

*Testimony Before Colorado Legislature
George Delgado, M.D., F.A.A.F.P.
Medical Director,
Abortion Pill Reversal
February 9, 2017*

Madam Chair Joann Ginal, members of the committee, thank you for the opportunity to present to you today. My name is Dr. George Delgado, the medical director of Abortion Pill Reversal, and I am here to support this bill because women who change their minds after taking mifepristone, also known as Mifiprex, RU 486 and the abortion pill, have the right to know that they can choose to attempt to reverse the medical abortion procedure.

Abortion pill reversal (APR) is safe and effective. Our experience, after more than 2,000 calls to the APR hotline, is that women given the opportunity to reverse the effects of mifepristone are very grateful.

Additionally, we feel that there is a need for greater awareness of the possibility of reversal. Several women have told our hotline nurses that when they changed their minds and called their respective abortion centers inquiring about reversal, they were erroneously told that there is “no possibility of reversal” or that “your baby is sure to have birth defects.”

The abortion pill, mifepristone, is different from the “morning after” pill. The morning after pill is designed to be taken within 72 hours of intercourse (except Ella) to “prevent pregnancy.” Mifepristone is approved for use up to 10 weeks of pregnancy. It is a deliberate attempt to abort a known pregnancy.

Mifepristone is a progesterone receptor blocker; it blocks the effects of progesterone which are essential for a healthy pregnancy. By attacking the placenta, mifepristone leads to the death of the unborn child.

Mifepristone has been available in the United States since 2000. Currently, 30-45% of abortions are performed with mifepristone (about 300,000-450,000/year). At Planned Parenthood affiliates, about 43% of abortions are accomplished with mifepristone (Reuters study 2015). Mifepristone is followed 24 to 48 hours later by a second drug, misoprostol (Cytotec), to completely empty the uterus. The new FDA label allows use up to 70 days after the last menstrual period (10 weeks of pregnancy).

Mifepristone is effective at killing the embryo or fetus. Survival of the embryo or fetus is about 15% if only mifepristone is taken and nothing else is done. Up to 40% of women will not completely empty the uterus when only mifepristone is taken. This is called “incomplete abortion.” Incomplete abortion does not imply survival of the embryo or fetus, it only signifies that the some contents still remain in the uterus. Misoprostol (Cytotec) is very effective at causing the uterus to contract and expel any contents. Women seek reversal after taking the mifepristone but before taking the misoprostol.

We published the first article in the medical literature describing the reversal of the effects of mifepristone.¹

Since then, about 250 babies have been born after reversal and approximately 100 women are currently pregnant after reversal. Our success rates with our best protocols are 65-70% while our overall success rate is 50-55%. These rates are much better than the 15% survival rate if a mother takes mifepristone and does nothing.

The American College of Obstetrician Gynecologists, in its March 2014 Practice Bulletin, stated that mifepristone is not associated with birth defects. Our current study, soon to be published, is the largest series looking at birth defects and has found a birth defect rate about the same as the general population (3%).

Progesterone has a long track record of use in pregnancy. The FDA concluded in 1999 that there is no risk of birth defects.

Abortion pill reversal is safe and effective. Women who change their minds after taking mifepristone deserve the right to have a second chance at choice. Thank you very much for the opportunity to address you. Please let me know if you have any questions.

¹ Delgado, Davenport. *The Annals of Pharmacotherapy*. Published Online, 27 Nov 2012, *theannals.com*, doi: 10.1345/aph.1R252.