

LifeNOTES

Truths about chemical abortions

Popping pills, ending lives

Pills and prescriptions are supposed to make us feel better. We take pills for headaches, backaches, to lower our blood pressure and pills to fight off infections and diseases. The controversial French abortion pill called RU-486 has a purpose other than healing. The purpose of this pill is to kill, taking a life at its earliest stages.

RU-486, which was developed in 1982, is a combination of two drugs, mifepristone and misoprostol. Mifepristone when taken alone is an effective abortifacient 65 to 80 percent of the time, but when combined with misoprostol becomes 95 percent effective in destroying an unborn child.

The Population Council holds the rights to mifepristone in the United States. It asserts that if this drug is taken within 49 days since the beginning of a woman's last menstrual cycle, the embryo would only be one-fifth of an inch, "about the size of an aspirin tablet." The Population Council fails to mention that the embryo's heart has begun to beat after 18 days; the brain, spinal cord and nervous system are established at 21 days; brain waves are detectable at 40 days; and by 7 weeks gestation the embryo can move on its own.

When a woman is pregnant her body secretes a natural hormone which prepares the lining of the uterus for a fertilized egg. Mifepristone blocks this action. The uterus lining softens and breaks down until the embryo is expelled from the body. Sounds simple? Sounds easy? Sounds like a lot of information is missing.

The Population Council, other pro-abortion groups, and some media reports make the pill sound like a magic "cure" for any problem pregnancy. Just pop these pills as soon as you find out you're pregnant or up to week seven of your pregnancy and your life can get back to normal. Not true, chemical abortions are complicated.

During the first visit to the abortion facility, a woman will take mifepristone orally. The second visit for most requires another drug, misoprostol (a prostaglandin). A third visit is required weeks later to confirm the death of the unborn child and to check for complications. Even with the use of these two powerful abortion causing drugs, 5 to 7 percent of the women will have to have a surgical abortion.

America is not stepping blindly into the chemical abortion procedure. A small trial in the United States shows the serious ramifications of this procedure.

Clinical trials were conducted in the U.S. on 2,121 women from September 1994 to September 1995 at 17 abortion facilities. The Population Council and the New England Journal of Medicine reported these findings:

- The most frequent side effects were bleeding and cramping
- 56 women underwent surgical intervention for excessive bleeding
- Four women received blood transfusions
- The average duration of bleeding and spotting was 13 days
- Gastrointestinal side effects of the drugs, such as nausea, diarrhea and vomiting were documented
- 8 percent of the women did not abort with the medication and were encouraged to have a surgical abortion
- 5 percent of the women never completed the study

One important question remains. Are there any long-term effects on women who opt for this medical abortion? For women, it is too soon to know the ultimate ramifications of this chemical cocktail. For the unborn, the long-term effect is clear; a human life ended.

Prolife legislation addressing RU-486

With RU-486 approved for use in the United States, prolife people are concerned for the health and safety of women seeking this chemical cocktail abortion method. On February 6, 2001, two prolife legislators, U.S. Senator Tom Hutchinson and U.S. Representative David Vitter, introduced a bill outlining requirements for doctors prescribing RU-486, the dangerous chemical abortion method used to end the life of a developing human being early in a pregnancy.

This common sense legislation would require doctors prescribing RU-486 to be qualified to handle most of the possible complications that are associated with chemical abortions. Conditions included in the legislation state that a doctor must be able to read an ultrasound to determine the gestational age of the unborn child and to confirm the pregnancy isn't an ectopic or tubal pregnancy. Also, doctors would need to be able to admit women to a nearby hospital when complications do arise. Complications women experience after taking RU-486 based on current clinical data include: 5 percent failure to complete abortion, 2 percent hemorrhaging (some require blood transfusions), 2 percent surgical intervention to stop bleeding, and 1 percent of women require hospitalization.

The complications for mifepristone and misoprostol (the two drugs used in an RU-486 abortion) double if the pregnancy is 56 to 63 days¹. Such complications could become more likely if doctors don't know how to use ultrasound.

The American Association of Pro-Life Obstetricians and Gynecologists Statement on Mifeprex (RU-486) says that this drug is "anything but a life saving medication" and that the FDA's fast track approval means that "women injured by the drug may find it very difficult to recover damages." The doctors note that the "dishonest use of the FDA's protocol to approve Mifeprex slights American women."

When the Food and Drug Administration approved RU-486, it did so under an accelerated process for drug approval called "21 CFR 314 Subpart H." According to the FDA, this accelerated process was supposed to be used only to "accelerate approval of certain drugs for serious or life-threatening illnesses." The FDA also set aside and modified clauses when it approved the drug in September of 2000. The safeguards left out would have provided some needed patient protection.

The current FDA requirements for doctors prescribing RU-486 state doctors "must be able to assess the duration of the pregnancy accurately" and "be able to diagnose ectopic pregnancies;" however, the FDA doesn't require the doctors to be able to read an ultrasound. The only surefire way to date a woman's pregnancy and diagnose an ectopic pregnancy is ultrasound, according to AAPLOG.

FDA requirements for doctors allow the number of potential abortionists to increase exponentially to include people who have no training or skills to deal with possible complications. When the FDA approved RU-486, the best interests of women were set aside. In other countries, women experience a mandatory four-hour waiting period at the abortion clinic, the period in which the unborn child is most likely to be aborted. In the U.S., however, doctors can send women home right before the most painful and dangerous part of the abortion, the expulsion of the child. The FDA requirements for RU-486 are less restrictive than regulations in other countries such as Britain and France. The current FDA policy isn't physically safer for women but more convenient for the doctors prescribing the pills. This is a serious concern for prolife people.

RU-486 is obviously not as safe as abortion advocates would like the public to believe. The women taking these drugs should know the risks.

When you were 49 days old

RU-486 is a chemical abortion method used through the 7th week of pregnancy. Abortion providers may say that the fetus is only the size of an aspirin tablet, but size isn't the issue. The development of the unborn child through the first 49 days is fascinating. Don't be fooled into thinking an unborn child is only a blob of tissue during the earliest stages of human life. Learn the facts!

Our lives begin, of course, long before birth. Not open to dispute is the fact that every one of us began our lives at the moment of fertilization. The following description of the first several weeks of life is recognized in medical texts as well as basic biology books. But how much do you know about your own beginnings? Let's take a look at your history.

At conception, sperm joined ovum to form a single cell which, miraculously, contained the genetic blueprint for every detail of your development - sex, hair and eye color, height, skin tone and more. Over the next week, you traveled through your mother's fallopian tube to her uterus, implanting in the nutrient-rich lining. Within 22 days, your heart was beating, and your spinal column, nervous system, kidneys, liver and digestive tract took shape. Within a few short weeks, you were about 1/4 inch long: already ten thousand times larger than when you began!

Your brain tissue grew rapidly and by 40 days brain waves could have been recorded. Your facial features were taking shape: ears, nose, lips, tongue and even tiny teeth. Near month's end your skeleton changed from cartilage to bone and you graduated to *fetus*, Latin for "offspring" or "young one."

Tiny though you were, all major bodily systems were laid down and you weighed only 1/30 of an ounce.

In reality, size didn't matter. Life began for you at the moment of conception and those around you knew all you needed was a little time to develop!

FDA approval of RU-486 remains questionable

The United States Food and Drug Administration (FDA) approved RU-486 as a chemical method to end the life of a developing unborn child on September 28, 2000. On that day, the FDA stepped out of the healing business and into the killing business.

Under former President George H. Bush, RU-486 was banned from the United States. Its deadly effects could not kill unborn humans and could not injure women. But under the Clinton/Gore Administration, RU 486 has been welcomed to America, welcomed to slaughter innocent lives, welcomed to haunt women who regret aborting their unborn children, and welcomed to disintegrate families in America.

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Before RU-486, there were only 30 drugs that had been approved under Subpart H, all of which were for treatment of HIV/AIDS, cancer, and other debilitating diseases. Since RU-486 was approved under an accelerated process, it didn't have to go through any long-term effects studies that other drugs go through. No one knows if these two drugs will cause more serious side effects, to the women that use them, later in life.

Another "red flag" was raised regarding RU-486 when a letter was sent to health care providers from the drug company Searle. Searle is the manufacturer of misoprostol (also known as Cytotec) the 2nd drug in the RU-486 procedure. In an August 23, 2000, letter to health practitioners, Searle said "Cytotec is not approved for the induction of labor and abortion." Searle also warns abortionists about "serious adverse events" such as maternal death and "uterine hyperstimulation, rupture, and perforation" which can take place when Cytotec is taken for an "off-label" use.

RIGHT TO LIFE OF MICHIGAN POLICY STATE- MENT

Abortion

Right to Life of Michigan is an organization of diverse and caring people united to protect the precious gift of innocent human life from fertilization to natural death. Abortion is any induced procedure performed with the sole and willful intent to cause the death of the unborn child. Therefore, Right to Life of Michigan is opposed to abortion in any form.

This position does not oppose medical treatment to save the life of the mother which may result in the unintended death of the child. The unintended death of the child is not to be construed as abortion. When the life of the mother is in danger, many times a doctor can treat both the mother and the unborn child separately. Because of medical advances, it is rare that the child's life cannot also be saved.

Before the 1973 U.S. Supreme Court decisions legalizing all abortions, the Michigan statutes governing abortion provided an exception for the life of the mother.

Abortion is not the answer to a pregnancy which is the result of sexual assault. Right to Life abhors the violence of rape and the violation of incest; but recognizes that caring for the victims cannot justify the killing of the innocent child. Abortion merely allows society to forget about the acts of rape and incest and pretend that justice has been done, while often the perpetrator is protected from the crime. Often the woman is left alone to deal with the emotions of assault and abortion.

A human being once conceived has the innate right to life regardless of disabilities or gender. Right to Life of Michigan opposes the conception of a child for the purpose of the harvesting of tissues or medical experimentation regardless of any benefit to other members of society.

It is absolutely indisputable that the life within the womb is a unique human being. To say that this irreplaceable life can be deliberately destroyed for any reason denies the intrinsic humanity of the unborn.

Reference:

¹ Irving M. Spitz, C. Wayne Bardin, Lauri Benton, Ann Robins, "Early Pregnancy Termination with Mifepristone and Misoprostol in the United States," *New England Journal of Medicine*, Vol. 338, No. 18 (April 30, 1998), pp. 1241-1247.

For further information about RU 486, check out these web sites:

www.NRLC.org/RU486/Index.html – **National Right to Life**

www.lutheransforlife.org/abortion/index.htm#RU-486 – **Lutherans for Life**

www.ru486.org – **The RU-486 Files**

www.lifeissues.org/ru486report.html – **Life Issues Institute**

www.thenewamerican.com/tna/2000/11-06-2000/vo16no23_ru486.htm – **The New American**

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