

Abortion AMA: Can You Reverse An Abortion?

By [DANIELLE CAMPOAMOR](#)

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Welcome to Bustle's [Abortion AMA](#) column, where reproductive justice advocate and Romper editor Danielle Campoamor speaks to experts and medical professionals to answer people's questions about abortion in a way that is educational, unvarnished, and judgement free. Ask us anything.

If you've been considering getting an abortion, especially a medication abortion, you may have heard of abortion reversals. There's a lot of conversation about them right now, especially because five states — North Dakota, Nebraska, Oklahoma, Kentucky, and Arkansas — passed laws this year requiring physicians to tell their medication abortion patients they [can reverse an abortion](#) if they change their mind. Three other states — South Dakota, Utah, and Idaho — already require doctors to say this to patients. Unfortunately, the statement isn't rooted in medicine or science.

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To evaluate the claims being made about abortion reversals, it's important to understand how medication abortion works. Medication abortion is administered via two oral pills — mifepristone and misoprostol. The first pill, mifepristone, blocks progesterone, the so-called "pregnancy" hormone that nourishes an early pregnancy and keeps the lining of the uterus thick. The second pill, misoprostol, is taken the [same day or up to 72 hours later](#), and causes the cervix to soften, open up, and for the uterus to contract and expel the pregnancy.


In 2012, Dr. George Delgado, M.D., a family medicine doctor and director of Culture of Life Family Services, [a "crisis pregnancy center,"](#) published a study claiming that it is possible to

reverse a medication abortion after the first pill, mifepristone, is taken. Dr. Delgado publicly opposes abortion and in 2018 was [a keynote speaker at the Right To Life Conference](#), according to his personal page on the Catholic Speakers Organization website.

Dr. Delgado's abortion reversal study, which involved only seven women, claimed that after taking mifepristone, the drug that blocks progesterone, to initiate a medication abortion, a patient could flood their body with progesterone, and the influx in hormones would essentially reverse the effects of the mifepristone. According to *The New York Times*, when this protocol was followed in the seven pregnancies studied, [two still terminated](#), four went to term, and one participant didn't follow up with the doctors.

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Bustle reached Dr. Delgado for comment, but he did not provide one before publication.



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"I agree that it's not a totally crazy idea, but there are also a lot of reasons why it might not be such a good idea," says Dr. Daniel Grossman, M.D., professor of obstetrics and gynecology at University of California, San Francisco (UCSF), and director of Advancing New Standards in Reproductive Health (ANSIRH) at UCSF, a collaborative research group, who has been studying medication abortion since 2008. "First of all, in a normal pregnancy, a patient's body already has a

lot of progesterone in circulation, and it's unclear that adding a bit more would do much," Dr. Grossman says. "We also just really don't have data on how safe that is, which is another reason why we don't recommend people start doing this."

According to a one-sheet distributed by the American Congress of Obstetricians and Gynecologists (ACOG) in response, Dr. Delgado's 2012 study wasn't reviewed by an ethical committee or [supervised by an institutional review board \(IRB\)](#). It also didn't have the presence of a control group or groups, and as such is among "the weakest forms of medical evidence," per the ACOG. ACOG doesn't recommend [the use of progesterone to "reverse" a medication abortion](#), saying it is not supported by science, and [Delgado's findings have not been reviewed](#) by the Federal Drug Administration (FDA).

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In June of this year, the American Medical Association (AMA) [filed a federal lawsuit against the state of North Dakota](#), saying the state mandating doctors tell their patients about so-called "abortion reversal" [violates the AMA Code of Medical Ethics](#).


"There is a lot of missing information from the reports," Dr. Grossman says. "So it's very confusing to try and sift through them. But I can say that when you do sift through them, there's really no evidence that this treatment, that giving progesterone after a woman takes mifepristone, is any better than just watching and waiting."

According to Dr. Grossman, mifepristone by itself isn't a very good abortion-causing drug. "It needs the second medication as well," he says. "And at least a quarter of the patients who just take mifepristone alone will continue to have a normally developing pregnancy."

One factor that may determine whether more states force doctors to tell patients they can have a reversal is a study forthcoming from the University of California, Davis. In December 2018, Dr.

Mitchell Creinen, M.D, an OB-GYN and researcher there, [received a grant from the Society of Family Planning](#), an organization that funds the scientific studies of family planning when they're underfunded by the government and/or scientific community, to study so-called "abortion reversal." According to [ClinicalTrials.gov](#), a site from the National Institute of Health that tracks clinical trials, the study will include 40 pregnant women in the early stages of pregnancy who are seeking surgical abortions. Per a 2019 report from NPR, the women will be [offered mifepristone and either a placebo or progesterone](#). If any of the women remain pregnant, they will then be offered a surgical abortion. The purpose of the study is to either confirm or disprove Dr. Delgado's claims.

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Even if the study does find evidence that taking progesterone after mifepristone acts as an early "abortion reversal," very few pregnant people choosing abortion are likely to use it. A number of studies show that most [people who have abortions make the decision before](#) they make the appointment and [do not regret the decision to end their pregnancies](#), so Dr. Grossman says he worries that the perceived option to "reverse" an abortion would actually *encourage* people to rush to a decision they aren't otherwise ready to make. His fear is that they will go through with the beginning of an abortion thinking they can change their minds halfway through, when that's not necessarily the case.

"For patients I see, I would always recommend [treatments] that I have good evidence to support," **Dr. Colleen Denny, M.D.**, a clinical assistant professor in the Department of Obstetrics and Gynecology at NYU Langone Health, tells Bustle. "We have good evidence that this [combination of pills is good for ending early pregnancy](#), and we have good evidence, for people that need more time, that they [benefit from counseling and accurate information](#)."

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Rather than counting on the idea that people can change their mind 24 hours after taking the first medication abortion pill, **Dr. Denny** wants her patients to feel sure of their decision before they begin an abortion or, alternatively, pass the legal deadline for having one and keep their pregnancies. "If you don't feel like you're ready to make that decision, take a little more time, talk to your support people, come back to us. It's rarely a time crunch at that point, so we have much better evidence that what happens if you decide to continue the pregnancy, or you if do decide you want the medication abortion and take both sets of pills."

If you do, however, decide to have a medication abortion, take the first pill, then change your mind, Dr. Grossman's clinical recommendation would be to follow the pregnancy and simply see what happens. "If it's within an hour of taking the mifepristone, there may be some benefit to try to induce vomiting," he says, "because the pill wouldn't be fully absorbed yet." Per the ACOG, [mifepristone does not cause birth defects](#), so if you do take the first pill and change your mind and continue to carry your pregnancy to term, the fetus won't be harmed by the early introduction of the first pill.

Otherwise, Dr. Grossman says it's best to avoid flooding the body with progesterone in the hopes you could somehow "reverse" the abortion. If you take both medications and then change your mind, Dr. Grossman says there's nothing you can do. "There's no evidence that even giving progesterone reverses the mifepristone," he says. "But even Delgado agrees that there's no

treatment that can specifically be done after the patient has taken the misoprostol."



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Dr. Denny has never had a patient take the first pill and then change their mind but believes that because abortion is so common, there *will* be a small number of people who do change their mind, and within that number, there will, indeed, be someone who changes their mind mid-abortion. And that persons deserves factual, science-based information as they make their own decision.

"It's so hard for medical professionals to find the right outlet to reach patients and counterbalance all the false claims and fear mongering that goes on, especially regarding reproductive health," she says. "Honestly, it's just super disheartening. The misinformation has been out there for years, and it's just getting louder and louder, and we're not doing a good job of pushing back. We're not doing a good job of teaching people to be savvy consumers of medical science, and that makes it really hard."

ABORTION AMA

Have questions about abortion? You can email them safely and anonymously to [Abortion AMA](mailto:askabortionama@bustle.com) at askabortionama@bustle.com, and we'll answer them. Together.

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The 'Mrs. America' Stars Vs. The Real People They're Bringing To The Screen

By [JESSICA LACHENAL](#)

April 15, 2020

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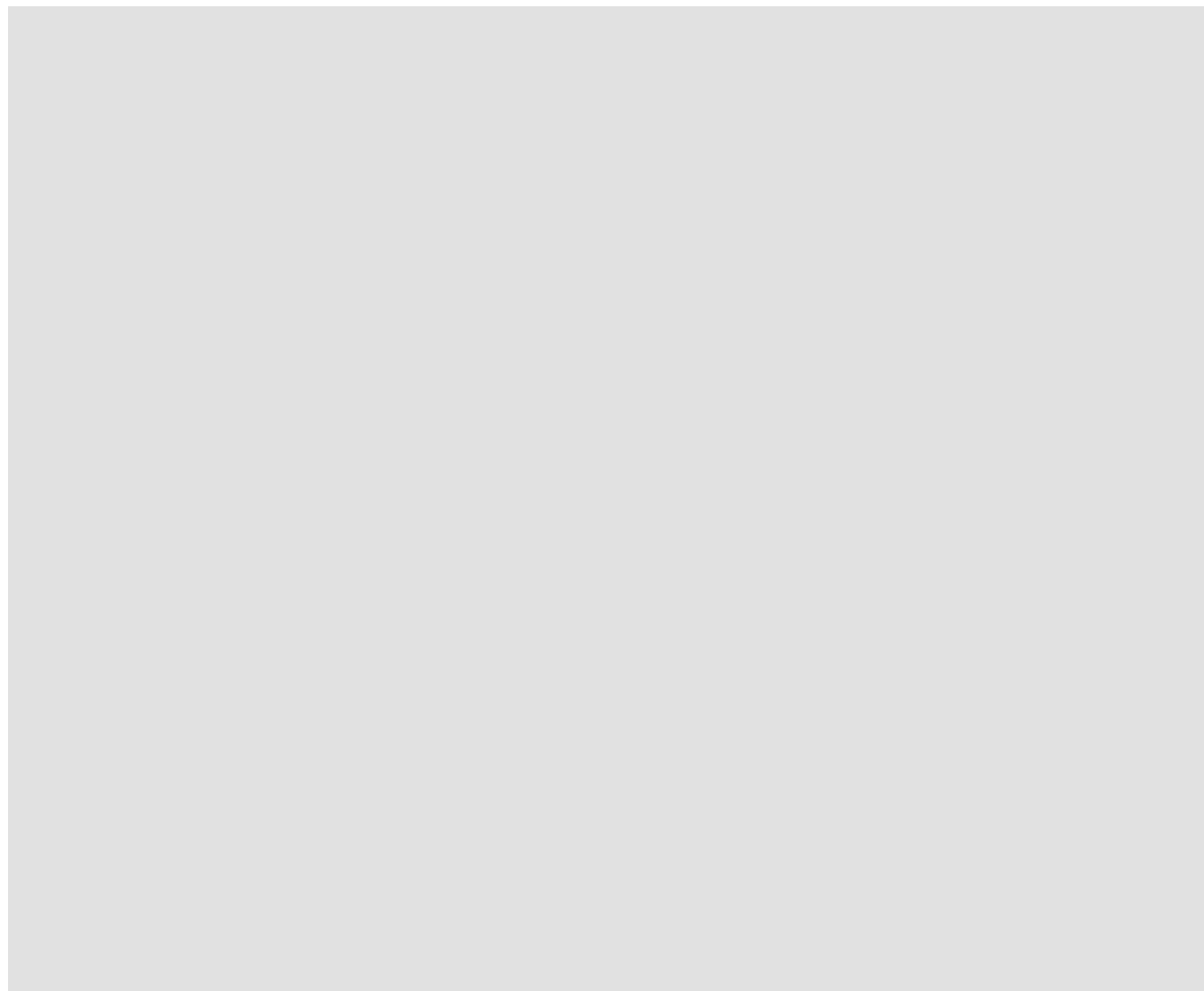
The struggle for equal rights is a constantly evolving one. Which is why it's incredibly important to know your history. That's where *Mrs. America* comes in. Granted, it's a television miniseries and not a documentary, but *Mrs. America* still paints an accurate portrayal of the women's right movement in the '70s. And the show takes great care to make sure the characters in the drama are close to the real-life women of the movement as possible. To that end, here's our own rundown of

the [Mrs. America's stars vs. the real people they're bringing to the screen.](#)

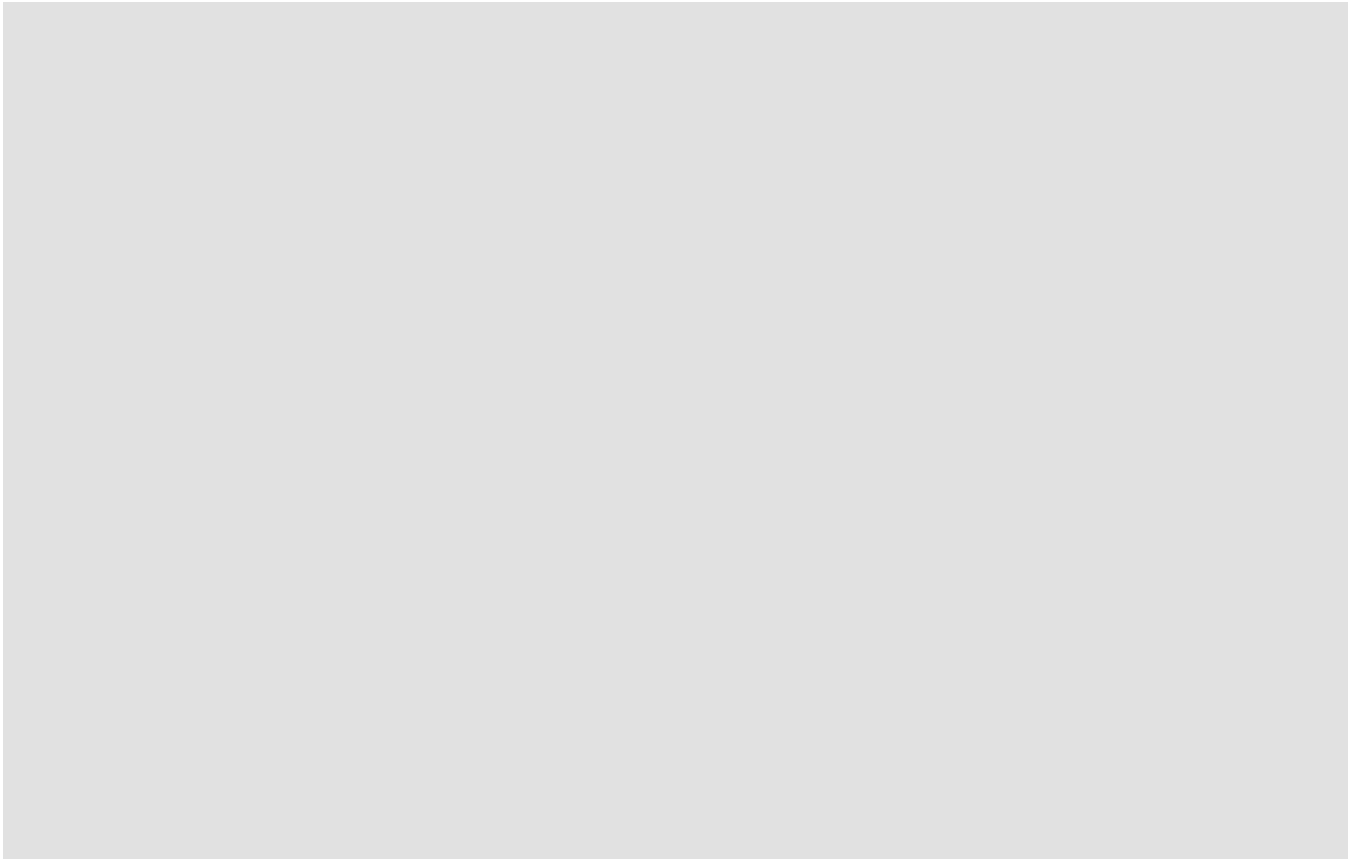
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To be more specific, *Mrs. America* covers the fight to ratify the Equal Rights Amendment (ERA) in the 1970s. The amendment was focused on eliminating many of the inequalities that existed between men and women in matters of divorce, employment, and more. It required the approval of 38 states before it could be passed into law, and by 1972, it had won over 28 states. It was there that the amendment and its supporters met one of its staunchest opponents: Phyllis Schlafly (Cate Blanchett). Read on for more about each of the characters, below.

Cate Blanchett as Phyllis Schlafly



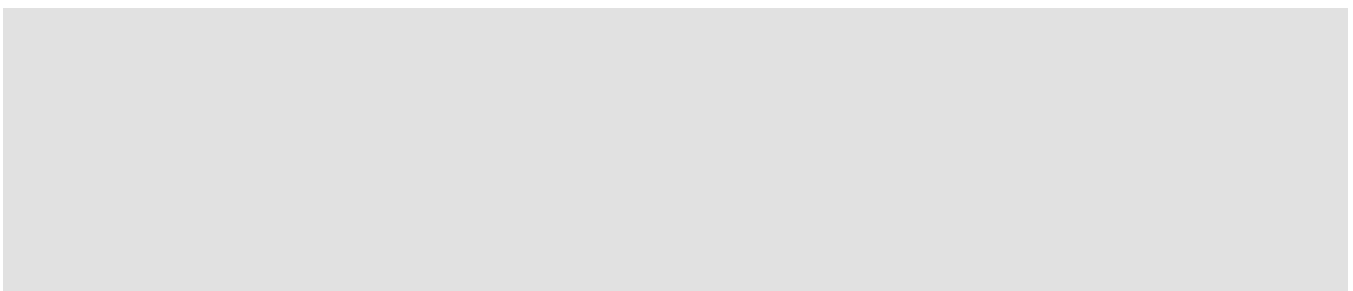
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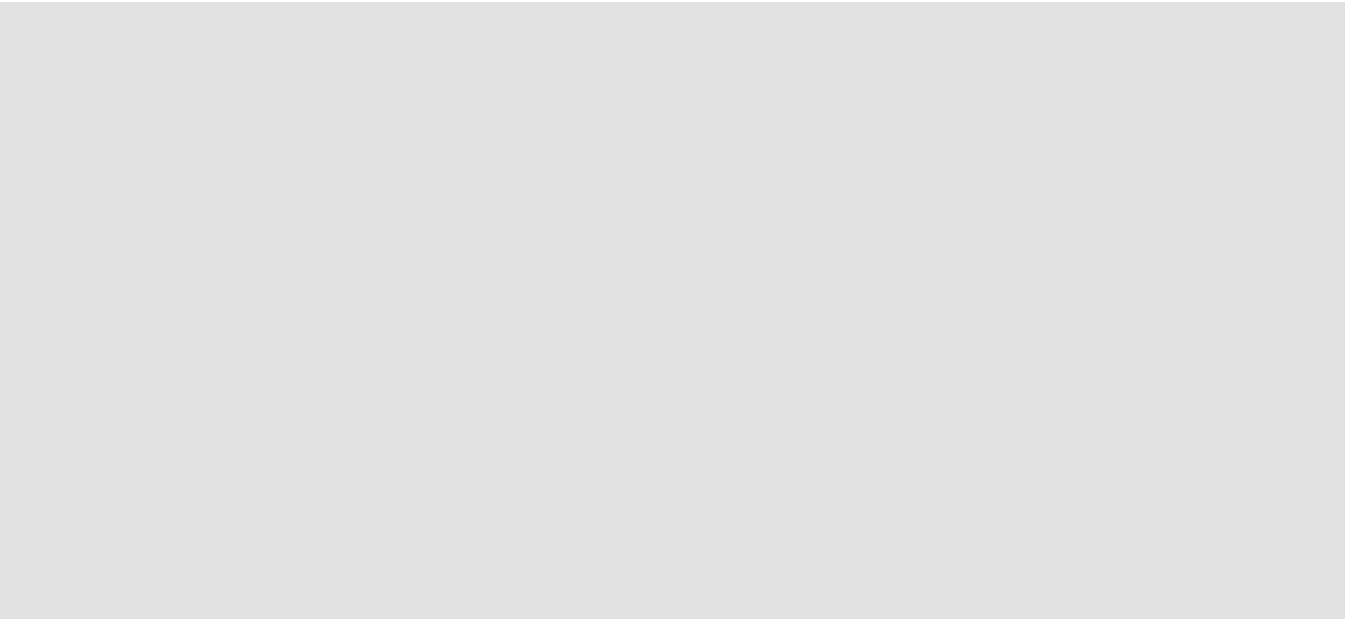


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As a staunchly conservative politician, Schlafly organized a grassroots campaign to stop the ERA from being ratified. For a time, she succeeded, getting five of the 28 states to rescind their approval of the amendment, defeating it in court.

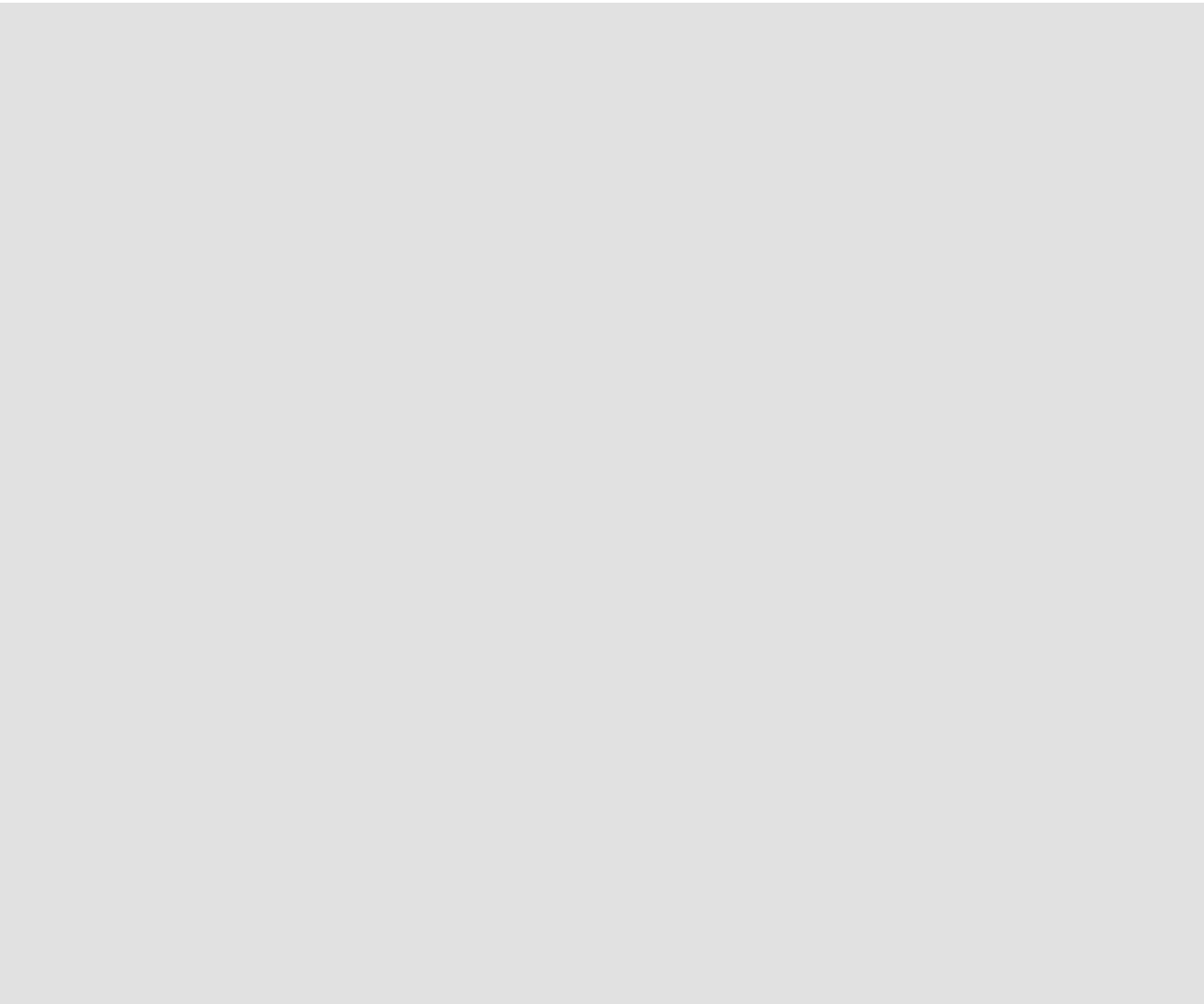
Rose Byrne as Gloria Steinem

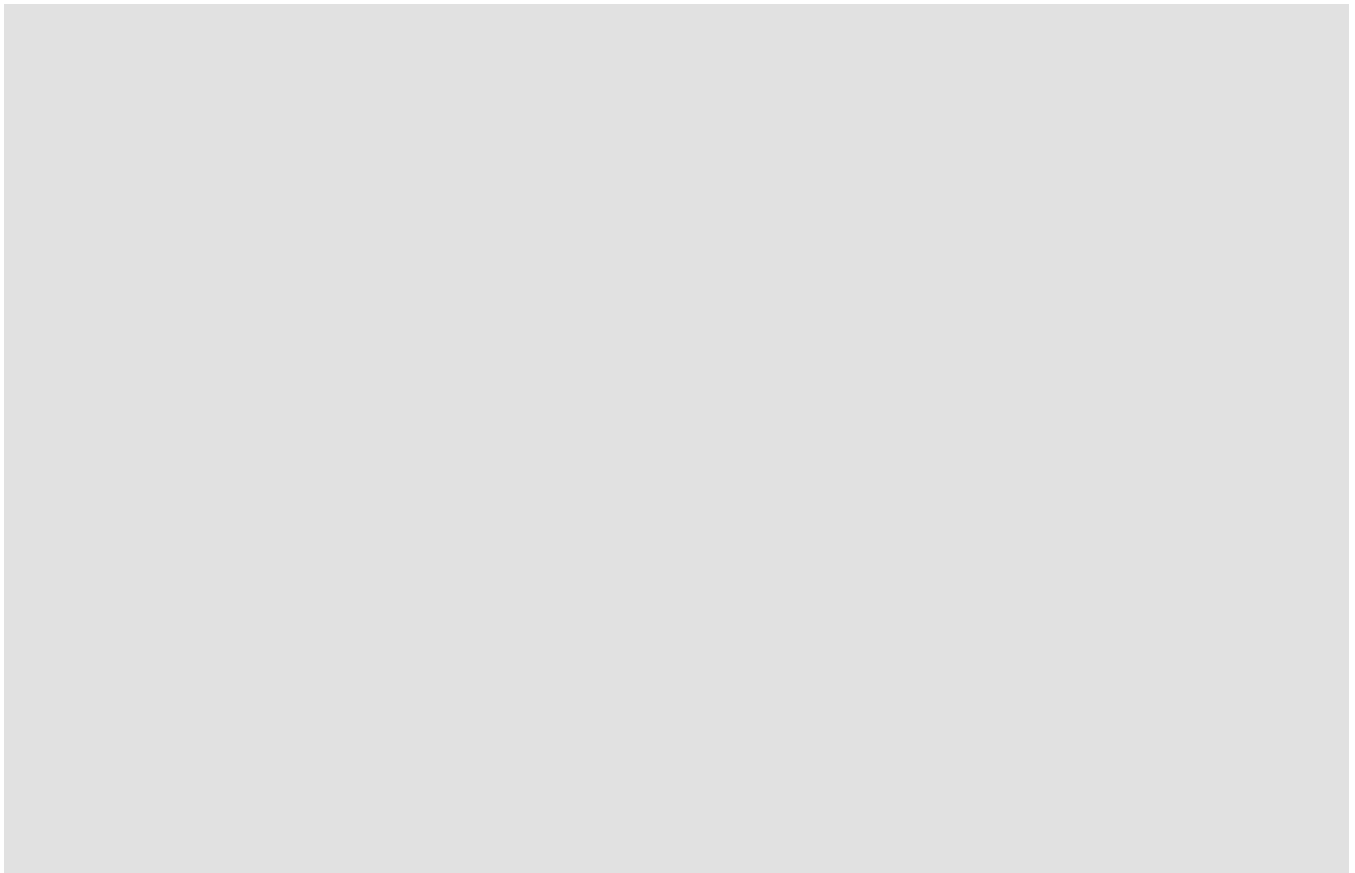




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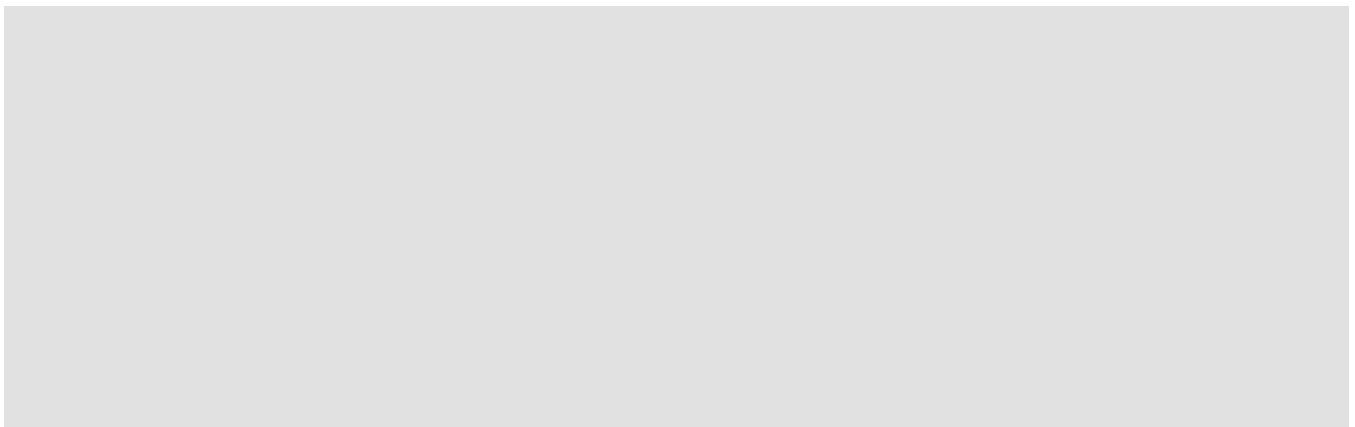


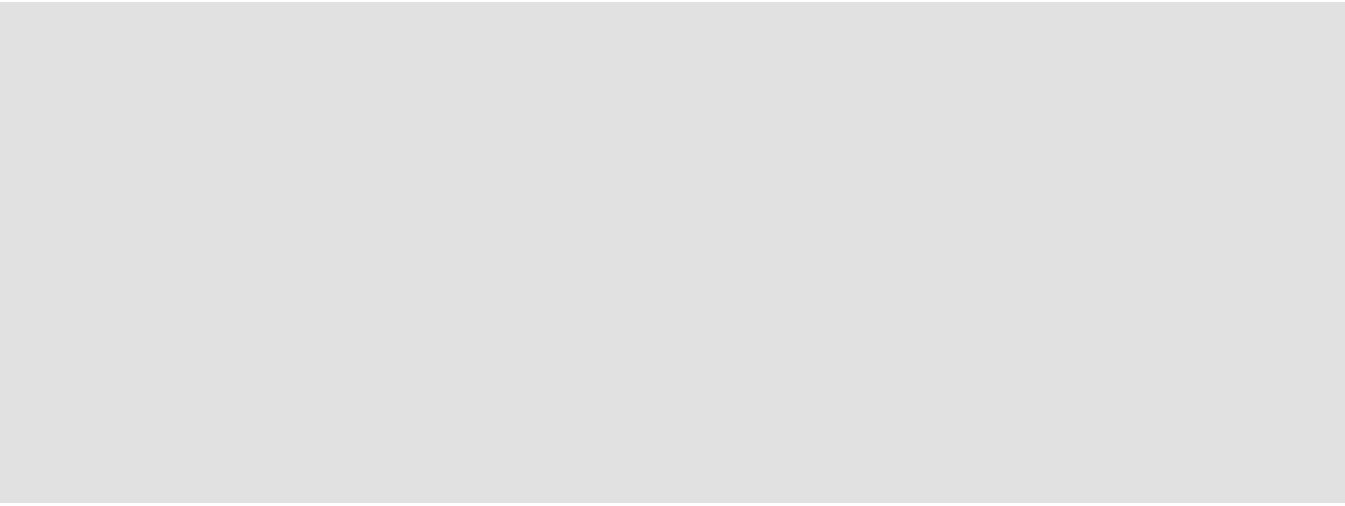
Art Zelin/Archive Photos/Getty Images

Steinem already had a big name as a journalist, with a column in *New York* magazine and as a co-founder of *Ms.* magazine. Her work focused on advocating for women's rights, and, combined with her prominent platform, made her one of the leading voices in second-wave feminism.

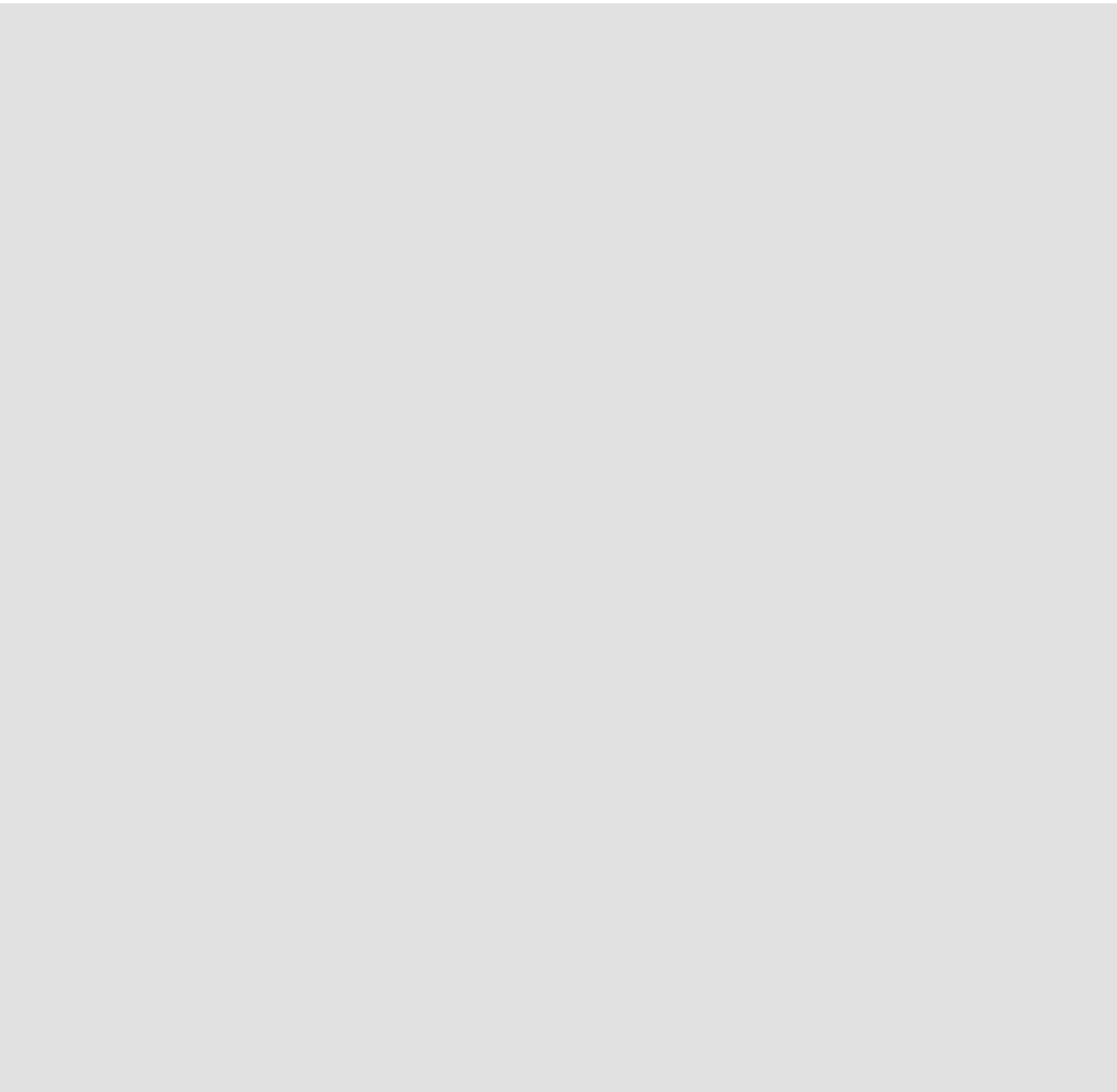
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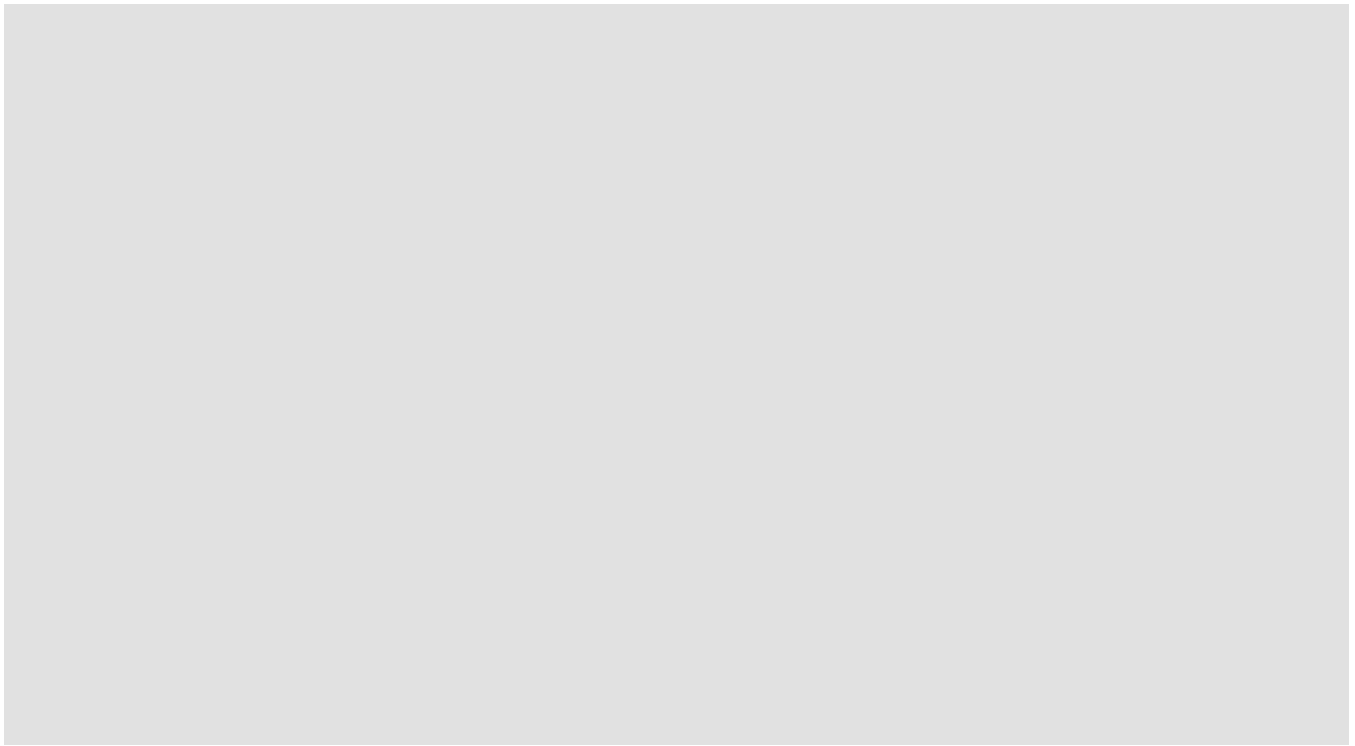
Margo Martindale as Bella Abzug





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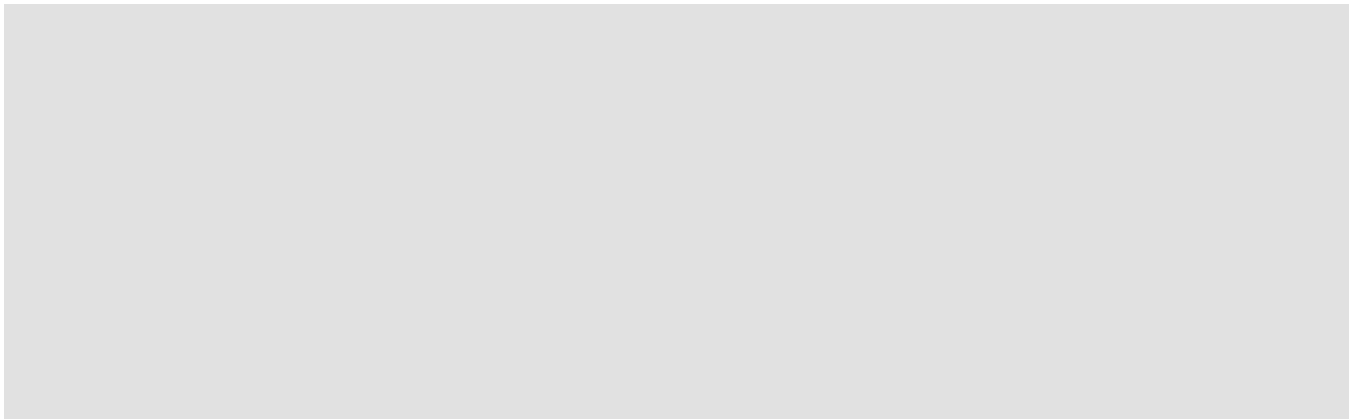


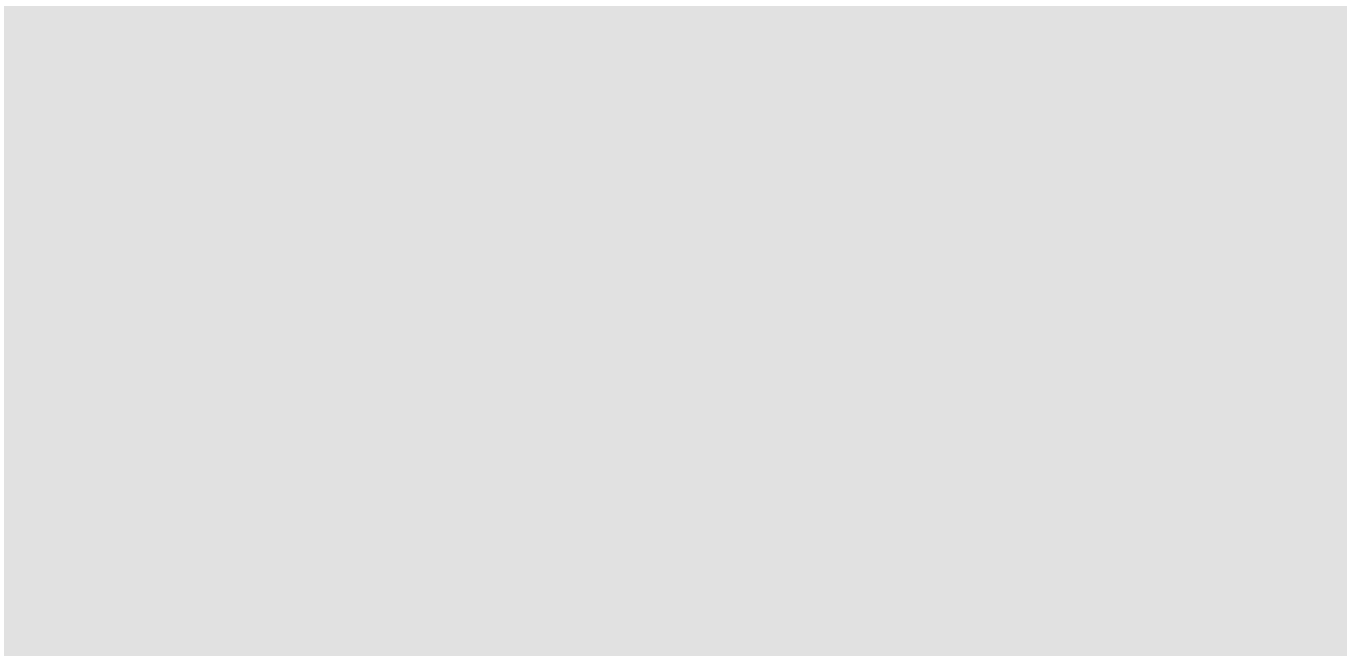
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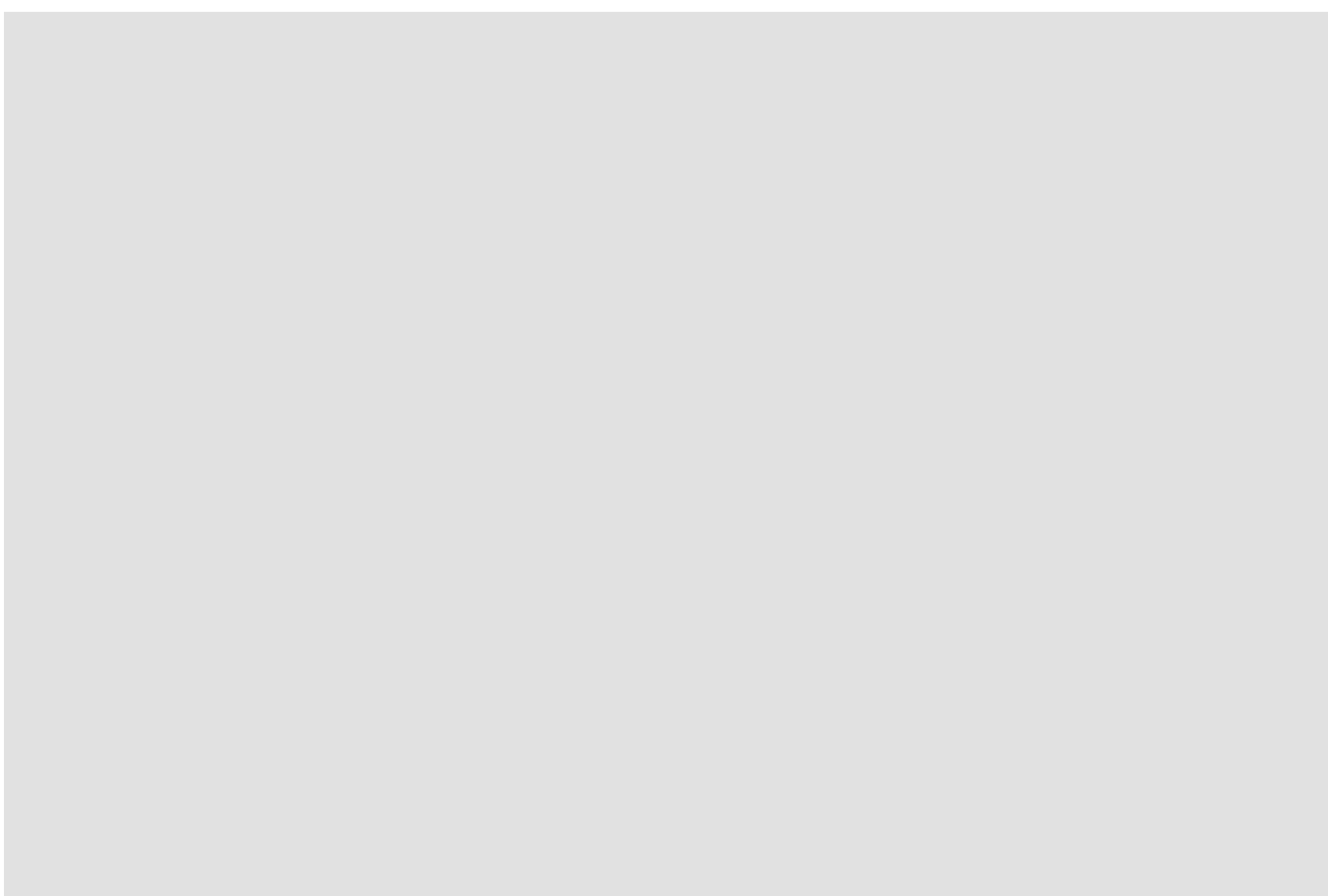
Abzug was a lawyer and prominent activist, lobbying for equality and women's rights. Her advocacy for marginalized people took her all the way to Congress, where she served as a representative for a district in Manhattan. There she stayed, making a name for herself as one of the first members of Congress to advocate for gay rights. She served until 1976, when she left to campaign for a seat on the Senate, though she ultimately did not succeed.

Uzo Aduba as Shirley Chisholm





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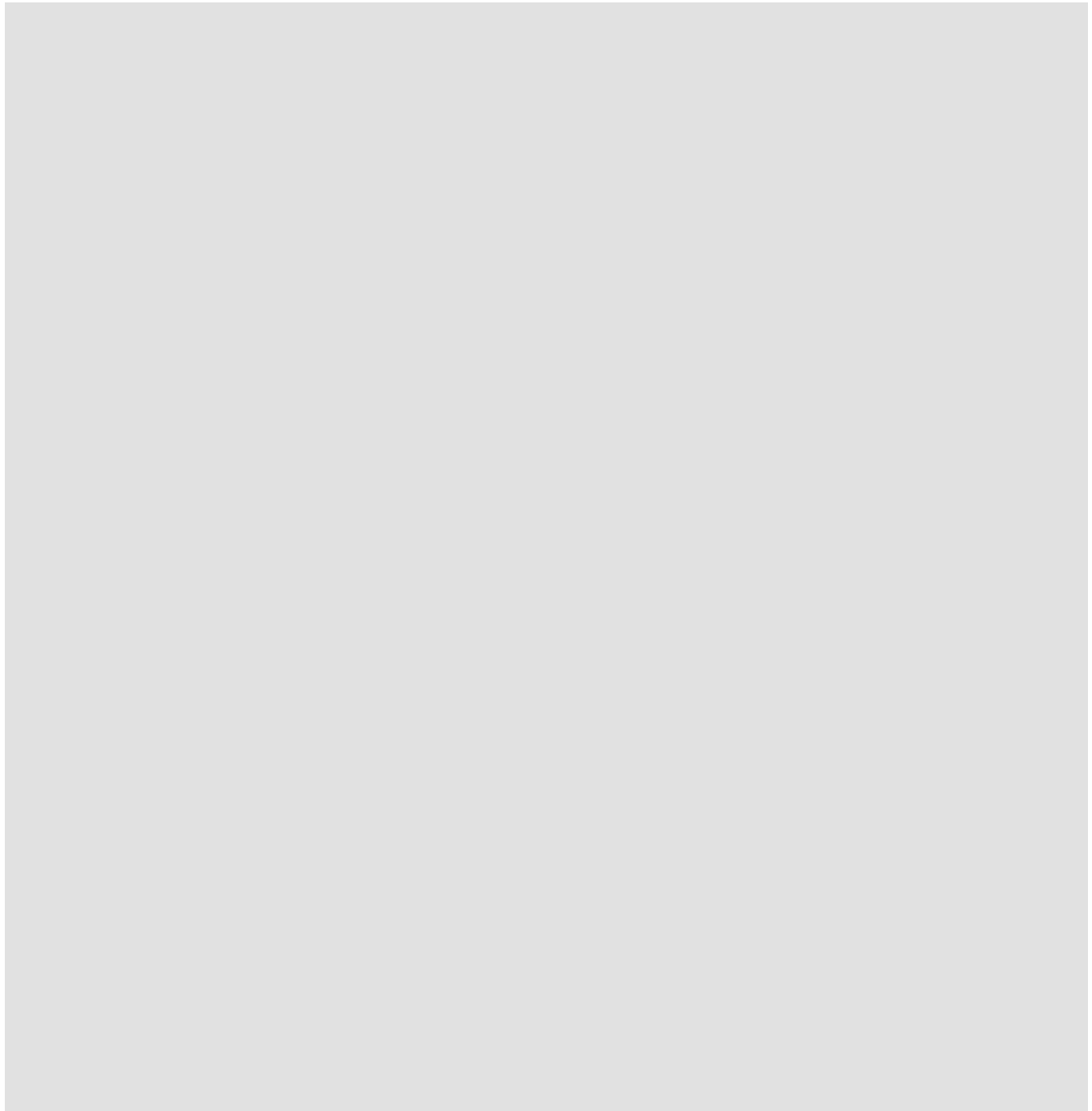


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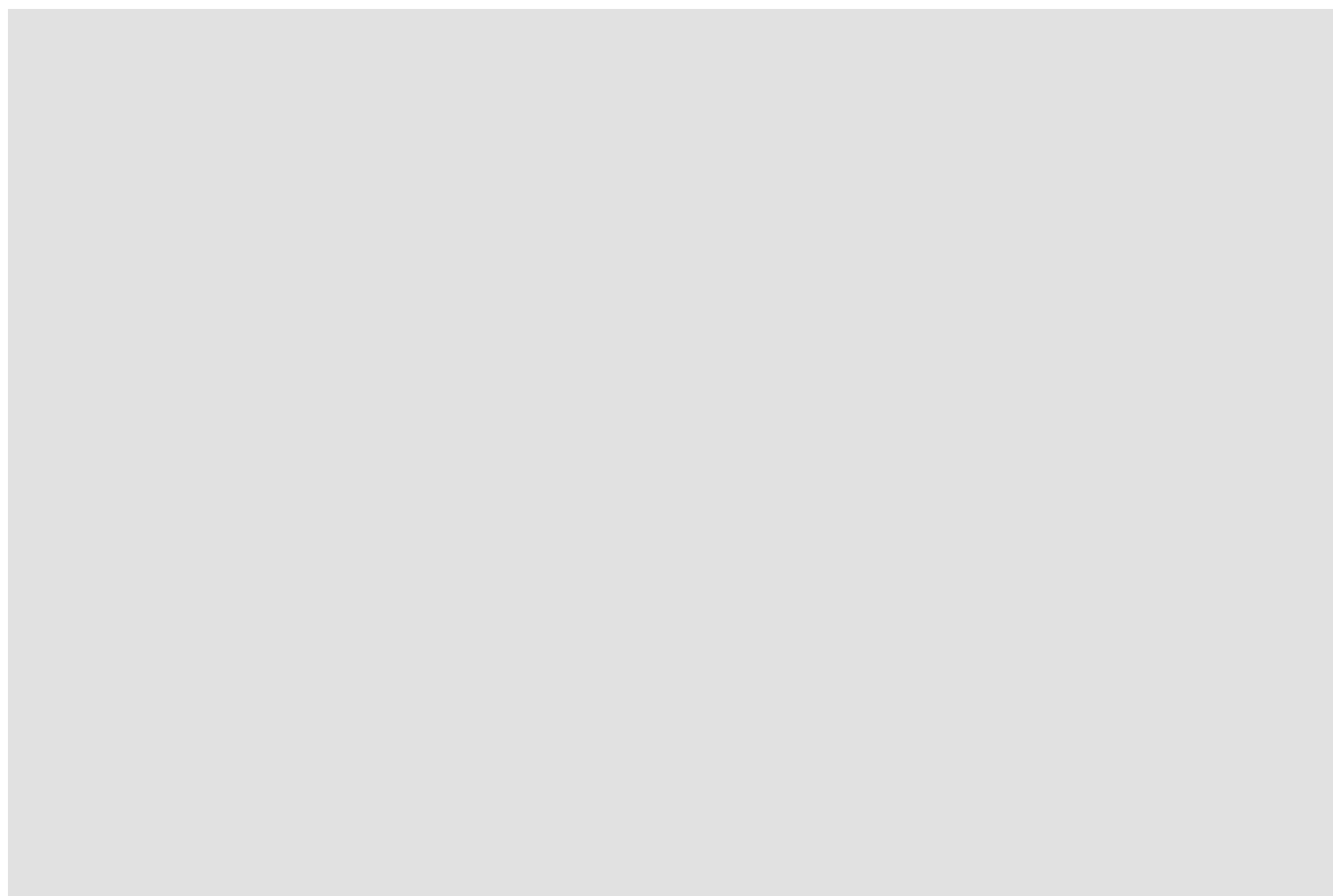
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Chisholm made history as the first black woman to be elected to Congress, which is the first of many firsts she had accomplished in her political career. She was also the first woman to run for the Democratic party's presidential nomination, the first black candidate to run for any party's nomination, and the first woman to appear in a United States debate. She accomplished many of these firsts in her 1972 presidential campaign.

Elizabeth Banks as Jill Ruckelshaus



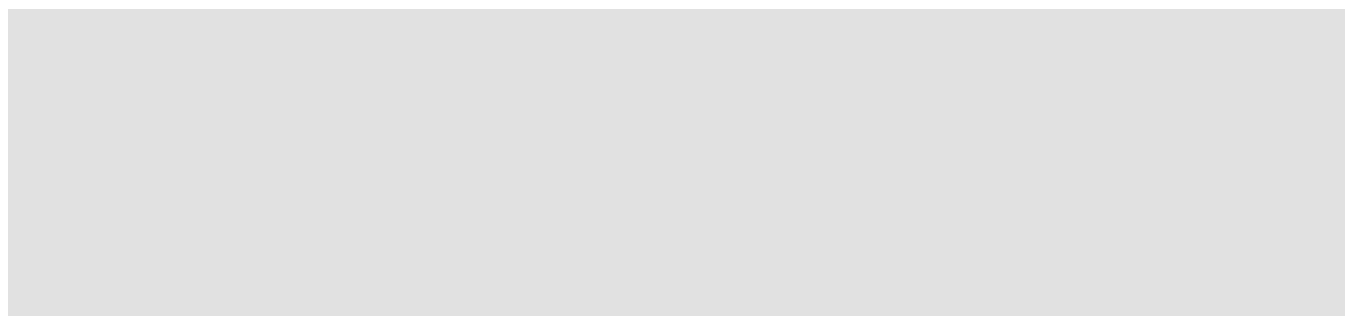
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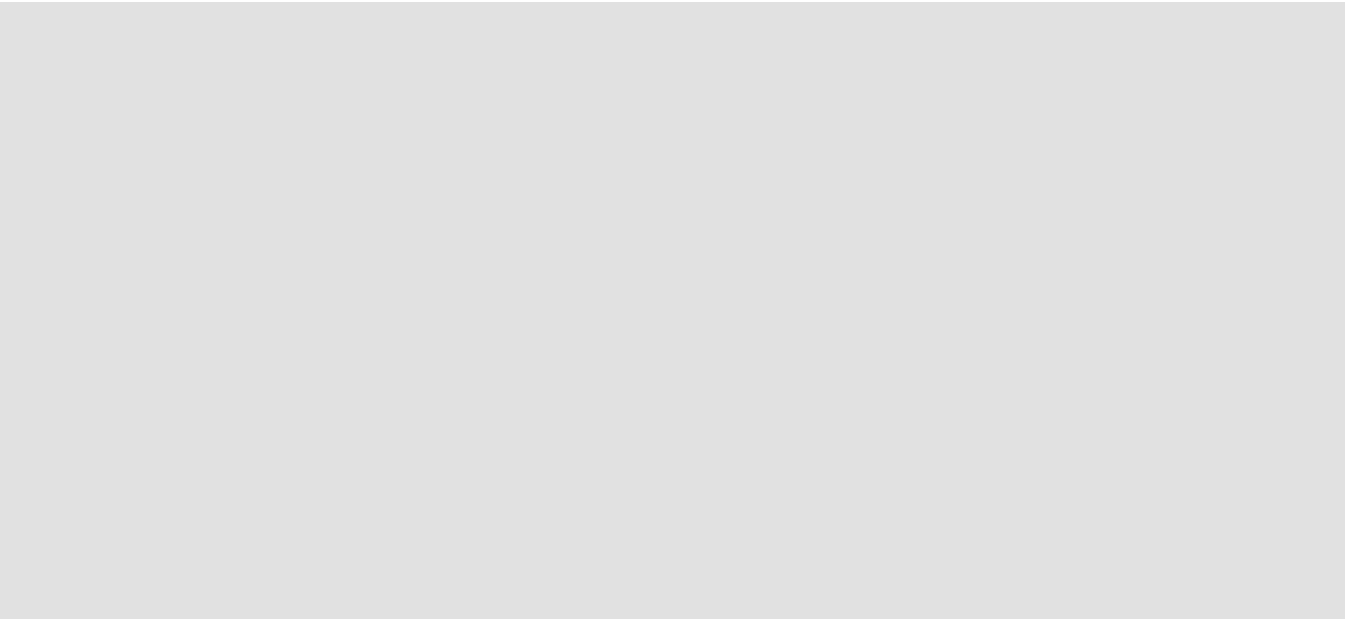


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Ruckelshaus served as an assistant at the White House, and led the White House Office of Women's Programs. In 1971, she also helped found the National Women's Political Caucus, a group dedicated to helping women who wish to be elected to office in any level of government.

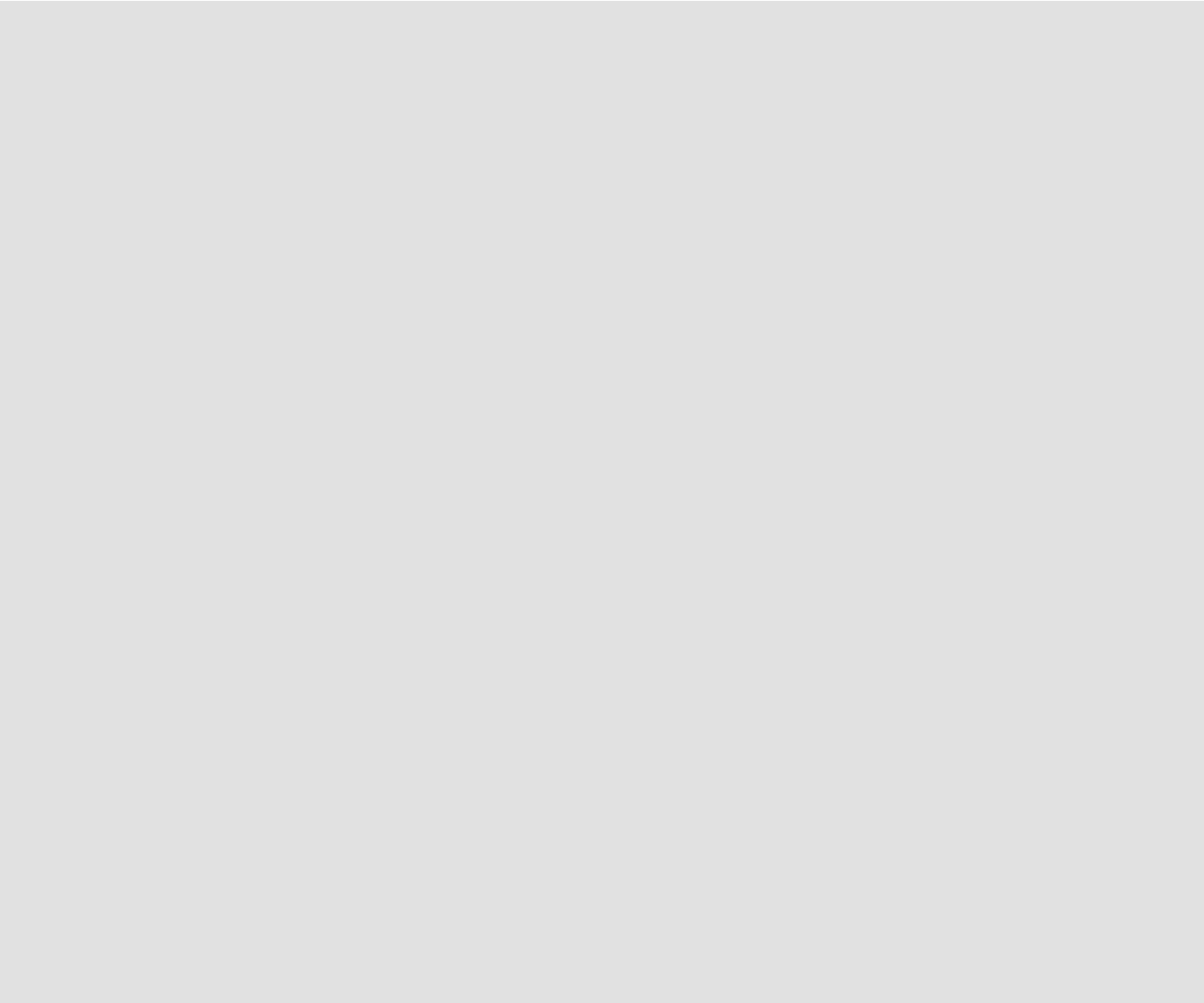
Tracey Ullman as Betty Friedan

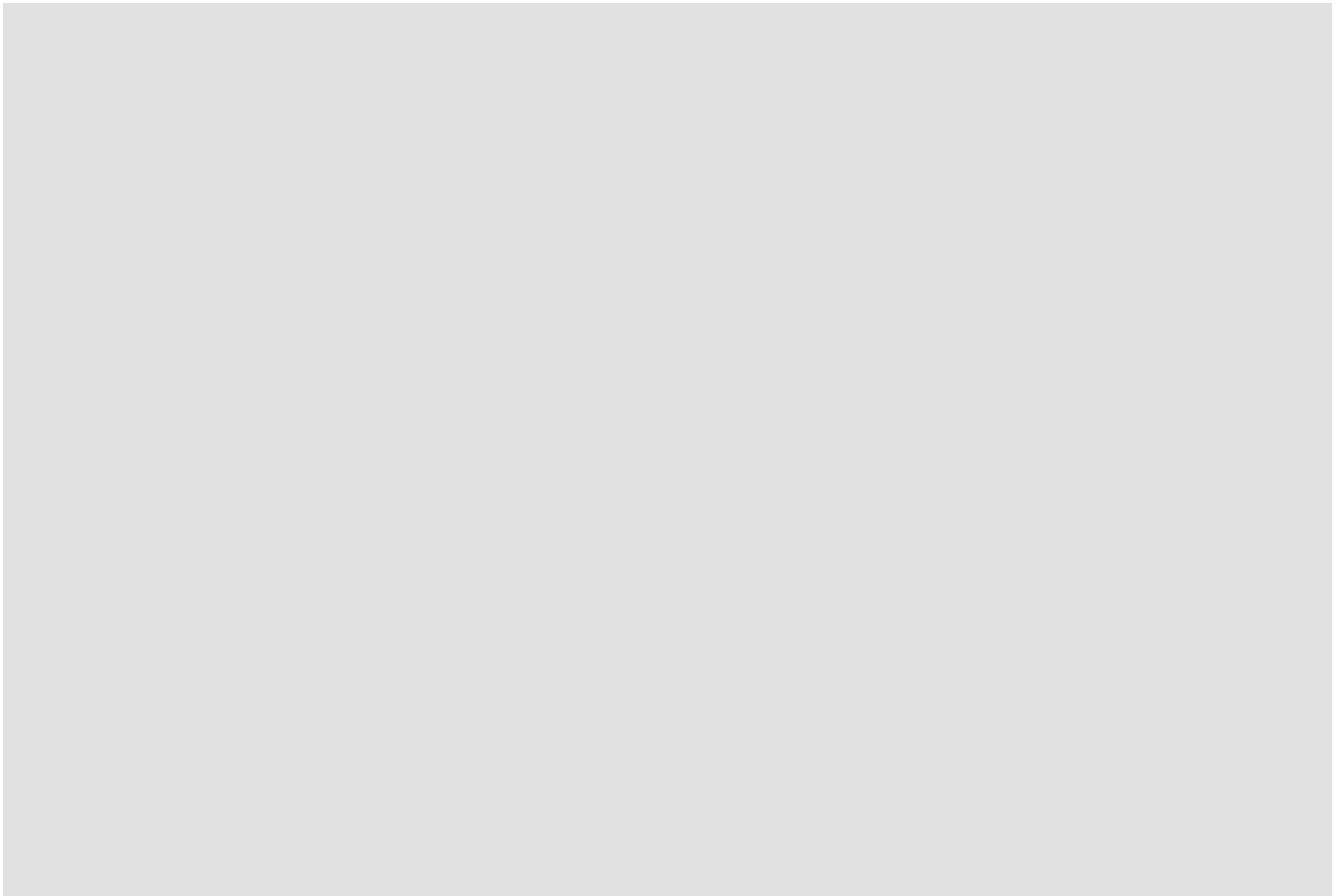




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By the time the fight for the ERA came around, Friedan was already one of the most prominent activists for women's rights. She effectively kickstarted second-wave feminism when she published *The Feminine Mystique*, a book that confronted women with the traditional gender roles they were expected to fulfill, showing them to be an illusion propped up by men.

Each of these women had a significant role in moving the ERA forward, though the fight to have it fully ratified continues on. Originally, the proposal only had seven years to secure approval from 38 states, and they fell short, thanks to the efforts of Schlafly. Later, the deadline was moved three years to 1982, and by then, it still only had the approval of 35 states. Since then, however, approvals for the amendment have trickled in, until Virginia handed in its 38th approval in January 2020. It has yet to be recognized as the 28th amendment.

