Aid for Pregnant Women: The Abortion Pill Regret Story

Dr Dermot Kearney

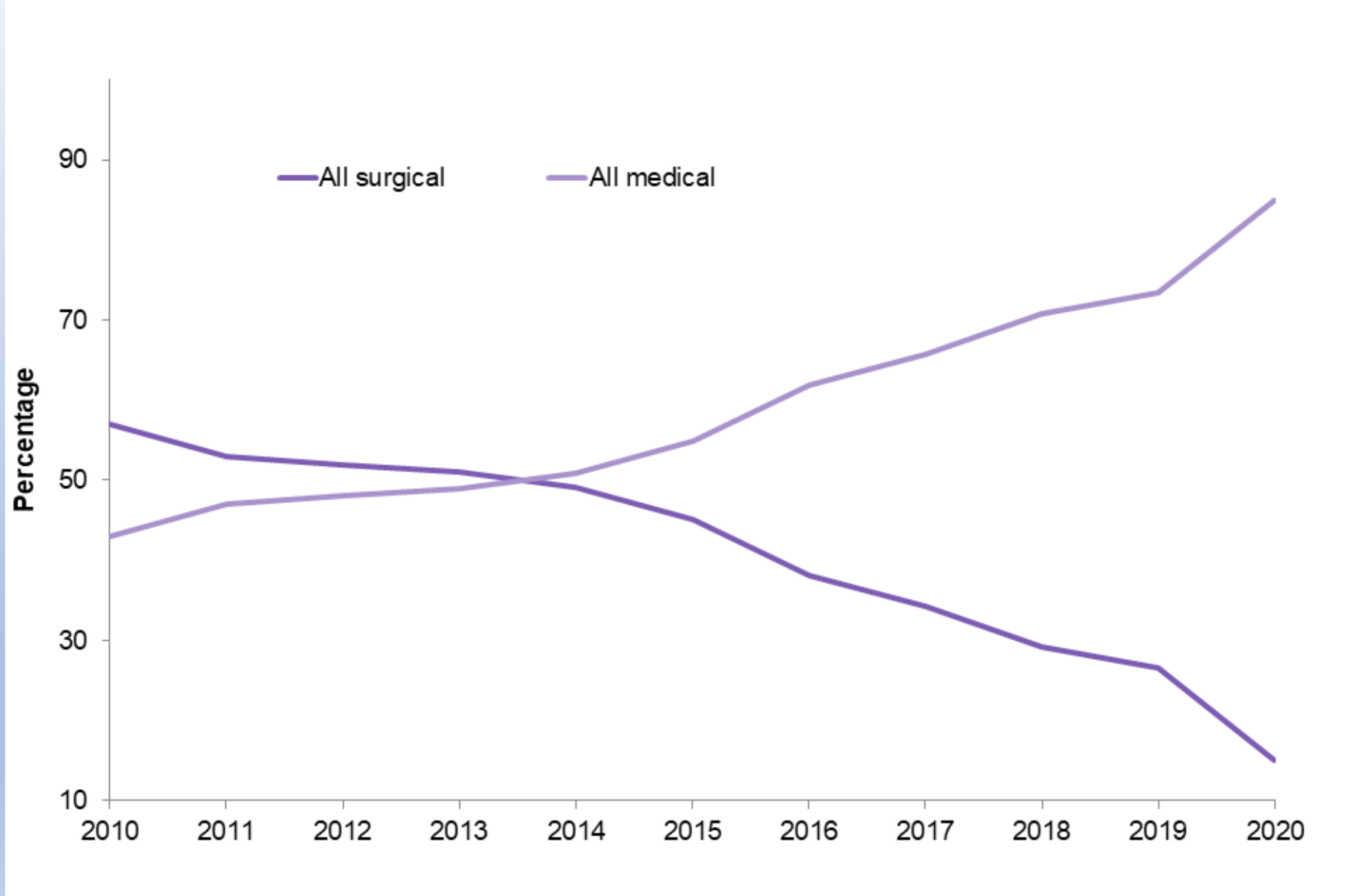
Catholic Medical Association (UK)

Abortion in the UK

- England & Wales: 209,917 in 2020 [highest number ever]
- Scotland: 13,815 in 2020 [second highest ever]
- Northern Ireland: 664 from March 31st 2020 to October 1st 2020

In England & Wales, **85% of all abortions** were medically-induced in 2020 (increased from 79% in 2019 and 43% in 2010).

Abortions, procedures, percentages, England and Wales, 2010 to 2020



Real Concerns

1. Concerns related to the drugs used in inducing pharmacological abortion – Mifepristone and Misoprostol

500 women per month require emergency NHS care in the UK with complications directly related to pharmacologically-induced abortion (1 in 17)

- Incomplete abortion
- Major haemorrhage
- Sepsis
- Severe pain and distress
- Emotional trauma

2. Concerns related to the actual process – as most abortion pills now supplied by post following a telephone "consultation".

- *Coercion*
- *Surreptitious use*
- *Facilitates trafficking & abuse to remain undetected*
- *Missed ectopic pregnancies*
- *Failure to accurately determine gestational age*

Medical abortion: Royal College of Obstetricians & Gynaecologists recommended protocol

- Up to 63 days gestation:

Mifepristone 200mg as a single oral dose followed by **Misoprostol** 800mcg (vaginal, buccal or sublingual administration) 24-48 hours later

- 64 days to 13 weeks and 6 days gestation:

Mifepristone 200mg as a single oral dose followed by **Misoprostol** 800mcg (vaginal, buccal or sublingual) 24-48 hours later and followed by additional Misoprostol 400mcg every 3 hours until abortion occurs

Rationale for Abortion Pill Reversal

- First abortion pill Mifepristone / RU486
- Competes for and binds to Progesterone receptors
- Blocking essential actions of Progesterone to maintain pregnancy
- Decidual necrosis and placental separation

- Progesterone supplementation
- Administered promptly
- High doses
- Competes for Progesterone receptor sites with Mifepristone
- Can prevent ongoing effects of Mifepristone and preserve pregnancy

Abortion Pill Reversal:
Can the effect of Mifepristone be prevented or reversed?

Questions addressed by CMA (UK) 2014-2020

- Is there a **demand** for “abortion pill reversal”?
- What is the scientific basis for reversal therapy?
- How **effective** is “reversal treatment”?
- What objections may be raised to promotion of abortion pill reversal?
- Are there any inherent **risks / dangers** with reversal therapy?
- What steps can be taken to establish an effective APR service?

Use of Progesterone Supported by basic science

- Animal studies
- Yamabe et al, Japan 1989
- Pregnant rats
- Control group study
- Mifepristone group: 33% pup survival
- Mifepristone + Progesterone group: 100% pup survival
- Characteristic changes noted in the endometrium and ovaries of the Mifepristone treated group. These features absent in the group treated with additional Progesterone

APR Success rates from studies in humans

Continuing foetal survival and pregnancy preservation rates:

- After Mifepristone alone but no Progesterone therapy: <25% survival

- After Mifepristone alone and subsequent Progesterone (oral regime) 68% survival

- After Mifepristone alone and subsequent Progesterone (IM injection regime) 64% survival

Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone - Delgado et al, Issues in Law & Medicine. 2018:33(1);3-14)

Survival rates with abortion reversal therapy

- *A major factor in predicting likelihood of foetal survival was the gestational age at the time of Mifepristone ingestion:*

- Earlier gestation – less likely for foetus to survive
- Later gestation – very likely to survive

- Gestation <49 days: survival 25% even with Progesterone therapy
- Gestation >63 days: survival 77% with Progesterone therapy

Abortion Pill Reversal Treatment Regimens

- Oral Progesterone (micronized capsules): Utrogestan 100mg
- 400mg bid x 3 days followed by
- 400mg daily (or 200mg bid) until week 15

or

- Progesterone vaginal pessaries: Cyclogest 400mg
- 400mg tds x 5 days followed by
- 400mg x 5 days followed by
- 400mg daily until week 15

Summary of APR outcomes in UK May 2020-April 2021

- Total number of calls for help – 144
- Total number who commenced APR – 91 (63.2%)
- Total number who continued APR – 67 (46.5%)
- Total number lost to follow-up – 8 (8.8%)
- Total number with continuing pregnancies – 32 (32 of 67 = 47.8%)

Babies born – 32

Summary of Outcomes in the UK

- 32 lives births out of 67 = success rate 48%
- 32 live births out of 60 (excluding late miscarriage) = success rate 53%
- 39 successful responses to APR out of 67 = success rate 58%
  (32 live births + 7 late miscarriages)

Overall success rate: 48-58%

Expected Success Rates with APR

- If both Mifepristone and Misoprostol administered 1-2% survival
- If Mifepristone administered but no Misoprostol and no APR <25% survival
- If Mifepristone administered but no Misoprostol and if APR administered 50-55% survival

Potential objections

- Little or no demand - **“Women don’t change their minds.”**
- **“Junk science” with no convincing supportive evidence** – firm scientific basis, animal models with successful treatment and increasing numbers of successful real life cases (261 to April 2018, >3000 by December 2021)
- **Risks to developing foetus in the event of survival** – none demonstrated (congenital abnormalities similar to normal population)
- Promotion of guilt feelings – if guilt experienced suggests that mother was already having serious doubts about proceeding with abortion
- “Unlicensed” treatment for this indication
- **Risk of severe haemorrhage by not completing abortion** (Creinin et al 2020)

Allegations and Charges – endorsed by General Medical Council following complaints by abortion industry

- Remotely prescribed an unlicensed medication without evidence-base
- Did not liaise with abortion providers as the primary care giver
- Denied patients opportunity to seek independent counselling
- Enforced personal beliefs on vulnerable patients
- Arranged USS scans privately to conceal possibility of foetal abnormalities
- Gave money for medications and scans and arranged childcare
- Caused distress and delay in patients obtaining abortion care
- Acted outside area of competence
- Did not follow NICE guidelines on abortion provision
- Failed to suitably consent patients and to maintain suitable medical records

Conditions on the doctor's registration
From 12 May 2021 – initial IOT hearing
[in relation to Dr Dermot Kearney, GMC number 6067905]

"5. He must not prescribe, administer or recommend progesterone for abortion reversal treatments."

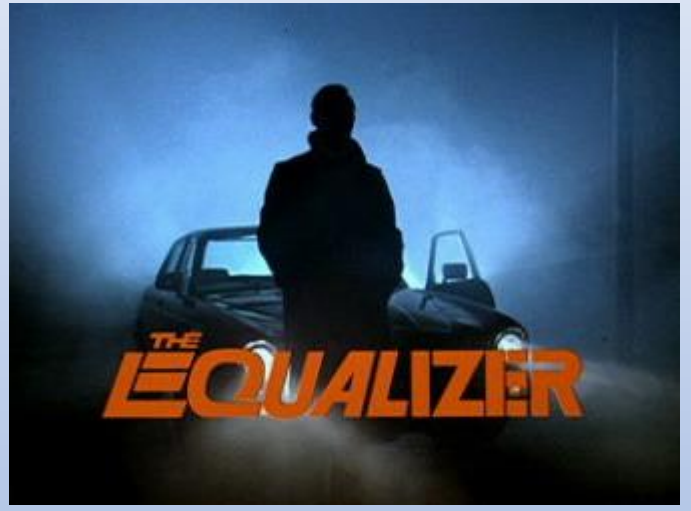
Conditions remain in place:

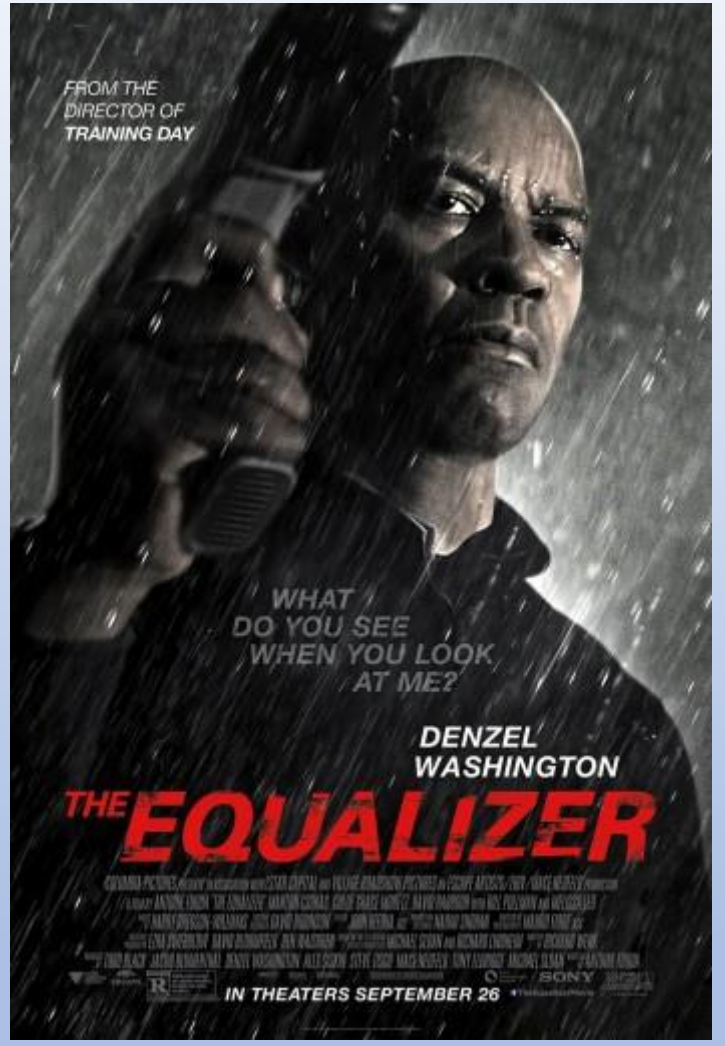
IOT early review 3 August 2021

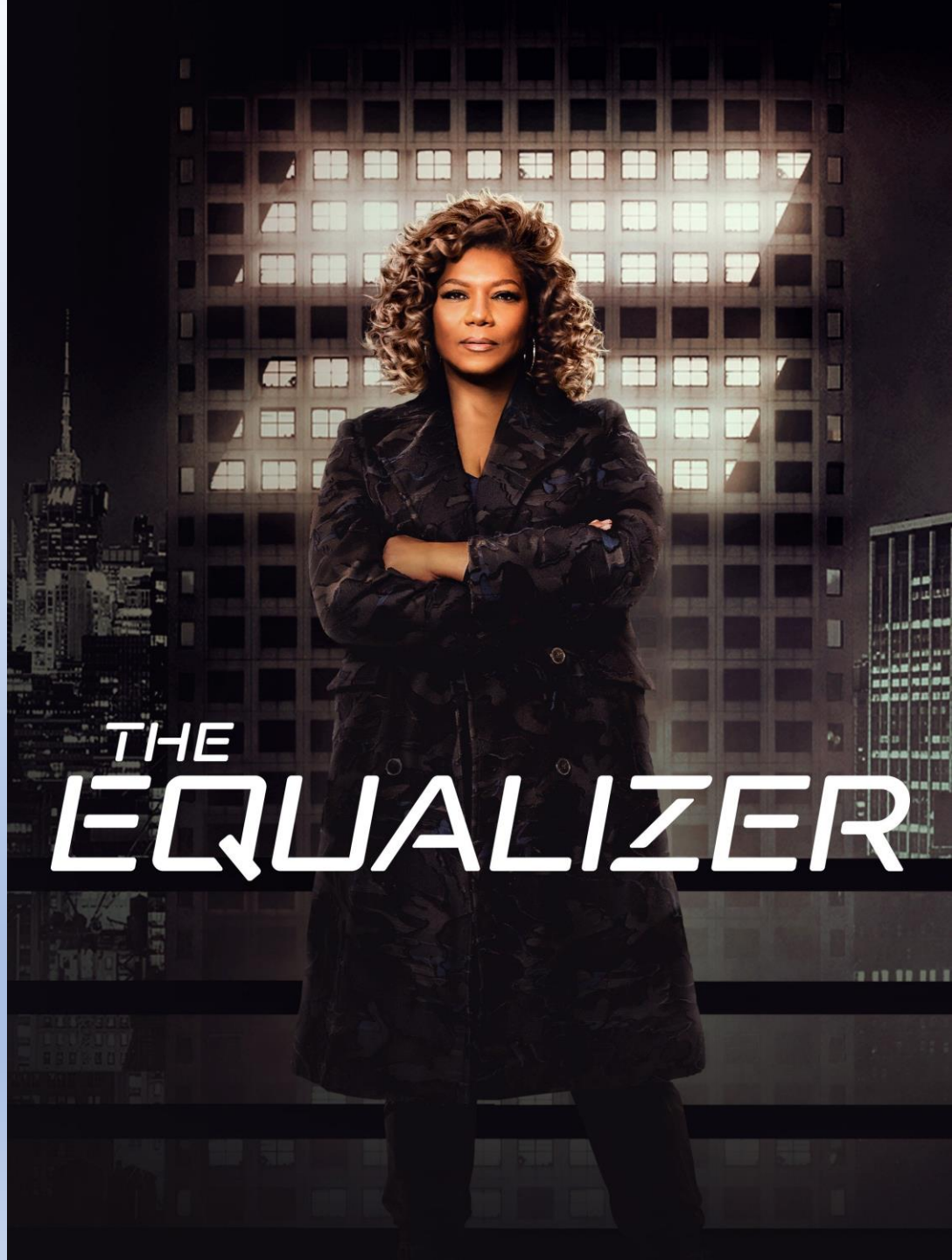
IOT 6 month review 26 January 2022

High Court Hearing scheduled for Thursday 24th February 2022

Case dismissed against doctor who provided support to women
February 18th 2022







"Got a problem? Odds against you? Call the Equalizer: 212 555 4200."