Abortion Pill Rescue Se rvice in the UK- Yearly Report ABSTRACT

Background

The vast majority of abortions in the UK are now carried out by pharmacological or medical rather than surgical means.[1,2] Medical abortion involves administering two different drugs to the pregnant woman to deliberately induce a miscarriage. The first drug administered is Mifepristone. This acts primarily by blocking the actions of the natural hormone, Progesterone, that is essential for maintaining the integrity of the endometrium (lining of the womb) in order to maintain pregnancy. Mifepristone binds to Progesterone receptors, thereby preventing Progesterone from having its normal pregnancy-preserving effects. It usually causes bleeding and abdominal pain as the endometrium starts to shed. Sometimes this process occurs within hours of taking the tablet. Sometimes it can take several days before it has its potentially lethal effect.

The second drug administered, to complete the abortion process, is Misoprostol. This is a potent prostaglandin that causes contraction of the uterus and expulsion of the developing baby and other products of conception. Women undergoing medical abortion are advised by the abortion provider to take Misoprostol one to two days after Mifepristone.

Abortion Pill Rescue therapy

Some women change their minds about proceeding with abortion, even after they have taken the first abortion pill, Mifepristone. This is especially true for women who feel pressurised by others or by the abortion providers to undergo abortion. It is now well-established that, in many cases, it is possible to prevent the lethal effect of Mifepristone by prompt administration of high-dose Progesterone. This has resulted in the development of an effective Abortion Pill Rescue programme. The programme has been operating successfully in the USA since 2012 and has resulted in the successful delivery of more than 2000 healthy babies whose mothers had taken Mifepristone in early pregnancy but who subsequently quickly received courses of Progesterone rescue treatment.[3]

UK Abortion Pill Rescue service

A similarly effective Abortion Pill Rescue programme has now been established in the UK since late April 2020. It is currently operated by two doctors who are members of the Catholic Medical Association (UK). It was established in response to pleas from a number of UK-based pro-life organisations, that, for many years, had already been receiving calls for help from women in distress, seeking to save their babies and regretting that they had taken the first abortion pill.

When the service was initially established, it was expected that there might be 10-20 calls for help each year. In the first 10 months, however, 114 calls for rescue treatment have already been received. This higher-than-expected demand may be related to the relaxation of regulations, since March 2020, to allow both abortion pills to be administered following telephone consultations without any face-to-face clinical consultations or appropriate counselling. It is worth adding that these requests for help are for a service that is largely

unknown and not widely publicised. Of the 114 women who have sought help, 69 decided to commence and continue rescue treatment following discussion with one of the doctors. The other 45 women either decided not to commence treatment or commenced treatment and shortly afterwards changed their minds again and stopped rescue treatment, continuing with the abortion. The most common reason given for women deciding not to commence or continue rescue treatment is coercion from an unsupportive "partner".

Success rates

Of the 69 women in the UK who, so far, have commenced and continued rescue treatment, a successful response has been achieved in 33 cases, where the babies have survived and the pregnancies have continued safely. Five babies have already been born and all are alive and well with no maternal or child complications. Six women have been lost to follow-up, having responded initially very well to the rescue treatment. Several more babies are due to be delivered in the coming weeks and months. The overall success rate so far is 52% (33 out of 63 with continuing pregnancies or live births after commencing Progesterone rescue treatment).

The rescue treatment has been unsuccessful in 30 out of 63 cases, giving a failure rate of 48%, where the babies have not survived. It is important to note that the mortality rates for babies after combined Mifepristone and Misoprostol is 98-99%.[4] The small number of babies who manage to survive are almost always subsequently killed by surgical abortion. The mortality rate for babies after Mifepristone alone, if Misoprostol is not taken but if Progesterone rescue therapy is not administered, is approximately 80%. The survival rate is therefore about 20% at best without Progesterone rescue therapy after Mifepristone.[4] Prompt administration of rescue therapy can therefore more than double the survival rates of these children.

It is our experience that, where Abortion Pill Rescue with Progesterone has been attempted but has been unsuccessful and where the unborn baby has died, the mothers concerned are always very grateful that somebody has tried to help them in their hour of need, has listened to their concerns and has provided a loving, non-judgmental and supportive service for them. They also have the consolation of knowing that they have done everything they could have done to reverse the effect of the initial decision to abort that they now deeply regret. For many, it brings a degree of peace despite the lingering regret.

Factors that determine outcome

As mentioned above, the absence of a supportive "partner" makes it much more difficult for pregnant women to choose life for their babies. For the women who seek help and who continue with treatment, two of the most important factors that determine the outcome are how quickly Progesterone therapy can be administered and the age of gestation (the stage of pregnancy) at which Mifepristone has been taken. While rescue treatment can be successful up to 72 hours after the initial ingestion of Mifepristone, the success rates are much better if rescue treatment can be commenced within 24 hours, and ideally within 6 hours of Mifepristone administration. Later stages of pregnancy are also associated with a

better outcome. Chances of survival are much higher if Mifepristone is taken at 8-10 weeks of pregnancy compared to taking it at 5-7 weeks. In the UK, however, we already have had several successful responses to treatment where the age of gestation was only 5 weeks when Mifepristone was ingested. Similarly, several successful outcomes have been achieved despite delays in commencing rescue therapy even past 48 hours after initial Mifepristone. The average time delay for commencing Progesterone rescue treatment in the UK after Mifepristone is currently 23 hours with a wide range from 2.5 to 66 hours.

The ages of the mothers requesting rescue treatment have ranged from 18 years to 43 years with a mean age of 28.9 years. The doctors prescribing Progesterone rescue treatment use either oral Progesterone micronized capsules (Utrogestan) or Progesterone vaginal pessaries (Cyclogest). Of the 69 mothers who commenced and continued treatment, 27 were prescribed vaginal pessaries with a successful outcome so far of 56%. Oral Progesterone has been administered to 42 women with a current success rate of 50%.

Need for improvement

The expected success rates quoted from the US studies suggest it might be possible to achieve a higher success rate, up to 68%,[5] in terms of saving babies lives and this could be realistically achieved if there was greater awareness that Abortion Pill Rescue is now available in the UK with doctors willing to help women in distress 24 hours per day, every day. In addition, these doctors provide on-going support as often as is required by the women seeking help and for as long as they wish to receive this level of support.

References

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