should further be informed that if they are experiencing any significant pain or bleeding, they should hang up and seek help immediately at an emergency room or with their health care provider.
4. The clinic shall keep a list of any local physicians who are willing to take referrals for RU-486 reversal and progesterone treatment. Those names and phone numbers will be provided to the caller.
5. If no local physicians are available for referrals, callers may be directed to the Abortion Pill Reversal website: http://abortionpillreversal.com/contact-us.php, where a contact phone number is listed and they may speak with a nurse.

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3 Delgado & Davenport

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