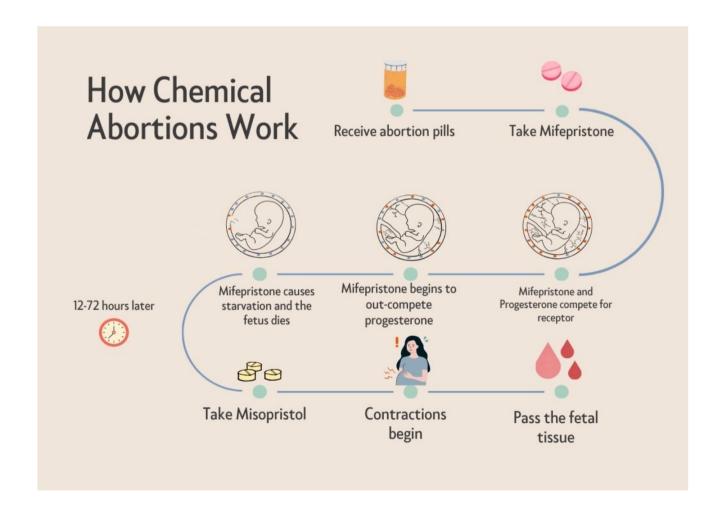
EVERYTHING YOU NEED TO KNOW ABOUT

THE ABORTION PILL



Summary

- 60% of all abortions are chemical
- Drug-induced abortions are also called "chemical abortions"
- There are two main drugs used in chemical abortions: Mifepristone and Misoprostol
- Mifepristone causes the reduction of nutrients and oxygen pathways, starving the fetus
- Misoprostol induces labor to expel the starved fetus
- There are many harmful effects & physical risks involved
- There are a multitude of ethical and moral issues
- Planned Parenthood lies to patients about the reality of chemical abortions



How Chemical Abortions Work (cont.)

There are two pills used in a drug-induced abortion (drug induced meaning that the abortion is caused by ingested drugs, not abortion via surgery or other methods)

These two drugs are Mifepristone and Misoprostol. Mifepristone is known as a "competitive progesterone receptor antagonist". All this means is that basically it fits into the progesterone receptor better than progesterone itself does. When the Mifepristone binds to the progesterone receptors, it prevents progesterone from binding, and the binding of progesterone is what triggers the formation of networks to connect the amniotic sac to the endometrial lining (the uterus). Prevention of setting up pathways for the fetus to receive nutrients and oxygen will cause the fetus to starve to death.

Within 12- 72 hours after taking Mifepristone, one would then take Misoprostol. This drug softens and dilates the cervix, and induces contractions to expel the fetus (causes labor). So although the abortion pills do not kill the fetus directly in this circumstance, it does create an uninhabitable environment for the fetus, stripping it of all food and oxygen.

Physical Risks & Harmful Effects

The chemical/drug-induced abortion has been shown to result in many harmful side effects. In a recent study, the long-term biological, behavioral and physiological consequences of drug-induced abortions in animal models were shown. Some of these consequences are: A decreased success in future pregnancies, increase in stress and weight gain, and an increase in depression and anxiety (Camilleri et al., 2019).

The Facts

- 60% of all abortions are chemical
- Chemical abortion drugs are more likely to send women to the emergency room: the rate of chemical abortion-related emergency room visits increased over 500% between 2002-2015 (Niinimaki, 2009).
- Mifepristone cannot treat an ectopic pregnancy and can mask the symptoms of tubal rupture, putting women at risk of **severe bleeding and death.**
- Approximately 2% of all pregnancies are ectopic (Goldner et al.,1993).

The Facts (cont.)

 If at the time of her chemical abortion a woman is Rh-negative and is not administered Rhogam, her body could start attacking the fetus because there are different markers in the fetus' blood that the mother's body recognizes as foreign and tries to destroy. This would cause great risk to future pregnancies (Skop, 2022).

Misinformation

- Several states don't report any of their abortion statistics to the CDC, and some states are not required to report statistics to the CDC (Delgado, 2:39).
- The research branch of Planned Parenthood is the most reliable resource for abortion statistics that we have at this moment (ibid.).
- The abortionists are not required to report complications and if the patient goes to the emergency room because of the complication, it is typically given a different cause for the complication such as bleeding simply due to pregnancy (ibid.).
- "Between 2000 and 2009, the FDA acquired 6,158 pages of reports of women having adverse reactions to mifepristone during a chemical abortion. These reports found that women who took mifepristone while having an undiagnosed ectopic pregnancy were 30% more likely to die than if they had not had abortions. Additionally, 529 "life-threatening" instances and 20 deaths were reported." (Nardi, 2023)

Ethical Issues

- The Catholic Church condemns any and all forms of abortion because it is taking a life.
 - In this particular instance of over-the-counter abortion pills, one may think that it
 is morally licit because it does not kill the baby itself, however the intended
 outcome is death of the fetus and actions are taken so that this intended outcome
 will take place. Therefore, over-the-counter abortions are just as evil as surgical
 abortions.

Ethical Issues (cont.)

- The other ethical issues are the misdirection and attenuation of the realities of what this at-home procedure will be like.
- According to the Planned Parenthood website: "This medicine causes cramping and bleeding to empty your uterus. It's kind of like having a really heavy period, and the process is very similar to an early miscarriage... It is normal to have lots of cramps and bleeding and pass clots and tissue... you may be tired and have some cramping a day or two afterward" ("The Abortion Pill | Planned Parenthood Video.", (01:20-01:35).
- Only when you do some digging on the website of what could go wrong, along with
 other things it is suggested to call a doctor of you pass a clot larger than a lemon for
 more than two hours (PlannedParenthood.org. "Is the Abortion Pill Safe?"),
 - (that means that that is fine and normal to happen, just as long as it's only for an hour)
- Planned Parenthood is disillusioning women by stating "Serious, long-term emotional problems after an abortion are rare, and about as uncommon as they are after giving birth. They are more likely to happen in people who have to end a pregnancy because of health reasons, people who do not have support around their decision to have an abortion, or people who have a history of mental health problems. Most people feel relief after an abortion." (ibid.).
 - A research article published by Cambridge University Press states: "Women who had undergone an abortion experienced an 81% increased risk of mental health problems" (Coleman, 2011).

What We Can Do

We can boycott CVS and Walgreens, we can support those in political power that are fighting this motion. We can do everything in our power to fight this huge push in the culture right now to make drug-induced abortions more accessible with less precautions set in place. We need to fight this not only because of the travesty of ending a human life but even for the physical dangers to the mother's body they present.

By PRI's Research Scientist, Samantha Harris Source Material Provided On The Following Page

Sources

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