

Ohio House Health Committee

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RE: House Bill 378

Chairman Lipps, Vice Chair Holmes, Ranking Member Liston, and members of the House Health Committee: Good afternoon. My name is Lisbeth McCulfor, and I am a registered nurse. Thank you for this opportunity to speak.

I am speaking today in support of this bill's requirement that women be informed about the availability of abortion pill reversal, or APR. APR is a groundbreaking protocol that can increase a woman's chances of saving 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. To understand how APR works and why it is so successful, I'd like to briefly describe how a medication abortion works.

Medication abortions are a two-drug regimen. The first, mifepristone, works by binding to progesterone receptors and blocking the action of this essential pregnancy hormone, thus depriving the young human being of nutrients to cause starvation and death. The second medication, misoprostol, is taken 24-48 hours later to expel the fetus through painful uterine contractions.

Although abortion proponents claim APR treatment is experimental and dangerous, nothing could be further from the truth. The reversal of mifepristone by progesterone is consistent with the basic scientific principle of reversible competitive inhibition—and the reversibility of mifepristone by progesterone has been well documented in several animal studies. Even ACOG, the American College of OB/GYN's, implicitly acknowledges this when they advise against administering Depo-Provera (a large dose of progesterone) for contraception at the same time as mifepristone because it increases the

chance of ongoing pregnancy. In addition, APR is shown to be successful by three case series, including one with over 700 women included.

Using the protocol, which involves administering natural progesterone through the first trimester, the percentage of women who will have ongoing pregnancies increases from 23% if no further action is taken to 68% with this protocol! Progesterone has a long track record of safe use in the first trimester, as obstetricians have used it at these same doses for decades for early pregnancy support. Also, there is no increased risk of birth defects associated with APR, which has been proven in the case series I just referenced and in prior trials with babies born to women who took mifepristone but not the second medication, misoprostol.

Aside from this abundance of evidence showing progesterone's efficacy, not a single study shows that it isn't. One study that all APR opponents like to cite is by Mitchell Creinin, who notably receives financial compensation from Danco, the manufacturer of mifepristone. This randomized trial was done with ten women who desired to complete their abortions regardless, with five in the placebo group and five in the progesterone group. When the study was stopped early due to safety concerns, Creinin's conclusions state APR caused the complications, though the actual data tells a different story. Of the five women who received progesterone, 80% had viable pregnancies at their 2-week follow-up compared to only 40% of the women who received the placebo. So Creinin's study actually proved that APR works to save preborn children! Additionally, only one woman in the progesterone group had a complication—she was seen in the ER for heavy bleeding, but was found to be simply completing her abortion. The real danger was found in the women who did NOT receive progesterone, as 40% of this group required emergency blood transfusions or surgery. Despite the objections of abortion providers, APR works and is safe.

All this evidence is why the APR protocol is being implemented in multiple countries with over 1000 providers. To date, there are over 3000 children alive because of it—and 3000 women who can treasure life with their children instead of regretting their choice for possibly the rest of their lives.

Through my years of work with the pro-life organization Created Equal, I have talked to many women who have suffered from years of regret after their abortions. I met one such woman last fall. Having had her abortion 12 years earlier, she was now in her forties and stated through tears that she would never get over the deep sorrow of having aborted her child. She is just one of many women I've talked to who bought into the lie that abortion was the best option and would not leave them with years of painful

regret. Had she been given information about APR at the time of her abortion, she might have been able to save her child and would now be enjoying life with her 12-year-old son or daughter.

Women who begin a medication abortion and then regret their decision should not have to Google whether there is any way to save their child. If we truly care about enabling women to make informed choices, we should not have to think twice about providing information about a protocol shown to be safe and effective for mother and child. Importantly, this bill would not mean that women must choose this option, but it would ensure that those who regret their abortion decision are given the chance to save their child. When we have such crucial information about a basic treatment that has already spared 3000 babies' lives and 3000 women from years of regret, it would be unethical to not make this available to all women.

Thank you for your time, and I am happy to answer any questions.