

## Testimony for MI House Health Policy Committee – HB 5086

Dr. Christina Francis

Chairwoman Kahle and esteemed Committee members, thank you for allowing me to speak to you today in support of a policy enacted by HB 5086. My name is Dr. Christina Francis and I have been a practicing, board-certified OB/GYN for 12 years. I currently work as an OB/GYN Hospitalist in northeastern IN, which means that I care for routine as well as high risk pregnancies in the inpatient setting. I'm also chair of the board of the American Association of Pro-life OB/GYN's, a national professional medical organization representing nearly 7000 pro-life medical practitioners. We provide the evidence-based rationale for the defense of women and preborn children from the dangers of abortion to our members as well as the general public and our patients.

Because I care deeply for my patients and believe women are empowered when they have information, I would like to speak today in support of a very important provision of this bill - the requirement that women obtaining medication abortions be informed about the availability of abortion pill rescue or APR. APR is a groundbreaking protocol that can be used to increase a woman's chances of being able to save her preborn child if she changes her mind about having an abortion after taking the first of the two medications in the medication abortion regimen. In order to understand how APR works and why it is so successful, I think it would be helpful to briefly go over how a medication abortion works.

The regimen women are given for medication abortions involves two medications – mifepristone and misoprostol. Mifepristone works by binding to progesterone receptors and blocking the action of this hormone that is crucial for early fetal development, essentially leading to starvation and eventual death of the fetal human being. Misoprostol is then taken 24-48 hours later, causing painful uterine contractions which lead to the expulsion of the fetus and other pregnancy tissues, such as the gestational sac. If a woman changes her mind about having an abortion after she has taken the first medication, but prior to taking the second, there is a treatment protocol available that has significant potential to be able to save her child.

Though abortion proponents claim that this is experimental, nothing could be further from the truth. The reversal of mifepristone by progesterone is consistent with a basic scientific principle known as reversible competitive inhibition – and the reversibility of mifepristone by progesterone has been well documented in several studies – including the manufacturer's own studies during the development of the drug. Even ACOG (the American College of OB/GYN's) acknowledges that this occurs in their most recent Practice Bulletin on medical abortions, where they advise against administering Depo-Provera (a large dose of progesterone) for contraception at the same time as giving mifepristone because it increases the risk of ongoing pregnancy. Also, there are now three case series, including a very large one with over 700 women included, that show that APR is successful. Using the protocol, which involves giving natural progesterone through the first trimester, the number of women who will have ongoing pregnancies increases from 23% if nothing is done to 68%! Natural progesterone is a medication with a long track record of safety in the first trimester of pregnancy – it has been used for decades for early pregnancy support by obstetricians – and at doses that have previously been used safely in pregnancy. In fact, the American Society of Reproductive Medicine endorses its use in the first trimester of pregnancy due to its safety profile and states that the FDA, on their review of decades of its clinical use, found that there was no need for an official approval process due to its proven safety.

There is no increased risk of birth defects associated with APR – this has been shown not only in the case series I just referenced, but also in prior trials done during the approval of mifepristone that looked at women who did not complete their medication abortions after taking mifepristone alone. Claims that this medication (progesterone) or the APR protocol are experimental and dangerous are intentionally misleading and not consistent with decades of clinical experience.

Not only is there a preponderance of evidence that progesterone is effective at reversing the effects of mifepristone, there is not a single study that shows that it doesn't. There is one study that all APR opponents like to quote, including ACOG. It is a study by Mitchell Creinin, who notably receives financial compensation from Danco – the company that manufactures mifepristone. Because it would be unethical to do a randomized controlled trial of APR for women who desire to save their children, this randomized trial was done in women who would complete their abortions regardless. They stopped the trial after only 12 women were enrolled because of safety concerns. While their conclusions state it was APR that caused the complications, a look at their actual data tells a different story. Only 10 women total completed the study – 5 in the placebo arm and 5 in the progesterone arm. Of the 5 women that received progesterone, 80% of them had viable pregnancies at their 2 week follow-up compared to only 40% of the women who received placebo. So Creinin's study actually proved that APR works to save preborn children! Additionally, only 1 woman in the progesterone group had a complication – she was seen in the ER for heavy vaginal bleeding, but was found to be completing her abortion and did not require any further treatment. The real danger was found in the women who did NOT receive progesterone – 40% of this group required emergency treatment, **including blood transfusions and emergent surgery.**

Despite the protestations of abortion providers, APR works and it is safe. Mifepristone, instead, is the truly dangerous medication. It is well documented that it causes an increased risk of hemorrhage through its effect on the uterine spiral arteries.

The APR protocol is now being used in multiple countries with over 1000 providers – and this number is growing. To date, there are more than 2000 children alive because of it – and 2000 women that are able to build a lifetime of memories with their children because they were able to choose this option.

I cared for one such patient and I would like to share her story with you, which she has given me permission to do. She told me she knew the second she walked out of Planned Parenthood, after taking mifepristone, that she knew she had made the wrong choice. She just had felt so desperate in her unplanned pregnancy that she thought she had no other choice. She went home immediately and googled "Can I reverse my abortion?", despite being told at Planned Parenthood that she had to complete her abortion or her baby would likely be born with birth defects. That is how she found the APR network and how she was connected with me. After speaking with her, counseling her and answering her questions, I called in progesterone to her pharmacy. When I saw her in the office the next business day, we both breathed a sigh of relief when we saw her son moving around and with a strong heartbeat on the ultrasound screen. We continued the APR protocol through the end of her first trimester and I took care of her for the remainder of her pregnancy. Out of the thousands of deliveries I've done in my career, delivering her healthy baby boy at full term was one of the most special. And knowing that she was spared from a lifetime of regret made it all the more so.

Women like my patient, who regret having taken mifepristone and decide they want to continue their pregnancy, should not have to go home and **GOOGLE** whether or not there's anything they can do to save their child, especially during such an emotional and confusing time. What about women with no internet access, do they not deserve to know this life-saving treatment exists?

If we truly care about women being able to make informed choices, this should include knowing there's an option if they change their mind. Fully informed consent means counseling and the risks, benefits, and ALTERNATIVES to any procedure or treatment. APR represents an alternative to a woman completing her abortion if she changes her mind. Why would we want women to live with regret and without their child if they don't have to? There are no increased risks of birth defects or pregnancy complications when APR is used. Women who call the APR network are extensively counseled on all of these things prior to being treated. Importantly, this bill would not mean that women have to choose this option, but would ensure that those who regret their decision to undergo medication abortion

would have a ray of hope of being able to try to save their child. It would be dishonest and cruel not to make this information available to them.