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A new abortion provider

Planned Parenthood now offers the medication Mifeprex.

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- 'MIFY': Medication spares women from surgery.

For the first time since its opening 24 years ago, Planned Parenthood's clinic in Little Rock is offering abortion services — by medication.

The clinic, under the direction of **Dr. Scott Spear**, medical director for Planned Parenthood of Arkansas and Eastern Oklahoma, now provides the medication mifepristone — brand name Mifeprex, formerly known by its research name RU-486 and sometimes referred to as “Miffy.”

Since March, some 50 to 60 women have opted to terminate early pregnancies by medication at the Little Rock clinic. The clinic does not do surgical abortion.

Mifeprex has been available at the affiliate's clinic in Fayetteville for around a year, Spear said. Spear divides his time between Little Rock, where he sees patients one day a week, Fayetteville and Tulsa.

The affiliate's decision to provide medication abortion is a policy change that partly reflects a greater comfort level by medical and support personnel with the procedure, said Glenda Parks, vice president of community affairs in Little Rock. Many may be surprised that it is a change; Planned Parenthood in Arkansas has struggled since its inception to correct a public presumption that it performed abortions.

Medication abortion is a two-drug process available only in the first 63 days of pregnancy. Mifepristone is taken to terminate the pregnancy and misoprostal (brand name Cytotech) is taken to insure all tissue is expelled from the uterus after termination. It is a medical miscarriage, and women who choose to use the drugs to end an unwanted pregnancy will have cramps and bleeding similar to menstrual cramps. Patients must make a return visit to Planned Parenthood to insure the uterus is clear of tissue.

Women may choose pills over surgical abortion for a variety of reasons, Spear said. “There are some women who don't want to be instrumented,” he said, and girls who've never had a pelvic exam may balk at surgery. The drug is viewed by some as “more natural,” like miscarriage. But privacy and control are the main issue; there are no strangers around and “you get to choose who is there with you,” Spear said.

It's a choice that flies in the face of anti-abortion propaganda that women who choose to terminate their pregnancies don't really understand what they're doing, Spear noted. “When you do this at home, you know what you are doing,” Spear said. (The argument was specious at any rate, he added.)

Because mifepristone must be used in very early pregnancy, Spear uses an ultrasound to determine gestational age. He offers his patients the opportunity view their ultrasound. “I tell them what they may see” during the process, he said.

(By contrast, the Oklahoma legislature enacted a law, over the governor's veto, in April that requires all women having an abortion, surgical or medicinal, to undergo an ultrasound and be shown the picture. Doctors are required to perform whichever type of ultrasound — vaginal or external — will produce the best picture of the fetus. Women may “avert their eyes,” the law states, if they wish. Critics have noted that in passing the law, the state of Oklahoma requires that doctors place objects in their patients' vaginas for no diagnostic or medical reason.)

For Arkansas women who want to end their pregnancies, Planned Parenthood's decision to offer Mifeprex doubles the number of facilities they can go to, from two to four. Two Arkansas clinics offer surgical abortion: Little Rock Family Planning Services and the Fayetteville Women's Clinic.

Little Rock Family Planning has made mifepristone available since it was approved by the Food and Drug Administration in 2000. Its medical director, **Dr. Jerry Edwards**, and his wife and clinic director, Ann Osborne, were involved in the initial clinical trials of the drug in the United States. Little Rock Family Planning took a three-year hiatus from using Mifeprex after four women who'd taken the drug died from infection with the bacteria *Clostridium sordellii*, but began offering it again in January.

Edwards, an obstetrician/gynecologist, said it's his experience that given a choice, women will choose surgical abortion. Surgical abortion is virtually painless and quick; medication abortion involves a certain amount of pain and occurs over a period of hours instead of minutes.

Little Rock Family Planning uses what Edwards called a "compacted protocol" for Mifeprex: If the pregnancy hasn't terminated by the morning after the initial dose, another dose is taken. If pregnancy hasn't completely terminated by the afternoon of the second day, a surgical procedure is done to empty the uterus.

Under Planned Parenthood's protocol, women return to the office in two weeks for an ultrasound. Planned Parenthood has a 24-hour telephone hotline for women taking Mifeprex and has surgical back-up in case of complications.

Because of the need for surgical back-up, Edwards said he doubts any private practice doctors in Arkansas outside Little Rock and Fayetteville are offering the drug. (The drug is made available only to doctor providers, rather than pharmacies.)

Edwards said he didn't believe the availability of medical abortion would increase the total number of abortions performed in Arkansas. However, its availability at Planned Parenthood has not reduced the number of patients at Family Services, which sees an average of 3,700 patients a year, Osborne said. Planned Parenthood's Spear said some of his patients have told him they would not have a surgical abortion. The impact of Mifeprex on Arkansas's abortion rate won't be known for a time; the state Health Department won't release 2008 abortion figures until next year.

Family planning, and not abortion, remains Planned Parenthood's main service, Parks said. "If there's one thing we try to tell people, it's that this clinic is open six days a week. Six days a week we are committed to preventing unintended pregnancy. ... We do offer this service, but it is not our primary focus."