

Summary of openDemocracy investigation into a global network of doctors prescribing unproven 'abortion pill reversal' treatments

About Abortion Pill Reversal

'Abortion pill reversal' (APR), is a controversial treatment first [developed](#) by a California-based family physician, who is now a Heartbeat medical adviser. Its proponents claim that high doses of progesterone, taken after the first pill (mifepristone) recommended for medical abortion, can 'reverse' the abortion. A US trial to test the effectiveness and safety of APR was [halted in 2019](#) after some participants were hospitalised with severe haemorrhaging.

South African, and other global, health experts explain that it is unproven – and unlikely – that taking high doses of progesterone is effective in stopping a medical abortion. If the abortion does not happen, it is probably because the woman hasn't taken the second abortion pill. If the second pill (misoprostol) is not taken within 24-48 hours of the first pill (mifepristone), an abortion will happen in only 8-46% of cases, according to a [systematic review](#).

About our investigation

openDemocracy's Tracking the Backlash project is a global newsroom of feminist investigative journalists. We knew that 'abortion pill reversal' has been gaining traction in the US and that it's viewed and reported on as controversial there. We wondered if it was spreading to the rest of the world. So, we asked reporters in 20 countries to look into it, by calling a 24/7 hotline run by US anti-abortion activists who promote the treatment. The hotline is advertised on this website set up specifically to reach women with this 'treatment': <https://www.abortionpillreversal.com/> Some of our reporters, e.g in South Africa, started by simply using the chat function on the website, to connect to the US promoters of the treatment.

In each case, the undercover reporters posed as pregnant women who had taken the first abortion pill (mifepristone) but were no longer sure they wanted to go through with the abortion. Once they made first contact with the proponents of the treatment, their contact information was taken, passed on to an operator, who then sent them a consent form from Heartbeat International. Once the reporters signed the consent form, the US operators connected them to local doctors willing to prescribe the treatment or sent them dosage instructions to take either to local hospital and pharmacies or to local anti-abortion 'crisis pregnancy centres.'

Summary of findings by country

Undercover reporters contacted Heartbeat International's 24-hour 'abortion pill reversal' (APR) hotline and were connected by US operators to local doctors willing to prescribe this 'treatment' in Africa, Latin America, North America (Canada) and Europe.

Africa

- In **South Africa**, a doctor told our reporter to go to any pharmacy, call him from there and he'd then email them the necessary prescription. Heartbeat International, the US group, passed the reporters contact information to Doctors for Life, a local anti-abortion group, which then connected the reporter to this doctor in Durban and another in Johannesburg.
- Our reporters in **Nigeria** and **Uganda** were sent dosage instructions by email and referred to local anti-abortion groups to get help obtaining the medication.

Europe

- In the **UK**, the doctor our reporter was connected to dismissed her questions about the possible health risks of the 'treatment' and offered a prescription for it by phone.
- In **Italy**, our reporter was connected to a local doctor who emailed her information about APR and told her the required pills could be prescribed by a family doctor.
- In **Spain**, our reporter was emailed a prescription by a local doctor who said it has "no risks" and, in fact, "it will do you a lot of good."
- In **Romania**, our reporter was emailed a prescription by a local doctor who also offered to schedule an ultrasound for her at a public clinic in Bucharest.
- In **Armenia**, our reporter spoke to a sex therapist who said that 'abortion pill reversal' is safe; previous patients "did not have any problems"; and "all the medical risks together can't stop the development of this miracle of nature".
- In **Ukraine**, the doctor our reporter spoke to explained how to get the required pills from a local pharmacy (a prescription is not required in this country).
- In **Russia**, a US-based nurse could not connect our reporter to a local provider, but they emailed her prescription instructions to take to a local hospital or pharmacy.
- In **Portugal**, a local doctor offered a prescription though he admitted there is "no consensus" around the effectiveness of this 'treatment'.
- **Lithuania**: Our reporter was connected to a local doctor who introduced himself as a 'general practitioner.' He insisted the 'treatment' is "safe if a woman is healthy"
- In **Belgium**, **Croatia** and **Germany**, US-based nurses emailed our reporters instructions to take to a local hospital to get a prescription.
- In only one European country (**Serbia**) were local contacts unwilling to provide APR, stating that it is not locally regulated and not completely safe.

Latin America

- In **Uruguay**, a doctor told our reporter there is “no reason for fear” and that “there are studies” proving that this ‘treatment’ works, though it is not “standard practice”. Anti-abortion activists offered to bring the prescription to her home for free.
- In **Ecuador**, a hotline operator was unable to connect our reporter with a local provider, but emailed her dosage instructions.
- In **Mexico**, our reporter was connected to a local doctor who sent a handwritten prescription over WhatsApp.
- Only in **Chile**, was our reporter connected to a local doctor who was not encouraging. He said: “No medication in the world can reverse the effect of [mifepristone]. That’s false.”

North America

- In **Canada**, our reporter called the hotline from Quebec and was connected to a family doctor in British Columbia who was willing to prescribe the treatment out of province (which is unusual because Canadian doctors are provincially regulated). He claimed to have given the treatment to other women in the country before and said that APR is not offered more widely because of politics.

Reactions to openDemocracy findings

Women’s health and rights advocates called for urgent action in response to openDemocracy’s findings about the spread of ‘abortion pill reversal’ (APR) around the world.

Dr Margit Endler M.D. PhD, an obstetrician/gynecologist, researcher and senior lecturer at the Women’s Health Research Unit of University of Cape Town told openDemocracy that, “the problem is that there is no evidence to support that it [‘abortion pill reversal’] works and telling women that it does is misleading and wrong”

Dr Judy Kluge, a consultant gynaecologist at University of Stellenbosch Faculty of Health Sciences in South Africa said, “I definitely think that giving [the treatment] without seeing the patient personally is not recommended. Who would be ultimately responsible for the outcome of this pregnancy and fetus?”

Dr Eddie, Mhlanga, who trains health workers with South Africa’s Department of Health said that mifepristone and progesterone which “abortion pill reversal” promoters prescribe, “are registered drugs” and “not illegal to prescribe” but added, “however the doctor who prescribes the second drug in the knowledge that the first drug had been taken, will have to take responsibility for any possible short and long-term complications that may occur.” He advised that “the best time to change one’s choice is best before taking the mifepristone.”

Mina Barling, director of external affairs at the International Planned Parenthood Federation (IPPF) said this is “another terrifying example of just how well-funded, and how radicalised this anti-woman movement is.” There is an “increasing, global threat to women's health, dignity and lives” from such organised groups, Barling warned, insisting: “It’s critical that governments do more to regulate and restrict the dissemination of such initiatives.”

Pamela Merritt, executive director of US Medical Students for Choice, called our findings particularly “outrageous” and “horrific” during the pandemic. “We are at a time when it is absolutely critical for people all over the world to be able to trust their local healthcare providers,” she said, calling this ‘treatment’ “a direct violation of the oath that every physician takes”.

Katherine O'Brien, Associate Director of the British Pregnancy Advisory Service (BPAS) said she was “surprised” to learn that doctors in the UK were prescribing this “dangerous treatment” and that “it’s not good enough to say ‘if you stop bleeding, go to A and E’ – especially in the middle of a pandemic”. She added: “The GMC [which is the body that registers and regulates doctors in the UK] has the power to strike off clinicians if they’ve been found to be guilty of malpractice and I think this is a very serious case.”

UK MP (Labour) Nadia Whittome said “I am shocked that this is taking place in the UK... Women should not be used as guinea pigs by anti-abortion activists. The hotline needs to be shut down immediately.”

Munira Wilson, another UK MP and Liberal Democrat spokesperson for health said “It is completely unacceptable... Regulators must investigate this as a matter of urgency and put a stop to this harmful practice.”

Elizabeth Nash at the Guttmacher Institute, a reproductive health research group in the US, called it “incredibly distressing, that this kind of misinformation is being exported around the world.” She warned: “Because this is so new in the UK it sounds like the government and medical societies haven’t been able to put together information so providers realise that this process is not one that they should be engaging in.”

A spokesperson for the Royal College of Obstetricians and Gynaecologists (RCOG) told openDemocracy that it was aware of the US [study](#) into this ‘treatment’ that was halted as it was “associated with a high risk of serious bleeding and consequently dangerous for women, as well as ineffective.” They added: “We would encourage women with any concerns about abortion care to speak to her GP in the first instance”.

Cătălin Teniță, a Romanian member of the European Parliament for the Chamber of Deputies told openDemocracy that “the promotion of an abortion reversal pill, with scientifically unproven effects and no substantial studies proving the lack of risks is a highly worrying issue.” He further added that he believes this is “abuse,” and that the

doctors and nurses who participate “violate the deontological principles of their profession.”