

DANGEROUS DECEPTION: WHAT FDA AND MEDIA DON'T WANT YOU TO KNOW ABOUT THE ABORTION PILL

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Save the Storks Medical Advisory Board



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TODAY'S GOALS:

- What is abortion?
- Abortion and the church
- Chemical abortion
- Data deficiencies
- Risks under FDA protocols
- Risks unsupervised
- Abortion pill reversal

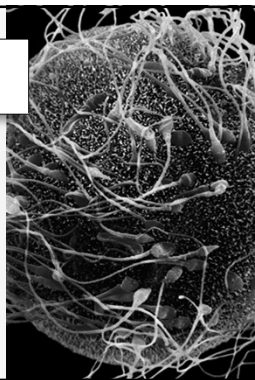


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WHAT IS ABORTION?

What is not an abortion? Actions taken to prevent fertilization: Contraception and Emergency Contraception (Plan B) prevent or delay release of an egg or block sperm/egg interaction

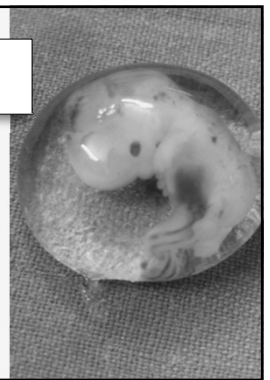
What is an abortion? Actions taken to intentionally end the life of a genetically distinct human known to exist within his mother's uterus-either Mechanical or Pharmaceutical destruction of embryo or fetus



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WHAT IS AN EMBRYO?

- 23 days after conception, heart starts beating and pumping blood
- 30 days, arms, legs, and brain begin to form
- 35 days, mouth, nose, and ears begin to develop
- 40 days, measurable brain waves begin
- 42 days, the skeleton and internal organs are present, and the brain controls limb movement



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WHAT IS A FETUS?

- 8 weeks, the hands are completely developed, and fingerprints are forming
- 9 weeks, fingernails are growing, and he can be seen on the sonogram sucking his thumb
- 10 weeks, he squints, swallows, and frowns, and has a preferred thumb
- 12 weeks, he smiles and has intricate hand and feet movements



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"If you don't believe in miracles, perhaps you have forgotten that you are one."
-God



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WHO DOES ABORTION AFFECT?

One in four women:

- 24% Catholic
- 17% Protestant
- 13% Evangelical

At least one in 5 men affected

Only 7-14% of ob/gyns will perform elective abortion, so in most cases it is not "between a woman and her doctor", nor is it "necessary healthcare"



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WHAT DOES THE AMERICAN CHURCH BELIEVE ABOUT ABORTION?

2021 Barna American Worldview survey: 51% of Americans think they have Biblical worldview

- But only 6% actually do

Only 60% of Christians believe life is sacred

Many Christians believe the Bible is ambiguous about abortion

- Evangelicals 44%
- Protestants 62%
- Catholics 58%

2023 FRC Center for Biblical Worldview: Among regular churchgoers:


- 16% admitted to having ever paid for, encouraged, or chosen to have an abortion

Asked their feelings about abortion:

- 27% pro-life without exceptions
- 36% pro-life with exceptions
- 22% pro-choice or unsure
- 56% wanted the church to teach more about abortion

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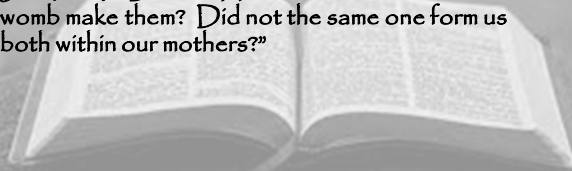
Genesis 1:27 "So God created mankind in His image, in the image of God he created them; male and female he created them."



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Job 10:11 "You have clothed me with skin and flesh. You have put me together with bone and nerves."

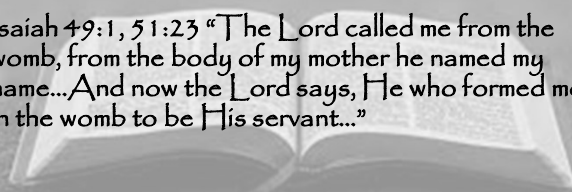
Job 31:15 "Did not He who made me in the womb make them? Did not the same one form us both within our mothers?"



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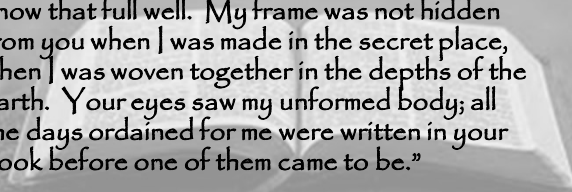
Jeremiah 1:15 "Before I formed you in the womb, I knew you, before you were born, I set you apart, I appointed you as a prophet to the nations."

Isaiah 49:1, 51:23 "The Lord called me from the womb, from the body of my mother he named my name... And now the Lord says, He who formed me in the womb to be His servant..."



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Psalms 139:13-16 "For you created my inmost being, you knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made; your works are wonderful I know that full well. My frame was not hidden from you when I was made in the secret place, when I was woven together in the depths of the earth. Your eyes saw my unformed body; all the days ordained for me were written in your book before one of them came to be."



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Luke 1:41, 44 "When Elizabeth heard Mary's greeting, the baby leaped in her womb, and Elizabeth was filled with the Holy Spirit...[saying] 'As soon as the sound of your greeting reached my ears, the baby in my womb leaped for joy.'"

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Exodus 4:11: "So the LORD said to him (Moses), 'Who has made man's mouth? Or who makes the mute, the deaf, the seeing, or the blind? Have not I, the LORD?'"

Isaiah 45:9-11: "Woe to him who quarrels with his Maker, to him who is but a potsherd among the potsherds on the ground. Does the clay say to the potter, 'What are you making?' Does your work say, 'He has no hands?' Woe to him who says to his father, 'What have you begotten?' or to his mother, 'What have you brought to birth?' This is what the LORD says—the Holy One of Israel, and its Maker: Concerning things to come, do you question Me about My children, or give Me orders about the work of My hands?"

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Deuteronomy 24:16 "Fathers shall not be put to death for their children, nor shall children be put to death for their fathers; a person shall be put to death for his own sin."

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Proverbs 24:11-12: "Rescue those being led away to death; hold back those staggering toward slaughter. If you say, 'But we knew nothing about this,' does not he who weighs the heart perceive it?"

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WHAT
WOULD
JESUS DO?

James 1:27 "Religion that pleases the Father must be pure and spotless. You must help the fatherless and not let this world make you evil."

Genesis 9:7 And for you, be fruitful and multiply; populate the earth abundantly and multiply in it.

Psalms 127:3 Children are a heritage from the Lord, offspring a reward from Him.

Luke 18:16 Allow the children to come to me, and do not forbid them, for the kingdom of God belongs to such as these.

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The Josiah Manifesto

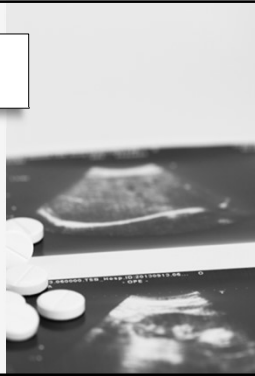
Jonathan Cahn

- The righteous are not to live their lives in a state of survival but in a state of mission.
- It is not enough for the righteous to not bow down to the gods of their age, their culture, and their world. They must actively stand against them.
- The righteous must not ultimately be defined by that which they stand against but by that for which they stand.
- Their lives must bring forth life, healing, restoration, salvation and redemption.
- They must love in the face of hatred, bless in the face of persecution, return good for evil, and manifest heaven in the face of hell.

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CHEMICAL ABORTION

- **Mifepristone (Mifeprex or RU486)** taken orally to block progesterone receptors, cutting off hormonal support for the pregnancy, resulting in disruption of the implantation site
- **Misoprostol (Cytotec)** taken sublingually, buccally or vaginally 24-48 hours later, inducing contractions to expel the pregnancy tissue



TYPICAL EXPERIENCE OF CHEMICAL ABORTION:

Cramping
Heavy bleeding
Nausea
Weakness
Fever
Chills
Vomiting
Headache
Diarrhea
Dizziness

Average woman bleeds for 8-16 days
8% bleed for more than a month
40% describe the pain as severe

May see the child she aborted!



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FDA INITIAL APPROVAL 2000

- Approved up to 49 days (7 weeks) gestational age
- Registered physician provider
- Dispensed directly to patient
- Mandatory complication reporting
- Three mandatory visits



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Risk Evaluation & Mitigation Strategy (REMS) 2011 Requirements:

Provider must be able to:

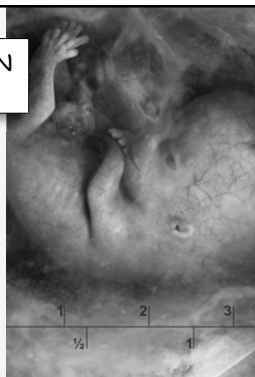
- Accurately determine the gestational age
- Determine location of the pregnancy (r/o ectopic)
- Intervene surgically if abortion unsuccessful
- Or have an agreement with another doctor and facility to perform that intervention



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FDA SUPPLEMENTAL APPLICATION 2016

- Extended use up to 70 days (10 weeks) gestational age despite far greater failure rates in higher gestational ages
- Provider does not need to be a physician
- Modification of dose, timing, and route
- Complication reporting no longer required unless leads to death
- Follow-up visit unnecessary



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CHEMICAL ABORTION TODAY: NO MEDICAL SUPERVISION

- 2021: In-person requirements suspended due to COVID-19 pandemic
- Face-to-face counseling, labs, physical examination and ultrasound no longer required
- 2023 pharmacy distribution
- Allows telemedicine or on-line ordering, distribution by mail or pharmacy without medical supervision



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IS CHEMICAL ABORTION SAFER THAN TYLENOL OR PENICILLIN?



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DEFICIENCIES IN ABORTION DATA COLLECTION: FREQUENCY AND COMPLICATIONS



- No accurate central database in the U.S.
- Voluntary state reporting; some don't report
- Guttmacher Institute reports 30-50% more abortions than CDC
- Only half of states mandate complication reporting from abortionists
- Fewer states mandate reporting from other physicians who care for injured women
- Few enforcement mechanisms or penalties for noncompliance

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DEFICIENCIES IN ABORTION DATA COLLECTION: MATERNAL MORTALITY

- CDC obtains most abortion-related mortality data from death certificates
- For many reasons death certificates frequently do not record a preceding abortion, particularly if mental health causes or remote from termination
- Finnish record-linkage studies found that 94% of abortion-related deaths and 73% of all maternal deaths were not documented on death certificates



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2018 National Academies of Sciences, Engineering and Medicine: The Safety and Quality of Abortion Care in the U.S.

- Serious complications or long-term physical or mental health effects are virtually non-existent.
- No special equipment or emergency arrangements are required for chemical abortions.
- Abortion is so safe that the **only deterrent to its safety is legislative restrictions** enacted by the states that may prevent a woman from accessing an abortion immediately, "creating barriers to safe and effective care."

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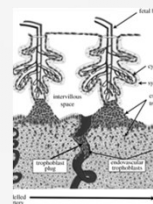
NATIONAL ACADEMIES' BIAS?

- Funded by six outspoken abortion advocacy organizations: Packard, Grove, JPB, Tara Health, Hewlett, and Buffett Foundations.
- Literature review excluded an extraordinary number of studies for perceived defects
- Primarily utilized studies performed by abortion advocate researchers, "cherry picked" data
- There were less than five studies on which they based their definitive conclusion of "no long-term impact" for preterm delivery, mental health complications & breast cancer
- For each topic there were 75-160 studies available, majority showing a correlation



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INCREASED RISK OF HEMORRHAGE AFTER MIFEPRISTONE USE



- Interferes with uterine spiral arteriole contraction
- Will not resolve a pregnancy implanted outside the uterus (ectopic pregnancy)
- Only weakly effective at inducing uterine contractions to expel the pregnancy tissue, so it must be used with misoprostol
- Frequent retained tissue may predispose to hemorrhage also

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INCREASED RISK OF INFECTION AFTER MIFEPRISTONE AND MISOPROSTOL USE

- Mifepristone promotes infection:
 - blocks glucocorticoid receptors
 - releases inflammatory cytokines
 - impairs inflammatory response
- Misoprostol also has immunosuppressive actions
- When used together, effect is enhanced
- Retained dead tissue worsens risk
- Half of deaths due to overwhelming sepsis

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"BLACK BOX" WARNING MIFEPRISTONE:

Serious and sometimes fatal infections and bleeding may occur. Watch for:

- **Atypical Presentation of Infection.** Patients with serious bacterial infections (e.g., *Clostridium sordellii*) and sepsis can present **without fever, bacteremia, or significant findings on pelvic examination** following an abortion.
- **Bleeding.** Prolonged heavy bleeding may be a sign of incomplete abortion or other complications and prompt medical or surgical intervention may be needed.

Because of the risks of serious complications described above, MIFEPREX is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).

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MIFEPRISTONE'S WARNING LABEL:

CONTRAINDICATIONS
<ul style="list-style-type: none"> • Confirmed/suspected ectopic pregnancy or undiagnosed adnexal mass (4) • Chronic adrenal failure (4) • Concurrent long-term corticosteroid therapy (4) • History of allergy to mifepristone, misoprostol, or other prostaglandins (4) • Hemorrhagic disorders or concurrent anticoagulant therapy (4) • Inherited porphyria (4) • Intrauterine device (IUD) in place (4)
WARNINGS AND PRECAUTIONS
<ul style="list-style-type: none"> • Ectopic pregnancy: Exclude before treatment. (3,4) • Rhens immunization: Prevention needed as for surgical abortion. (3,5)
ADVERSE REACTIONS
<p>Most common adverse reactions (>1%) are nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness. (6)</p>

Ultrasound:

- Confirm viable pregnancy
- Confirm gestational age
- Location of pregnancy: rule out ectopic implantation

Blood Type:

- If Rh-negative, administer Rhogam to avoid complications in future pregnancies



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SYSTEMATIC REVIEWS OF ALL AVAILABLE MIFEPRISTONE/MISOPROSTOL STUDIES



- Raymond, et al. "First Trimester Medical Abortion with Mifepristone 200 mg and Misoprostol: A Systematic Review." 2013.
 - 47,283 women
 - 4.8% failures requiring surgery
 - 1.1% ongoing pregnancies
- Chen, et al. "Mifepristone with Buccal Misoprostol for Medical Abortion: A Systematic Review." 2015.
 - 33,846 women
 - 3.4% failures requiring surgery
 - 0.8% ongoing pregnancies

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INTERNATIONAL RECORDS LINKAGE STUDIES

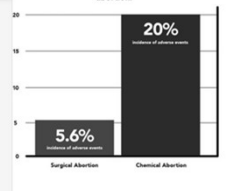
Ninimaki, et al. Immediate complications of medical compared with surgical termination of pregnancy. 2009.

- 42,619 abortions < 9 weeks
- Surgery required:
 - 5.9% chemical
 - 1.8% surgical

Mentula, et al. Immediate Adverse Events after Second Trimester Termination of Pregnancy. 2011

- 18,248 chemical abortions
- Surgery required:
 - 7.9% first trimester
 - 38.5% second trimester

Studies have found that chemical abortion has four times the complication rate of surgical abortion.



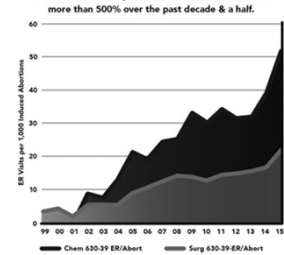
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CHEMICAL ABORTION COMPLICATIONS AND DATA DEFICIENCIES

Studnicki, et al. A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999-2015. Health Services Res Manag Epidemiol. 2021:8

- 423,000 abortions, within 30 days
- 5% chemical abortions ER visit
- 2% surgical abortions ER visit
- 60% miscoded as miscarriage
- Miscoded women had an average of three ER visits before receiving the treatment they needed, twice as many as those who were correctly coded

The rate of abortion pill-related ER visits has increased more than 500% over the past decade & a half.



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WHO REALLY BENEFITS FROM CHEMICAL ABORTIONS?

- Failure to report complications:
- Estimated **3.7 million** medication abortions 2000-2018.
 - Conservative complication estimate of 2%, would expect **74,000** complications
 - FDA mandatory Adverse Event Reports (AERs) analyses 2000-2019—total of **3804** AERs.
 - FDA received only 5% of estimated 74,000 serious adverse events, despite the REMS requirement that all be reported.
- 2020: >500,000 chemical abortions (54% total)
Chemical abortion failure rates 3.4-9.9%
Even under REMS supervision, would expect 17,000 to 49,500 women yearly to need surgery
- Benefits to abortion industry:**
- No expenses related to surgeon, surgical equipment, anesthesia, only cost of medications
 - Difficulty finding surgeons willing to perform surgical abortions
 - Circumvent state laws!
- Benefits to women?**
- Mistaken assumption that chemical abortion is safer.
 - May see her aborted child! What to do now? Flush? Trash? Bury?

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"CHEMICAL COATHANGERS?"

- Telemedicine
- On-line ordering
- Distribution by mail
- Pharmacy provision
- **Eventual goal:**
over the counter



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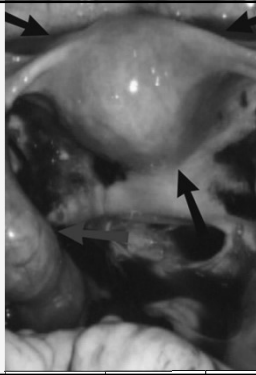
UNSUPERVISED CHEMICAL ABORTION: FAILURE TO PERFORM ULTRASOUND

Underestimation of gestational age
results in higher likelihood of failures:

- 6% failures under 9 weeks
- 39% failures second trimester

Missed diagnosis of ectopic pregnancy:

- 2% pregnancies implanted in tube
- Half have no risk factors
- May rupture, leading to catastrophic bleeding and death



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UNSUPERVISED CHEMICAL ABORTION: FAILURE TO PERFORM LABS

- Rh negative women (15%) not receiving indicated prophylactic Rhogam may experience isoimmunization in future pregnancies leading to severe complications
- Missed opportunity to treat sexually transmitted infections (5%)
- Anemic women may be at risk of blood transfusion



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UNSUPERVISED CHEMICAL ABORTION: FAILURE TO OBTAIN INFORMED CONSENT

- No way to verify who is consuming the medication, and whether they are doing so willingly
- Will benefit sex traffickers, incestuous abusers, and coercive boyfriends
- Inadequate risk counseling since complication rates are unknown
- Is a woman aware of alternatives and support?




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UNSUPERVISED CHEMICAL ABORTION: NO PROVIDER RELATIONSHIP

- Prescribing via telemedicine and on-line intake forms
- Distribution via mail and independent pharmacies and illegal transport over state and international borders
- No provider to turn to in an emergency



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Alliance for Hippocratic Medicine vs FDA

- FDA is tasked with evaluating the safety and efficacy of drugs.
- FDA failed to do its due diligence when it brought the abortion drugs to market in 2000, removed key safeguards in 2016 and stopped enforcing the in-person dispensing requirement in 2021.
- On August 16, 2023, the Fifth Circuit panel agreed and returned to the original 2000 approval regulations.
- Appeal to SCOTUS...


CHARLOTTE LOZIER
ATTORNEY

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Battle of Pro-abortion vs Pro-Life States

A handful of blue states have enacted "Shield Laws," which prevent lawbreaking abortionists and companies like Aid Access from being held accountable as long as they remain in blue states.

- × No extradition if charged with a crime in another state
- × No investigation by in-state law enforcement
- × No civil lawsuits, including malpractice or wrongful death
- × No effect on professional licenses
- × No loss of malpractice or other professional insurance



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The Washington Post
Democracy Dies in Darkness

"Everything I'm doing is completely legal," the Hudson Valley doctor said, her family's ping-pong table covered with abortion pills bound for the South and Midwest, where abortion has been largely illegal since the Supreme Court overturned Roe v. Wade in June 2022.

"Texas might say I'm breaking their laws, but I don't live in Texas."

The New York Times

F.D.A. Will Permanently Allow Abortion Pills by Mail

The decision will broaden access to medication abortion, an increasingly common method, but many conservative states are already restricting access to it.



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What does this mean for women and girls?

- Most abortions happen at home—alone
- The risk of coercion and abuse significantly increases
- She must find emergency care on her own
- She must dispose of her baby's body

18-year-old Nebraska woman sentenced to 90 days in jail for burning fetus after abortion

An 18-year-old Nebraska woman has been sentenced to 90 days in jail and two years of probation for burning and burying a fetus after she took medication from her mother to end her pregnancy.

Woman showed 'no remorse' in planning abortion pill 'murder' of romantic rival's unborn child, tried bribing victim's ex with AirPods: Sheriff

KERRY LAMBE Jun 6th, 2023, 4:55 pm

Texas man accused of slipping abortion drug in wife's drinks

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ABORTION PILL REVERSAL




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WHY WOULD A WOMAN SEEK ABORTION PILL REVERSAL?

- Some are coerced into abortions
- Some are undecided but may feel compelled to take mifepristone in the clinic
- Some change their minds after consuming mifepristone
- Misoprostol is taken 24-48 hours later
- If a woman experiences immediate regret, she may seek an action to stop the abortion process
- Internet search may lead her to the abortion pill reversal hotline, or she may contact your pregnancy care center



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HOW DOES ABORTION PILL REVERSAL WORK?

- Natural progesterone will compete with mifepristone for the progesterone receptors
- Literature review: no more than 23% (1/4) embryos will continue to live after mifepristone alone
- Animal studies: 0-33% survival after mifepristone alone increases to 81-100% survival after progesterone
- 2012 Case study: four successful reversals
- 2018: Retrospective study: 750 women, 64-68% (2/3) had continuing pregnancies after receiving the most effective progesterone protocols
- 2023 Scoping Review analyzing 16 studies:
 - safe and effective treatment
 - physicians should disclose this treatment option to women at the time of informed consent




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IS PROGESTERONE SAFE?



- Progesterone supplementation during pregnancy is standard for many indications:
 - Assisted fertility
 - Low progesterone levels
 - Bleeding in pregnancy
 - Prior pregnancy losses
 - Prevention of preterm births
- American Society for Reproductive Medicine: "There are no known risks to the mother or to her unborn child from using progesterone in pregnancy."
- No increase in the rate of birth defects in children born after abortion pill reversal.
- Used "off-label", which means the FDA has not studied it for this indication (20% of drugs are used "off label")

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- DO MEDICAL ORGANIZATIONS SUPPORT THE "CHOICE" TO REVERSE CHEMICAL ABORTION?

- American College of Obstetricians and Gynecologists: "unproven and unethical"
- American Medical Association: "contrary to science"
- Dr. Delgado slandered for "poorly designed, unethical experiments"
- Colorado SB 23-190 prohibits deceptive advertising, specifically "medication abortion reversal", which the law calls "a dangerous and deceptive practice that is not supported by science or clinical standards"
- California sued Heartbeat International and Obria for providing APR

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Herat herat@herat.netlify.com Aug 17, 2021 (updated Sep 28, 2021)

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The screenshot shows the Lozier Institute website. The header includes the URL 'lozierinstitute.org' and a navigation menu with links for 'RESEARCH & DATA', 'CURRENT INITIATIVES', and 'VOYAGE OF LIFE'. There are also links for 'Register / Sign In'. The main content area features a large image of a person holding a pill, with the text 'Abortion Drug Facts' overlaid.

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