

“Abortion Pill Reversal” (APR) An “Unmonitored Research Experiment” on Pregnant People

“What anti-abortion forces could not attain with fetal-focused religious arguments, they hope to accomplish with deceptive pseudo-science.”¹⁰³

—KIMBERLY KELLY, Associate Professor and Gender Studies Program Director, Mississippi State University



“Abortion pill reversal” (APR) is an anti-abortion movement term that refers to the experimental practice of administering high doses of progesterone to pregnant people who have ingested the first of the two medicines taken during medication abortion. Anti-abortion activists promote this rogue practice by claiming it can “reverse” a medication abortion.

Medication abortion requires that the patient first takes mifepristone, which stops the body from recognizing and activating progesterone in order to stop the pregnancy

from progressing, and then takes misoprostol, which causes uterine contractions. If a patient takes only the mifepristone and does not subsequently take the misoprostol, the pregnancy might continue. A review published in *The New England Journal of Medicine* found the proportion of pregnancies that continued after the first medication alone ranged from 8% to 46% in published studies.¹⁰⁴ Claims that administering high doses of progesterone increases these odds are “not based on science and do not meet clinical standards.”¹⁰⁵

Medical professionals call APR “unproven and experimental.”¹⁰⁶ The FDA has not approved of dispensing the first medicine administered in medication abortion (mifepristone) without following up with the second (misoprostol), nor has it approved — or even reviewed — this use of progesterone.¹⁰⁷

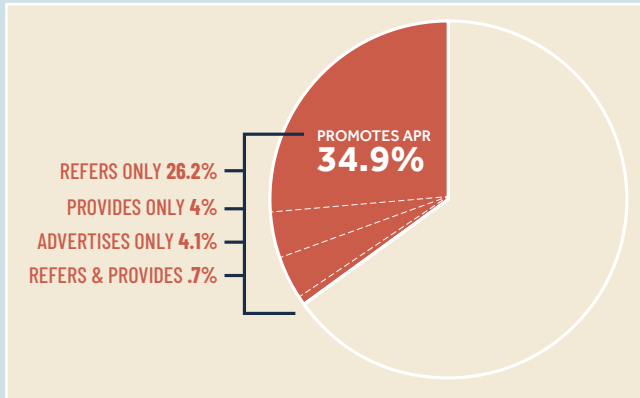
The Alliance found over one-third (34.9%) of CPCs promoted “abortion pill reversal.”

We also observed significant variation across states: More than half of the CPCs in Idaho (57.1%) and Washington State (50.9%) promoted APR. Significantly, we found a higher prevalence of APR promotion among state-funded CPCs in Minnesota and Pennsylvania than among CPCs not receiving state funding (31.0% to 21.3% in MN and 40.7% to 30.2% in PA).

Close to 5% of CPCs in the Study claimed to directly provide “abortion pill reversal.” These CPCs did not indicate who administers the progesterone intervention; whether it is administered vaginally, orally, or by injection; or what follow-up care is provided, if any.

The percentage of CPCs promoting APR in our Study states increased from 32% to almost 35% between the first Alliance Study review of CPC websites and social media for mention of APR in summer 2020 and a second review in early winter 2021.

The health effects of APR on the pregnant person and embryo are unknown. In 2019, a controlled clinical study of the efficacy and safety of APR was halted due to safety concerns, after three of the 12 women enrolled in the study had to be transported to the hospital for severe vaginal bleeding.¹⁰⁸ The researchers concluded, “We could not estimate the efficacy of [APR] ... Patients in early pregnancy who use only mifepristone may be at high



HBI claims to have a referral network of “over 1,000 healthcare professionals” who provide APR¹¹¹ and that they are expanding that network by “recruit[ing] more physicians, physician assistants and nurse practitioners” and advising them on how to administer APR.¹¹²

The HBI “helpline” is accessible via phone, live chat, email, and text, 24/7.¹¹³ CPCs in this Study encouraged people to call the APR hotline instead of taking the second dose of medication. Since not taking the second medicine in the protocol may allow the pregnancy to continue, and there is no evidence that intervening with progesterone increases those odds, it is worth examining the intense CPC effort to drive pregnant people who begin a medication abortion to this central online APR platform. Especially in light of concerns about CPCs surveilling pregnant people under Senate Bill 8 in Texas — and copycat laws should they be enacted in other states — it is notable that CPC messaging about APR does not simply encourage people to not take the second medication but rather directs people to a website where HBI can collect their data digitally.

The anti-abortion movement has also coordinated CPC promotion of APR with a legislation effort to mandate that all doctors promote APR to their patients. Eight states, including Alliance Study state Idaho, now compel abortion providers to tell patients that an abortion can be reversed.¹¹⁴ Similar statutes are currently enjoined in four more states.¹¹⁵ The American Medical Association joined a federal lawsuit against such a law in North Dakota, stating the provision “compel[s] physicians and their agents to speak government-mandated messages that entail providing to their patients misleading or even patently false, nonmedical information.”¹¹⁶

► *For more information about HBI’s role in mainstreaming APR through the CPC movement, see [Global, National & Regional Anti-Abortion Organizations Supporting CPCs at *alliancesteadvocates.org/publications*](https://alliancesteadvocates.org/publications)*

risk of significant hemorrhage.¹⁰⁹ For now, such a treatment is experimental and should be offered only in institutional review board–approved human clinical trials to ensure proper oversight.”¹¹⁰

Despite these warnings from medical professionals, the anti-abortion movement is promoting APR through a streamlined nationwide infrastructure, often with government support. Every CPC in this Study that made referrals for APR sent people to the same online portal: an “Abortion Pill Rescue” website and hotline sponsored by Heartbeat International.

