Mifepristone Antagonization With Progesterone to Prevent Medical Abortion: A Randomized Controlled Trial

Regarding the study by Creinin et al[1] on mifepristone antagonization in the January 2020 issue, we wish to challenge some of the authors' conclusions regarding the safety and efficacy of progesterone used to reverse mifepristone medical abortion. This study makes it clear that taking mifepristone and doing nothing else does pose a risk to the pregnant woman.

It should be noted that, among the 12 patients, the one who required the blood transfusion and suction aspiration was in the placebo group. Two other patients were transported by ambulance to the emergency department. One, in the progesterone group, represented a failed abortion reversal. For "brisk bleeding," she called the ambulance; in the emergency department, she was noticed to have completed her abortion and did not require suction aspiration. The third patient was in the placebo group, was transported by ambulance, and required suction aspiration.

Two patients voluntarily exited the study. One patient, in the placebo group, "had increased anxiety…and requested a suction aspiration." The other patient was in the progesterone group and experienced nausea and vomiting, requiring intravenous fluids as an outpatient. She also requested a suction aspiration. Therefore, the only patients who required suction aspiration before completing the study were in the placebo group.

Also notable is the survival of four of the five embryos (80%) in the progesterone group, as compared with two of five (40%) in the placebo group. Although too small for statistical significance, these data are consistent with previous findings of a 68% live birth rate after treatment with the same dosing for oral progesterone[2] and 25% for embryos exposed to mifepristone only.[3] More research is warranted assessing all outcomes of progesterone after mifepristone.

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DEPARTMENTS: LETTERS TO THE EDITOR

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