

**Written Comments for Stakeholder Meeting Regarding Implementation of
Colorado Senate Bill 23-190
by George Delgado, MD
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1. Abortion pill reversal (the reversal of the effects of mifepristone using progesterone) is safe. Our study revealed no increased risk of birth defects and a preterm birth rate lower than the general population.[1]

In my communication with the Abortion Pill Rescue Network, I discovered that over the course of the 12-month period ending in May 2023, there were only nine reports of side effects (dizziness, nausea, heartburn, and pain at the injection site (in a patient who received injections)), an estimated incidence of only 0.5%.

In the Creinin study, the authors state, "First, patients who receive high dose oral progesterone treatment do not experience side effects that are noticeably different than placebo." [2] In that study two patient that did not receive progesterone required emergency suction aspiration abortions because of bleeding; one of those two required a blood transfusion. With regards to the one patient in the progesterone group who called an ambulance: "no intervention was needed" [2] meaning she really did not need to be in the emergency department. Therefore, the Creinin study supported the safety of the use of progesterone in abortion pill reversal.

Progesterone has been used safely and widely in pregnancy for 50 years. Mifepristone is not considered to be teratogenic. [3]

2. Abortion pill reversal is effective. Compared to the established embryo or fetus survival after exposure to mifepristone alone of 25% at best, our best protocol leads to survival and birth 68% of the time.[1]

The Creinin study also supported the effectiveness of abortion pill reversal. An intention-to-treat analysis, which included two patients who exited the study early, showed 4/6 (67%) continuing pregnancies in those who received the abortion pill reversal progesterone protocol and only 2/6 (33%) continuing pregnancies in the placebo group. Looking only at the patients that continued the study (excluding the two that exited early) there were 4/5 (80%) continuing pregnancies in those who received the abortion pill reversal progesterone protocol and only 2/5 (40%) continuing pregnancies in the placebo group.[2]

A recently published study in rats showed mifepristone reversal with progesterone to be effective. In that study mifepristone abortions were reversed in 81% of the rats that received progesterone. No ongoing pregnancies were observed in the placebo group.[4]

3. Women who are given the choice to reverse their medical abortions are very appreciative. I have spoken to scores of women and heard many other stories of women being extremely grateful that the second chance at choice exists.

A study in the United Kingdom by Creinin and others of patients who initiated medical abortion at 64–70 days found that 9 of 89 (10%) patients with continuing pregnancies detected at follow-up opted to continue the pregnancy. This is a significant percentage of patients who had taken both mifepristone and misoprostol and, because of the misoprostol exposure, were at increased risk of birth defects.[5]

I urge you to approve abortion pill reversal which has been demonstrated to be safe and effective. Please do not deprive women who change their minds after starting a medical abortion a second chance at choice.

References

1. Delgado, George, et al. A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone. *Issues in Law & Medicine*, vol. 33, no.1, Spring 2018, pp. 21-32.
2. Creinin et al. Mifepristone Antagonization with Progesterone to Prevent Medical Abortion; A Randomized Controlled Trial. *Obstetrics and Gynecology*. January 2020.
3. Practice Bulletin 225. American College of Obstetricians and Gynecologists.
4. Camilleri, Christina and Sammut, Stephen. Progesterone-mediated reversal of mifepristone-induced pregnancy termination in a rat model: an exploratory investigation. *Scientific Reports*, 6 July 2023. Article number 10942
5. Hsia JK, Lohr PA, Taylor J, Creinin MD. Medical abortion with mifepristone and vaginal misoprostol between 64 and 70 days' gestation. *Contraception* 2019;100:178–81.