

RIGHT TO LIFE OF IDAHO, INC.

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Right to Life of Idaho strongly supports S1243 the Abortion Pill Reversal Informed Consent Legislation.

A woman has the right to know if she changes her mind after taking the first abortion pill, RU-486 that there is a possibility that she may be able to reverse the chemical abortion procedure.

That is all this legislation intends to do. It simply helps inform women about the abortion pill reversal procedure if she changes her mind.

Abortion Pill Reversal has been developed by prolife doctors and researchers. It has proven to be safe and effective. There have already been more than 2400 women who have called the Abortion Pill Reversal hotline. The APR Medical Director has stated that women when given the opportunity to reverse the effect of the abortion pill are extremely grateful for a second chance to save their baby.

There is a great need for women to be more aware of the possibility of abortion pill reversal. A number of women have told the APR Hotline nurses that when they changed their minds and called the abortion clinic personnel asking about reversal, they were falsely told that there is no possibility of reversal or that your baby is sure to have birth defects if you continue with the pregnancy.

Chemical abortions account for almost half of all of the abortions performed here in Idaho. This is another reason which clearly supports the need to get this information about the reversal protocol to women.

Women should be aware that a good percentage of women who have tried the pill reversal have had good results in maintaining a healthy pregnancy and delivering a healthy baby. Already over 400 healthy babies have been saved by this reversal protocol.

Dr. Matthew Harrison, a medical expert on the abortion pill reversal protocol, is here to discuss the proven science of the pill reversal. Also Rebekah Buell, an abortion pill reversal Mother is here to relate her experience with pill reversal.

We have provided you with a Statement from the 2500 member American Association of Pro-life Obstetricians and Gynecologists. These 2500 prolife OBGYN strongly support offering the Abortion Pill Reversal to women who regret taking the first abortion pill.

We ask your support of S1243 with a Do Pass Recommendation. Thank you!

Kerry Uhlenkott, Legislative Coordinator



It may not be too late

Abortion Pill Reversal

If you've taken the abortion pill,
it may not be too late.

**CALL
877-558-0333
RIGHT AWAY**

We can help you.

If you have changed your mind,
our caring medical
professionals would like to help.

abortionpillreversal.com



Common side effects of RU486

**Diarrhea • Nausea • Vomiting
Headache • Dizziness • Back Pain
Tiredness • Risk of Infection**

Source: www.earlyoptionpill.com/section/resources/medication_guide

A Story of Regret

"I went back into the waiting room and when they called me back I was taken to a room with an ultrasound machine. I remember lying down and the doctor checking to see how far along I was. I remember seeing my baby. The doctor then proceeded to lead me out into the waiting room until she called me back to give me the first abortion pill (mifepristone RU486). I took the pill with no hesitation. I just wanted out of there and didn't want to think about it ever again. I had to take the second pill the next day so the abortion process would finish. I remember hours after taking the second pill excruciating pain, crying and bleeding. My husband was with me that whole night and neither of us got any sleep. After the abortion we never spoke about it again but, it never left my mind. The guilt haunts me until this day. I think about how old my baby would be and if it would have been a boy or girl."

**CALL RIGHT AWAY
877-558-0333**



abortionpillreversal.com

ProLife OBIGYNS

AAPLOG American Association of Pro-life Obstetricians & Gynecologists

The American Association of ProLife Obstetricians and Gynecologists, a 2500 member organization, supports offering abortion pill reversal (APR) to women who regret initiating the abortion pill process, after appropriate informed consent. We recently co-sponsored a press conference at the National Press Club supporting APR, and dispute the accusation that this procedure is "junk science." The use of progesterone to counteract mifepristone, a synthetic anti-progesterone steroid, is a logical extension of decades of therapies for pregnancy loss caused by progesterone deficiency. Research studies have shown that use of progesterone reverses the effects of mifepristone blockage, and progesterone has been used safely for decades in pregnant women. Many women are ambivalent about their abortion decision, and there is increasing evidence that many abortions are coerced. These women welcome the opportunity to reverse their initial decision, and should be given accurate information about this process.

Progesterone reversal of mifepristone is an off-label use of an FDA approved drug. Off-label use of FDA approved drugs is legal, and widely prevalent in the USA. *In fact, the most common abortion pill protocols use non-FDA approved doses, and non-FDA approved protocols for pregnancies beyond seven weeks.* It is hypocritical for abortion advocates to criticize off-label use of pharmaceuticals when in fact they are widely engaging in this practice themselves.

It is also inaccurate for abortion advocates to state that 30-50% of babies survive mifepristone. Research studies have demonstrated that the use of mifepristone alone allows for 7% to at the very most 40% initial survival of the mifepristone poisoning, depending on gestational age. Our reversal process has thus far demonstrated better survival than this. Although some babies will survive mifepristone without additional progesterone support, it is scientific common sense to supply the hormone being blocked in order to increase the survival rate of fetuses for women who have changed their mind. We believe there is ample evidence that progesterone markedly improves survival.

A small case series of this new procedure has been reported in the Annals of Pharmacotherapy, a peer-reviewed journal, in December, 2012. As of March 31, 89 babies have been born and dozens more unborn babies are alive following progesterone reversal of mifepristone. Only one minor birth defect, a port-wine stain, has occurred in this group thus far; this does not appear related to the mifepristone or progesterone. More than 200 physicians are part of a national network providing this service to women. Outcomes of treatment are reported to the APR project of Culture of Life Family Services, and analyzed by physicians, RNs and a statistician associated with the project. As more women receive this therapy, the results will continue to be reported in the medical literature. And more mothers of newborns will gladly share their gratitude at receiving help in reversing their mistake.

Mary L Davenport, MD, FACOG, Director of Public Policy
Donna J. Harrison M.D. Executive Director
American Association of Pro-Life Obstetricians and Gynecologists

www.aaplog.org Life. It's why we are here.

"When mom changes her mind," Mary L. Davenport, MD, FACOG American Thinker, February 24, 2015
<http://www.americanthinker.com/blog/2015/02/when-mom-changes-her-mind-reversing-pill-abortions-in-progress.html>

"Wantedness and coercion: key factors in understanding women's mental health after abortion." Marth Shuping, MD, June, 2011, Association for Interdisciplinary Research on Values and Social Change,
<http://www.theunchoice.com/articles/howcommoniscoercion.htm>

April 1, 2015

AAPLOG FACT SHEET Abortion Pill Reversal

The American Association of Pro-Life Obstetricians and Gynecologists strongly supports a woman's right to choose to keep her pregnancy, and to attempt to reverse the effects of a medical abortion which she no longer desires. The Abortion Pill Reversal process is safe for both the mother and for her unborn child, and offers a real chance for the woman to rescue her unborn child when she has changed her mind about abortion. The following facts about APR are important to understand:

- Progesterone is the hormone produced by the mother's ovaries, which allows the mother's womb to carry an unborn child. ("Pro"=for, "gest"=pregnancy, "erone" = hormone). When progesterone is too low, the unborn child cannot receive nutrients, and dies. ASRM FACT SHEET (Ref 1)
- Mifepristone(RU486/Mifeprex) is a progesterone blocker. (Ref 2) Mifepristone blocks progesterone from allowing the womb to nourish the unborn child. But Mifepristone is a REVERSIBLE (Ref 2) blocker-which means that the effects of Mifepristone can be stopped by adding large amounts of natural progesterone. The natural progesterone competes for the binding sites on the progesterone receptors, and kicks the mifepristone off of these binding sites.
- Natural progesterone has been used for over 50 years in the treatment of early pregnancies who are threatening to miscarry because the mother's progesterone level is too low. Progesterone has also been used for over 3 decades in women who have conceived with IVF. In the extensive medical literature on the use of progesterone in early pregnancy, there are no increased risks of any birth defects with natural progesterone. (Ref 1)
- The use of natural progesterone to reverse the effects of mifepristone poisoning is a simple application of common sense in the treatment of poisonings in situations where the mechanism of poisoning is well understood. Mifepristone poisoning is well studied and well understood. Using natural progesterone to reverse mifepristone effects is a logical extension of understanding the biochemical mechanism of action of mifepristone. (Similar application is used in chemotherapy with methotrexate followed by leukovorin rescue.) (Ref 3)
- In children who survive mifepristone poisoning and continue to birth, mifepristone alone has not been found to be associated with birth defects. In those children who have survived after the mother has ingested mifepristone alone, there have been no increased risks of birth defects noted. (Ref 4)
- The APR protocol involves giving natural progesterone to women who have taken mifepristone alone-who have not yet taken the second abortion drug misoprostol. (Ref 3)
- The APR protocol increases the chances that a baby will survive after the mother ingests mifepristone. Without APR, the chances that an unborn child will survive mifepristone poisoning are around 15%. However, if the mother receives the APR rescue, then 65-70% of the babies will survive. There are currently 200 babies born nationwide after using the APR protocol, and another 100 coming soon. (Ref 6)
- The babies born after using the APR protocol are not at increased risk for birth defects. (Ref 4)
- See AAPLOG FACT SHEET REFERENCES Abortion Pill Reversal

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AAPLOG FACT SHEET REFERENCES Abortion Pill Reversal

- ASRM FACT SHEET
http://www.reprodsurgery.org/uploadedFiles/ASRM_Content/News_and_Publications/Practice_Guidelines/Educational_Bulletins/Progesterone_supplementation.pdf
- Baulieu.E.E. (1985) RU 486: an antiprogestin steroid with contragestive activity in women. In Baulieu.E.E. and Segal,S.J. (eds), The Antiprogestin Steroid RU 486 and Human Fertility Control. Plenum Press, New York,
- Delgado G, Davenport M. Progesterone Use to Reverse the Effects of Mifepristone. Ann Pharmacother 2012;46. Published Online, 27 Nov 2012, theannals.com, doi: 10.1345/aph.1R252
- Bernard N, Elefant E, Carlier P, Tebacher M, Barjhoux C, Bos-Thompson M, Amar E, Descotes J, Vial T. Continuation of pregnancy after first-trimester exposure to mifepristone: an observational prospective study. BJOG 2013;120:568–575 <http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.12147/epdf>
- <http://abortionpillreversal.com/page/2-Abortion%20Pill%20Reversal/>
- Davenport et. Al. publication pending.

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Written Testimony of George Delgado, M.D., F.A.A.F.P., in Support of Colorado Abortion Pill Reversal Bill

George Delgado, M.D., F.A.A.F.P. | February 16, 2017

On Thursday, February 9, 2017, the Colorado House Health, Insurance and Environment Committee held a hearing regarding House Bill 1086 (HB 1086), the Abortion Pill Reversal Information Act. HB 1086 provides that prior to initiating a chemical abortion, a physician must alert the woman to the fact that it may be possible to reverse the abortion should she change her mind and that information on the possibility of reversal is available in state-prepared materials.

George Delgado, M.D., F.A.A.F.P., Medical Director of Abortion Pill Reversal, submitted the following written testimony in support of HB 1086.

To view Delgado's testimony in PDF format, please see "Written Testimony of George Delgado, M.D., F.A.A.F.P., in Support of Colorado Abortion Pill Reversal Bill."

Testimony Before Colorado Legislature

George Delgado, M.D., F.A.A.F.P.

Medical Director,

Abortion Pill Reversal

February 9, 2017

Madam Chair Joann Ginal, members of the committee, thank you for the opportunity to present to you today. My name is Dr. George Delgado, the medical director of Abortion Pill Reversal, and I am here to support this bill because women who change their minds after taking mifepristone, also known as Mifiprex, RU 486 and the abortion pill, have the right to know that they can choose to attempt to reverse the medical abortion procedure.

Abortion pill reversal (APR) is safe and effective. Our experience, after more than 2,000 calls to the APR hotline, is that women given the opportunity to reverse the effects of mifepristone are very grateful.

Additionally, we feel that there is a need for greater awareness of the possibility of reversal. Several women have told our hotline nurses that when they changed their minds and called their respective abortion centers inquiring about reversal, they were erroneously told that there is "no possibility of reversal" or that "your baby is sure to have birth defects."

The abortion pill, mifepristone, is different from the "morning after" pill. The morning after pill is designed to be taken within 72 hours of intercourse (except Ella) to "prevent

pregnancy.” Mifepristone is approved for use up to 10 weeks of pregnancy. It is a deliberate attempt to abort a known pregnancy.

Mifepristone is a progesterone receptor blocker; it blocks the effects of progesterone which are essential for a healthy pregnancy. By attacking the placenta, mifepristone leads to the death of the unborn child.

Mifepristone has been available in the United States since 2000. Currently, 30-45% of abortions are performed with mifepristone (about 300,000-450,000/year). At Planned Parenthood affiliates, about 43% of abortions are accomplished with mifepristone (Reuters study 2015). Mifepristone is followed 24 to 48 hours later by a second drug, misoprostol (Cytotec), to completely empty the uterus. The new FDA label allows use up to 70 days after the last menstrual period (10 weeks of pregnancy).

Mifepristone is effective at killing the embryo or fetus. Survival of the embryo or fetus is about 15% if only mifepristone is taken and nothing else is done. Up to 40% of women will not completely empty the uterus when only mifepristone is taken. This is called “incomplete abortion.” Incomplete abortion does not imply survival of the embryo or fetus, it only signifies that some contents still remain in the uterus. Misoprostol (Cytotec) is very effective at causing the uterus to contract and expel any contents. Women seek reversal after taking the mifepristone but before taking the misoprostol.

We published the first article in the medical literature describing the reversal of the effects of mifepristone.[1]

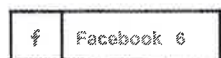
Since then, about 250 babies have been born after reversal and approximately 100 women are currently pregnant after reversal. Our success rates with our best protocols are 65-70% while our overall success rate is 50-55%. These rates are much better than the 15% survival rate if a mother takes mifepristone and does nothing.

The American College of Obstetrician Gynecologists, in its March 2014 Practice Bulletin, stated that mifepristone is not associated with birth defects. Our current study, soon to be published, is the largest series looking at birth defects and has found a birth defect rate about the same as the general population (3%).

Progesterone has a long track record of use in pregnancy. The FDA concluded in 1999 that there is no risk of birth defects.

Abortion pill reversal is safe and effective. Women who change their minds after taking mifepristone deserve the right to have a second chance at choice. Thank you very much for the opportunity to address you. Please let me know if you have any questions.

[1] Delgado, Davenport. *The Annals of Pharmacotherapy*. Published Online, 27 Nov 2012, theannals.com, doi: 10.1345/aph.1R252.

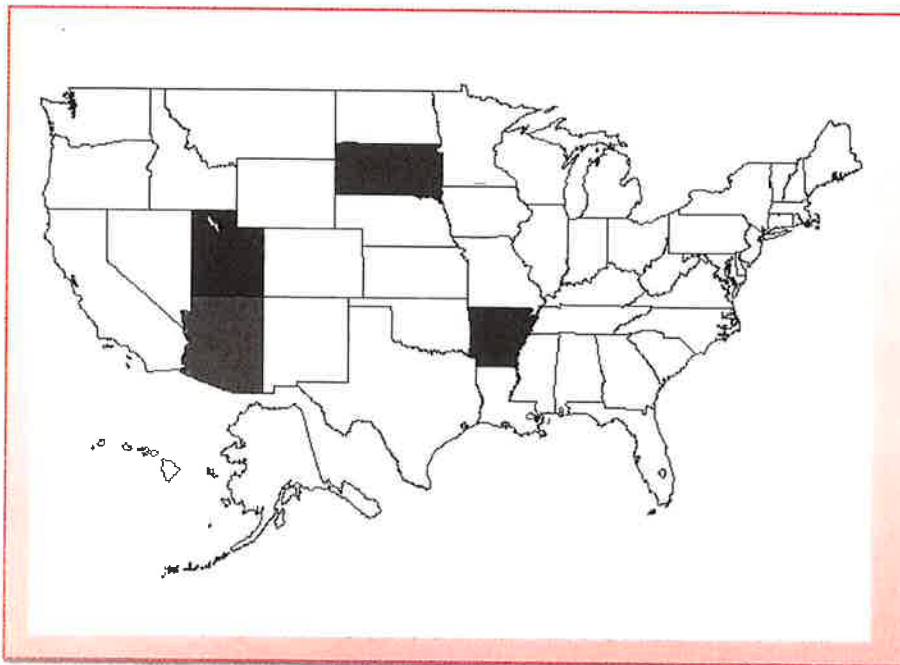


State Laws on Abortion Pill Reversal Information

November 21, 2017

An informed consent law that requires abortion facilities to inform a woman prior to or soon after the first step of a chemical abortion that if she changes her mind, it may be possible to reverse the effects of the chemical abortion, but that time is of the essence.

Currently four (4) states have enacted laws requiring this information to be provided.



States with Laws
regarding Abortion
Pill Reversal

1. Arizona*
2. Arkansas
3. S.Dakota
4. Utah**

**Goes into effect
May 9th 2017

* A previous APR law was repealed following legal action in and was replaced with weaker language in accordance with the consent agreement. See *Planned Parenthood Arizona, Inc., et al., vs. Mark Brnovich*.

State Legislation Department
202.626.8819



Abortion Pill Reversal Information Laws

STATE	INFORMATION	STATUS	Link to Materials
Arizona A.R.S. § 36-2153 (2016)	<p>If a woman consults the abortion clinic questioning her decision to abort and she has not yet taken the 2nd drug, she must be informed that the use of mifepristone alone to end a pregnancy is not always effective and that she should immediately consult a physician if she would like more information.</p> <p>Also requires the Department of Health services to establish and update a website with information on APR</p>	In effect	http://www.azdhs.gov/documents/prevention/womens-childrens-health/informed-consent/a-womans-right-to-know.pdf
Arkansas A.C.A. § § 20-16-1703 20-16-1704 (2017).	<p>Requires the physician performing the abortion to inform the woman of the possibility of reversing the procedure at least 48 hours prior to the abortion.</p> <p>Also requires that information on reversing the effects of abortion-inducing drugs is available in materials prepared by the Department of Health.</p>	In effect	http://www.healthy.arkansas.gov/programsServices/healthStatistics/Documents/abortion/abortiondecisionbook.PDF
South Dakota S.D. Codified Laws § 34-23A-10.4 (2016)	<p>The Department of Health must develop and maintain a multi-media website that contains web pages covering information on discontinuing a drug-induced abortion.</p>	In effect	http://doh.sd.gov/abortion/induced-abortion-methods-risks.aspx?
Utah To be codified as: Utah Code Ann. §§ 76-7-305 (2)(a)(D); 76-7-305.5 (5)(d)(e)	<p>A woman must be informed of the options and consequences of aborting a medication-induced abortion at least 72 hours prior to the abortion.</p> <p>The Department of Health must publish printed materials containing information about the options and consequences of aborting a medication-induced abortion and include a statement saying that a viable pregnancy is still possible after taking mifepristone</p>	Goes into effect May 9, 2017	https://mihp.utah.gov/wp-content/uploads/2017_Final.pdf