



COUNTERING MISINFORMATION

What You Need to
Know About Abortion
Pill 'Reversal'

HOW TO USE THIS KIT

The idea that the effects of mifepristone—the first pill used in the two-drug medical abortion regimen—may be ‘reversed’ with the use of progesterone has been promoted by groups aiming to restrict access to abortion. However, there is no reliable research to prove that administration of progesterone can stop the effects of the abortion pill—no clinical trials, no objective or credible data. Despite a lack of evidence, some politicians are pushing laws that would force doctors to suggest unproven treatments to their patients and steer patients to websites and fake clinics that offer this course of “treatment.”

This toolkit reviews the facts around this issue and offers evidence-based information, action steps, tools and other resources to counter this misinformation campaign. Advocates and legislators may find this guide and associated tools helpful as they fight legislation based on unfounded ideological claims. Health care providers and frontline staff may find the fact sheets and resources useful as they provide supportive abortion care for their patients. Patients will find evidence-based information about the abortion pill and their options should they wish to try to continue their pregnancy after using mifepristone.

TERMINOLOGY

Anti-abortion activists have used the term “abortion reversal” to refer to the unproven hypothesis that progesterone administered after use of mifepristone can stop or interrupt the abortion process. We do not know if progesterone has an effect on the efficacy of the abortion pill or whether its use for this purpose is safe. We do not acknowledge the term “abortion reversal” in this toolkit given the idea’s heritage and a lack of credible evidence for the proposed “treatment.” Abortion with pills is both highly effective and safe. Research has shown that patients are very certain about their decisions to have an abortion, and it is extremely rare for someone to change their mind after seeking care. In the case when a patient decides to try to continue a pregnancy after using mifepristone, they should contact their abortion provider for guidance on what to expect and the best course of treatment.

THE MIFEPRISTONE COALITION

The Mifepristone Coalition includes 360 individuals who represent 150 organizations and share the goal of ensuring the wide availability of mifepristone in the US. Mifepristone was first approved by the US Food and Drug Administration in 2000.

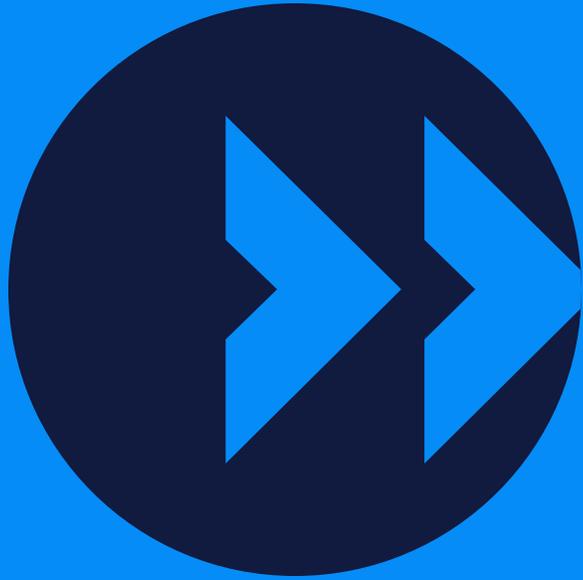
Members offer expertise in a variety of fields and create collective actions aimed at achieving the goals set by the Mifepristone Coalition’s Roadmap. These include conducting research to collect evidence and inform the members of barriers and challenges in providing mifepristone, advocating on behalf of abortion providers and patients to increase access to mifepristone, and promoting public policies and legal actions to improve access to mifepristone, especially among underserved and marginalized populations.

Contact us mifecoalition@gynuity.org

All content ©2019 Mifepristone Coalition.

IN THIS KIT

+ START HERE	3
General Fact Sheet	4
Talking Points	5
+ FACT SHEETS FOR AUDIENCES	6
Patients	7
Frontline Staff	9
Health Care Providers	11
+ HAVE YOUR SAY	13
Taking Action	14
Guidelines for LTEs & Op-Eds	15
+ RESOURCES	16
+ LEARN MORE	17



START HERE

FACTS and
TALKING POINTS
for countering
misinformation



ABORTION WITH PILLS

What is abortion with pills?

Abortion with pills is using medicine to end a pregnancy. The FDA-approved drug regimen is a combination of two drugs, mifepristone and misoprostol.



WHAT YOU NEED TO KNOW

Can the abortion process be stopped after a patient takes the first abortion pill (mifepristone)?

- + You may have heard that the effects of the abortion pill or mifepristone can be stopped by administering high doses of another medication, progesterone.
- + While it is possible that progesterone could have some effect on the action of mifepristone, the idea has not been scientifically tested.
- + We do not know the relative effectiveness and safety of the use of progesterone compared to not giving any treatment at all.

Why are some states requiring that doctors tell their patients about treatments that claim to stop the effects of the abortion pill before they provide abortion care?

- + Since 2004, some states have passed laws to limit access to abortion with pills including, most recently, requiring doctors to tell people seeking abortion about the use of unproven treatments to stop the effects of the abortion pill. These laws are not based on scientific evidence.
- + Professional medical groups including the American College of Obstetricians and Gynecologists, National Abortion Federation, and Planned Parenthood do not currently recommend administering progesterone if a person decides to try to continue their pregnancy after using the abortion pill.
- + Politicians should never mandate that health care providers give their patients inaccurate information about an unproven treatment.

Mifepristone

WHAT IT DOES Used first, mifepristone blocks the hormone progesterone and prevents the pregnancy from growing.

WHAT HAPPENS A few people feel nauseated or experience bleeding, but most experience no side effects.

EFFECTIVENESS Used alone, mifepristone is not very effective, especially later in pregnancy.

Misoprostol

WHAT IT DOES Used 6-48 hours later, misoprostol, opens the cervix and starts uterine contractions to complete the abortion.

WHAT HAPPENS This combination causes cramping and bleeding, similar to a heavy period or an early miscarriage.

EFFECTIVENESS Abortion with pills works 98-99% of the time with use of both drugs.

TAKING ACTION 

See the **HAVING YOUR SAY** pages of this toolkit for ways you can make a difference.



THE PROBLEM

Patients need medically accurate information, not unsupported claims about abortion care.

THE SOLUTION

We trust patients to know what's best for themselves and their families, and patients must be able to trust their health care providers to provide accurate and evidence-based information.

TAKE ACTION

Supporting doctors and ensuring access to evidenced-based research will enable proactive measures to protect and expand abortion access.

- + **Unnecessary Laws** Since 2004, state legislatures have passed medically unnecessary laws to restrict abortion, delaying care or pushing abortion out of reach for many.
- + **Dangerous Legislation** Anti-abortion politicians are pushing dangerous legislation based on unproved claims that forces doctors to deceive their patients.
- + **Compromised Care** Forcing unproven treatments compromises patient care, erodes doctor-patient trust, and perpetuates abortion stigma.
- + **Trust** We must trust patients to know what's best for themselves and their families. Credible research shows that patients are very certain about their decisions, and it's extremely rare for someone to change their mind after seeking abortion care.
- + **Accurate Information** Patients must receive truthful, accurate, and evidence-based information about their health care. It would be unacceptable and deceptive for patients to receive inaccurate or insufficient information ahead of knee surgery, before taking cold medication, or to treat an upset stomach, and we must hold abortion to those same standards.
 - > Claims that administering progesterone after mifepristone can stop the abortion process are based on scientifically unsupported theories.
 - > Research studies on the use of progesterone after mifepristone use inappropriate comparison groups, are too small to support scientific conclusions, and rely on unverified, inaccurate and results-oriented data collection.
 - > Both the American College of Obstetricians and Gynecologists and the American Medical Association agree that there is no reliable evidence that administering progesterone after mifepristone can stop the abortion process.
- + **Standard of Care** Patients need the same standards for abortion care that they would receive for any health care, which means information based on research and science, not deceptive, ideologically driven claims.
- + **Support Doctors** We should support doctors so that they can help their patients make critical and accurate decisions about their health care, including abortion care.
- + **Protect and Expand Access** Instead of working to restrict access to abortion, we must provide the evidence-based research that allows policymakers to pass proactive state and local measures that protects and expands abortion access.
- + **Information** Politicians have no place in the exam room, and we must reject all efforts that force doctors to recite unsupported claims about unproven treatments or direct patients to websites and fake clinics promoting such care.



FACT & FICTION

FACT SHEETS
for patients,
frontline staff,
and providers



ABORTION WITH PILLS

What is abortion with pills?

Abortion with pills is using medicine to end a pregnancy. The FDA-approved drug regimen is a combination of two drugs, mifepristone and misoprostol.



WHAT YOU NEED TO KNOW

Can the abortion process be stopped after a patient takes the first abortion pill (mifepristone)?

- + You may have heard that the effects of the abortion pill (mifepristone) can be stopped with another medication, progesterone. While it is possible that progesterone could have some effect on the efficacy of mifepristone, the idea has not been scientifically tested. As a result, we do not know the effectiveness and safety of any progesterone treatments compared to no treatment.
- + The American College of Obstetricians and Gynecologists, National Abortion Federation, and Planned Parenthood do not recommend administering progesterone if a person decides to try to continue their pregnancy.

What if I change my mind after using the first abortion pill (mifepristone)?

- + If you want to try to continue your pregnancy after using mifepristone, you can contact your abortion care provider about the best course of treatment and what to expect. Abortion providers can provide additional counseling about your options.

Why are some states requiring that doctors tell their patients about treatments that claim to stop the effects of the abortion pill before they provide care?

- + Since 2004, some states have passed laws targeting abortion with pills. The laws mandating counseling on treatments to stop the effects of the abortion pill are not based in science and are supported by organizations that want to restrict abortion access.
- + Politicians should never mandate that health care providers give their patients inaccurate information. To get the facts, check out LEARN MORE section of this toolkit.

Mifepristone

WHAT IT DOES Used first, mifepristone blocks the hormone progesterone and prevents the pregnancy from growing.

WHAT HAPPENS A few people feel nauseated or experience bleeding, but most experience no side effects.

EFFECTIVENESS Used alone, mifepristone is not very effective, especially later in pregnancy.

Misoprostol

WHAT IT DOES Used 6-48 hours later, misoprostol, opens the cervix and starts uterine contractions to complete the abortion.

WHAT HAPPENS This combination causes cramping and bleeding, similar to a heavy period or an early miscarriage.

EFFECTIVENESS Abortion with pills works 98-99% of the time with use of both drugs.



There are many ways to make a difference and counter the misinformation campaign.

Raise awareness about the facts about the abortion pill, advocate for evidence-based care and against medically unnecessary laws, and support patients and health care providers. More information in the TAKING ACTION pages of this toolkit.

>> **ACTIVATE**



Call your legislators



Join advocacy organizations & campaigns



Start or sign on to petitions

>> **INFLUENCE**



Write an op-ed in your local newspaper



Use social media to support clinics and providers

>> **SUPPORT**



Donate to local, state, and national reproductive health and rights organizations

>> **LEARN MORE**



Educate yourself about misinformation about the abortion pill



ABORTION WITH PILLS

What is abortion with pills?

Abortion with pills is using medicine to end a pregnancy. The FDA-approved drug regimen is a combination of two drugs, mifepristone and misoprostol.



WHAT YOU NEED TO KNOW

Can the abortion process be stopped after a patient takes the first abortion pill (mifepristone)?

- + You may have heard that the effects of the abortion pill (mifepristone) can be stopped with another medication, progesterone. While it is possible that progesterone could have some effect on the efficacy of mifepristone, the idea has not been scientifically tested. As a result, we do not know the effectiveness and safety of any progesterone treatments compared to no treatment.
- + The American College of Obstetricians and Gynecologists, National Abortion Federation, and Planned Parenthood do not recommend administering progesterone if a person decides to try to continue their pregnancy after using mifepristone.

What if a person does change their mind after administering mifepristone?

- + In the rare case when someone changes their mind after taking mifepristone, they can contact their abortion care provider about the best course of treatment and what to expect.
- + If a person wants to try to continue their pregnancy after using mifepristone, abortion providers can provide additional support about all of their options.

Why are some states requiring that doctors tell their patients about treatments that claim to stop the effects of mifepristone before they provide abortion care?

- + Since 2004, some states have enacted restrictions targeting abortion with pills.

Mifepristone

WHAT IT DOES Used first, mifepristone blocks the hormone progesterone and prevents the pregnancy from growing.

WHAT HAPPENS A few people feel nauseated or experience bleeding, but most experience no side effects.

EFFECTIVENESS Used alone, mifepristone is not very effective, especially later in pregnancy.

Misoprostol

WHAT IT DOES Used 6-48 hours later, misoprostol, opens the cervix and starts uterine contractions to complete the abortion.

WHAT HAPPENS This combination causes cramping and bleeding, similar to a heavy period or an early miscarriage.

EFFECTIVENESS Abortion with pills works 98-99% of the time with use of both drugs.



- + The laws mandating counseling on the hypothesis that progesterone can be used to stop the effects of mifepristone are not based on evidence. We do not know if progesterone has an effect on the efficacy of mifepristone or if the treatment proposed in the bills is safe. The evidence used to support these bills is based on anecdotal reports by someone who is a known anti-abortion activist.
- + A report from the 2017 Louisiana Office of Public Health states that “there is neither sufficient evidence nor a scientific basis to conclude that the effects of an abortion induced with drugs or chemicals can be reversed.” Politicians should never mandate that healthcare providers give their patients inaccurate information. To get the facts, check out the LEARN MORE section of this toolkit.

TAKING ACTION

There are many ways to make a difference and counter the misinformation campaign.

Raise awareness about the facts about the abortion pill, advocate for evidence-based care and against medically unnecessary laws, and support patients and health care providers. More information in the TAKING ACTION pages of this toolkit.

ACTIVATE



Call your legislators



Join advocacy organizations & medical professionals groups



Start or sign on to petitions

INFLUENCE



Participate in media and storytelling opportunities



Participate in lobby days



Develop clinical care protocols to support patients who decide to try to continue their pregnancy after using mifepristone



ABORTION WITH PILLS

What is abortion with pills?

Abortion with pills is using medicine to end a pregnancy. The FDA-approved drug regimen is a combination of two drugs, mifepristone and misoprostol.



WHAT YOU NEED TO KNOW

Can the abortion process be stopped after a person uses the first abortion pill (mifepristone)?

- + You may have heard that the effects of the abortion pill (mifepristone) can be stopped with another medication, progesterone. While it is biologically plausible that progesterone could have some effect on the efficacy of mifepristone, **the idea has not been rigorously tested** in well-designed, large clinical research studies. In the largest case series, patients did not receive a standardized progesterone regimen and the study failed to include a control group. The researchers appear to have collected data without the standard ethical approvals necessary for studies of unproven medical treatments. As a result, it is impossible to know the relative effectiveness and safety of any of the treatments compared to not giving any treatment at all.
- + The American College of Obstetricians and Gynecologists, National Abortion Federation, and Planned Parenthood do not recommend administering progesterone if a person decides to try to continue their pregnancy after using mifepristone.

What if a person does change their mind after using the abortion pill?

- + **In the rare case when someone changes their mind after taking mifepristone, they should be advised to contact you,** their abortion care provider, as soon as possible. If a person wants to try to continue their pregnancy after using mifepristone, you can provide additional support about all of their options.
- + If it is within one hour of mifepristone administration, the patient can be advised to induce vomiting and not administer the misoprostol. The patient can also be advised that there is no evidence of a teratogenic effect of mifepristone. Expectant management is the recommended care. Additional counseling and referrals may be provided as needed. Women should be monitored as per standard prenatal care protocols.

Mifepristone

WHAT IT DOES Used first, mifepristone blocks the hormone progesterone and prevents the pregnancy from growing.

WHAT HAPPENS A few people feel nauseated or experience bleeding, but most experience no side effects.

EFFECTIVENESS Used alone, mifepristone is not very effective, especially later in pregnancy.

Misoprostol

WHAT IT DOES Used 6-72 hours later, misoprostol, opens the cervix and starts uterine contractions to complete the abortion.

WHAT HAPPENS This combination causes cramping and bleeding, similar to a heavy period or an early miscarriage.

EFFECTIVENESS Abortion with pills works 98-99% of the time with both drugs.



- + **People who seek abortion care reach a thoughtful decision** about what is best for them and their families and have a high level of certainty about their decisions. By allowing patients to take the abortion medications where and when they choose, you may help patients make the choice most appropriate for them.

Why are some states requiring that doctors tell their patients about treatments that claim to stop the effects of mifepristone before they provide abortion care?

- + Since 2004, some states have enacted restrictions targeting abortion with pills.
- + The laws mandating counseling on the hypothesis that progesterone can be used to stop the effects of mifepristone are not based on evidence. We do not know if progesterone has an effect on the efficacy of mifepristone or if the treatment proposed in the bills is safe. The evidence used to support these bills is based on anecdotal reports by someone who is a known anti-abortion activist.
- + A report from the 2017 Louisiana Office of Public Health states that “there is neither sufficient evidence nor a scientific basis to conclude that the effects of an abortion induced with drugs or chemicals can be reversed.” Politicians should never mandate that healthcare providers give their patients inaccurate information. To get the facts, check out the LEARN MORE section of this toolkit.

TAKING ACTION

There are many ways to make a difference and counter the misinformation campaign.

Raise awareness about the facts about the abortion pill, advocate for evidence-based care and against medically unnecessary laws, and support patients and health care providers. More information in the TAKING ACTION pages of this toolkit.

ACTIVATE



Call your legislators



Join advocacy organizations & medical professionals groups



Start or sign on to petitions

INFLUENCE



Participate in media and storytelling opportunities



Participate in lobby days



Develop clinical care protocols to support patients who decide to try to continue their pregnancy after using mifepristone



HAVE YOUR SAY

TAKING ACTION
AND MAKING A
DIFFERENCE

TAKING ACTION

»» ACTIVATE



Call your legislators at the state and federal level and let them know that you believe patients deserve accurate information about their reproductive health care and that you oppose any efforts to mandate that health care providers give their patients incorrect or biased information. See TALKING POINTS on page 5 for more detailed information.



Join advocacy organizations & campaigns committed to exposing the deception around fake women's clinics and attempts to limit access to abortion pills.

»» INFLUENCE



Write an op-ed in your local newspaper exposing the deception around fake women's health centers and mandated counseling on unproven methods to stop abortion with pills. Work with organizations in your community on crafting and pitching the op-eds. See the next page for guidelines.



Participate in media and storytelling opportunities around these issues, such as conducting interviews and authoring opinion pieces and letters to the editor. See HAVE YOUR SAY for talking points and guidelines on Letters to the Editor and Op-Eds.



Participate in lobby days to educate Congress and state legislators about the harm that restrictions targeting the abortion pill have on your patients, especially mandated counseling on unproven methods.

»» LEARN MORE



Educate yourself about misinformation and the deceptive practices promoted by fake clinics and share with friends and family.

<https://www.prochoiceamerica.org/issue/fake-health-centers>

<https://prochoice.org/fake-health-clinics>

<https://reproaction.org/campaign/hold-fake-clinics-accountable>



Start or sign petitions and participate in protests demanding legislators end mandated counseling on unproven methods to stop abortion with pills, as well as other pill access restrictions, and call for expanded access to safe, evidence-based abortion care.



Health care providers can partner with or join professional groups that are committed to exposing the deception around fake clinics and mandated counseling on unproven treatments. See list of other organizations on the RESOURCES page.



Use social media to support and thank local abortion clinics and providers. Let them know you support and appreciate their efforts to offer safe, accessible, evidence-based care.



Twitter

Sample: I'm thankful for the abortion providers who work tirelessly to ensure women in my community have access to evidence-based and necessary health care! #ReproFreedom [tag handles of providers if available/appropriate]



Facebook

Sample: I'm thankful for the heroic abortion providers at [NAME CLINIC] in [LOCATION] who demonstrate their commitment to women's health and reproductive freedom every day. Let's show them some love!

»» SUPPORT



Donate to local & national pro-abortion rights organizations working to expand abortion access and fight restrictions such as mandated counseling on unproven treatments.



GUIDELINES FOR LTEs

Letters to the Editor (LTEs) can get your message in front of a wide public audience and elected officials. Even if your letter is not published, it can educate and persuade editors to dedicate coverage to the issue.

Things to Keep in Mind

- + **Pay Attention to Instructions** Letters to the editor are short (usually under 200 words) but more information on how and to whom to submit a letter-to-the-editor is usually found on the paper's website. This often includes guidelines on what the paper looks for in LTEs and following these guidelines will increase the likelihood that your letter will be printed.
- + **Respond to a Published Article** Connect it with something that is already happening in the news. Your letter will have a greater chance of being printed if it is in response to an editorial, op-ed, or frontpage story from the past few days. Begin your letter by citing the original story by name, date, and author.
- + **Refer to the Legislator or Institution You Are Trying to Influence by Name** If your letter includes a legislator's name, in almost all cases staff will give him or her the letter to read personally. Institutions also monitor the media.
- + **Write the Way You Speak** Editors want letters to be original so be sure to include your main talking points. It's also important to keep sentences simple and avoid big words or overly academic language. It's best to write for an audience that is reading at an 8th grade level.
- + **Author** Strategically choose your author based on who will be most credible and persuasive to your audience. Consider someone who can provide an interesting perspective, is well-respected in a related field, or provides a counter-intuitive point of view in support of your argument.

Letter Structure

- + **Introduction** After citing the original story you are responding to, open your letter by refuting or supporting the claim made in the paper's original story and establishing your qualifications for doing so.
- + **Supporting Evidence** Use the next few sentences to back up your claims and advocate for your position. Try to focus on the positive such as why your position is right or good, rather than harping on why the other author's position is dangerous or bad.
- + **Closing** The end of your letter should always highlight a call to action. This includes calling on a legislator, institution or other third party to make a change or increase support for your position.

GUIDELINES FOR OP-EDs

Op-eds are great ways to raise awareness about a particular topic or to persuade others in front of a large audience of decision makers. They also help to substantiate the writer as an expert on a subject.

Things to Keep in Mind

- + **Be Persuasive** A successful op-ed makes a persuasive argument while incorporating personal anecdotes to humanize the issue for readers. Personal stories are especially compelling, and facts and statistics can be helpful but shouldn't overpower the piece.
- + **Be Timely** It's a good guideline to highlight the timeliness of your argument by mentioning a recent or upcoming event, article or news moment related to the issue being discussed.
- + **Be Straightforward** Keep sentences simple and avoid big words or overly academic language. It's best to write for an audience that is reading at an 8th grade level.
- + **Be Diligent** Before beginning the writing process, check with the news outlet where you plan to submit the op-ed to determine their policy on length and the appropriate email address for submissions. This information is often available on the outlet's website.
- + **Be Persistent** After you submit the op-ed, follow up by email or phone to confirm receipt and address any concerns they may have about running the piece. It's good practice to get to know the editors of the opinion page and have a direct email address to follow up with as well.
- + **Author** Strategically choose your author based on who will be most credible and persuasive to your audience. Consider someone who can provide an interesting perspective, is well-respected in a related field, or provides a counter-intuitive point of view in support of your argument. You can always draft an op-ed and ask someone else to lend his or her name to it.

Op-Ed Structure

- + **Introduction** Introduce the topic of your op-ed and highlight the piece's timeliness with a reference to recent or upcoming events.
- + **Outline the Problem** Briefly describe the problem or debate at hand to give the reader context.
- + **Personal Anecdote** Humanize the issue by including a personal anecdote. Relatable and sympathetic details about someone's experience are very compelling.
- + **Thesis** Offer a clear solution and make your central argument. You should be able to state your thesis in one sentence.
- + **Supporting Evidence** Note any relevant statistics, facts, examples from other cities/states/countries, or other evidence from daily life that support your thesis.
- + **Address or Anticipate Opposition** Proactively address existing opposition or any anticipated push back.
- + **Closing** Restate your central argument and draw the reader in with a call to action.

RESOURCES

ABORTION CLINICAL GUIDELINES

World Health Organization Safe Abortion Guidelines

<https://www.who.int/reproductivehealth/publications/medical-management-abortion/en/>

American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin on Medication Abortion

<https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Medical-Management-of-First-Trimester-Abortion>

National Abortion Federation Clinical Policy Guidelines

<https://prochoice.org/resources/clinical-policy-guidelines/>

PATIENT INFORMATION ABOUT THE ABORTION PILL

Early Option Pill

<http://www.earlyoptionpill.com/what-is-mifeprex/>

Reproductive Health Access Project

<https://www.reproductiveaccess.org/resource/early-abortion-options/>

Planned Parenthood

<https://www.plannedparenthood.org/learn/abortion/the-abortion-pill>

The National Network of Abortion Funds

<https://abortionfunds.org/safe-abortion-using-pills/>

COUNSELING RESOURCES

All Options

<https://www.all-options.org/>

INFORMATION ON FAKE HEALTH CENTERS

NARAL

<https://www.prochoiceamerica.org/issue/fake-health-centers/>

NAF

<https://prochoice.org/fake-health-clinics/>

ReproAction

<https://reproaction.org/campaign/hold-fake-clinics-accountable>

INFORMATION ON LAWS AND REGULATIONS AFFECTING ABORTION

Guttmacher Institute

<https://www.guttmacher.org/state-policy/explore/medication-abortion>

Center for Reproductive Rights

<https://www.reproductiverights.org/document/laws-and-regulations-affecting-medical-abortion>

NARAL

<https://www.prochoiceamerica.org/wp-content/uploads/2017/01/1.-Mifepristone-The-Impact-of-Abortion-Politics.pdf>

ACLU Reproductive Freedom Project

<https://www.aclu.org/issues/reproductive-freedom/abortion/state-abortion-legislation>

ORGANIZATIONS WORKING ON THIS ISSUE

Abortion Care Network

<https://www.abortioncarenetwork.org/endabortiondeception-2/>

ACLU Reproductive Freedom Project

<https://www.aclu.org/issues/reproductive-freedom>

All* Above All

<https://allaboveall.org/>

ANSIRH

<https://www.ansirh.org/>

Center for Reproductive Rights

<https://www.reproductiverights.org>

Guttmacher Institute

<https://www.guttmacher.org/>

Gynuity Health Projects

<https://gynuity.org>

Ibis Reproductive Health

<https://ibisreproductivehealth.org/>

National Abortion Federation

<https://prochoice.org/>

National Network of Abortion Funds

<https://abortionfunds.org/>

Planned Parenthood

<https://www.plannedparenthood.org/>

ReproAction

<https://www.reproaction.org>

ABORTION WITH PILLS

- + FDA (U.S. Food and Drug Administration). 2016. Highlights of prescribing information: Mifeprex® (revised 3/2016). https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf
- + National Academies of Sciences, Engineering, and Medicine. 2018. The safety and quality of abortion care in the United States. Washington, DC: The National Academies Press. <https://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states>
- + Jones RK, Ingerick M and Jerman J. Differences in abortion service delivery in hostile, middle-ground and supportive states in 2014. *Women's Health Issues* 2018. <https://www.guttmacher.org/article/2018/01/differences-abortion-service-delivery-hostile-middle-ground-and-supportive-states>
- + Jones RK and Jerman J. Abortion incidence and service availability in the United States, 2014. *Perspectives on Sexual and Reproductive Health* 2017. <https://www.guttmacher.org/journals/psrh/2017/01/abortion-incidence-and-service-availability-united-states-2014>

THE FACTS ABOUT USE OF PROGESTERONE AFTER MIFEPRISTONE

- + Grossman D, White K. Abortion "Reversal" - Legislating without Evidence. *N Engl J Med*. 2018 Oct 18;379(16):1491-1493. PubMed PMID: 30332568. <https://www.nejm.org/doi/full/10.1056/NEJMp1805927>
- + Grossman D, White K, Harris L, Reeves M, Blumenthal PD, Winikoff B, et al. Continuing pregnancy after mifepristone and "reversal" of first-trimester medication abortion: A systematic review. *Contraception*. 2015; 92:206-11. [https://www.contraceptionjournal.org/article/S0010-7824\(15\)00226-7/pdf](https://www.contraceptionjournal.org/article/S0010-7824(15)00226-7/pdf)
- + ACOG press release on mifepristone reversal <https://www.acog.org/-/media/Departments/Government-Relations-and-Outreach/FactsA-reImportantMedicationAbortionReversal.pdf>
- + ACOG, Reading the Medical Literature, available at <https://www.acog.org/Clinical-Guidance-and-Publications/Department-Publications/Reading-the-Medical-Literature>
- + Dr. Monica McLemore, of the University of California San Francisco, explains why the study design for so-called "abortion reversal" studies is problematic. <http://innovating-education.org/2018/04/explained-why-study-design-matters/>
- + Louisiana Department of Public Health, Legislative Report on 2016 House Concurrent Resolution 87, 2017, <http://www.dhh.louisiana.gov/assets/docs/LegisReports/HCR87RS20161.pdf>.

Studies published by anti-abortion activists on progesterone after mifepristone

- + A Study of An Abortion Reversal Method Has Been Republished But Its Mystery Deepens. <https://retractionwatch.com/2018/09/07/a-study-of-an-abortion-reversal-method-has-been-republished-but-its-mystery-deepens/>
- + Delgado G, Condly S, Davenport M, Tinnakornsriruphap T, Mack J, Khau V, Zhou P. A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone. *Issue In Law and Medicine*. 2018 Spring.
- + Garratt D and JV Turner. Progesterone for preventing pregnancy termination after initiation of medication abortion with mifepristone. *European Journal of Contraception & Reproductive Health Care* 2017. doi: 10.1080/13625187.2017.1412424
- + Delgado G. The Reversal of Mifepristone With Progesterone. *Issue In Law and Medicine*. 2015 Autumn.
- + Delgado G and Davenport M. Progesterone Use to Reverse the Effects of Mifepristone. *The Annals of Pharmacotherapy* 2012 December. doi: 10.1345/aph.1R252