



Heartbeat is aware of a recent, incomplete study regarding the use of progesterone following the use of mifepristone. The study was stopped early, citing safety concerns. We have reviewed the study and consulted with the doctors who serve on our APR Medical Advisory Team, all of whom have direct clinical experience with APR.

Not a single doctor on the team questions APR or its safety after this incomplete study.

While several news outlets have used deceptive headlines to mislead the public's opinion on APR, the study's [objective data](#) paints a very different picture.

The study included only twelve women, two of whom removed themselves early. If one wishes to draw any inferences from this small sample size, our Medical Advisory Team indicates that those inferences are compatible with APR.

First, Dr. Brent Boles notes that “this study, despite its small size, clearly shows that the danger is when mifepristone is given and progesterone is not. Mifepristone is the danger, not progesterone.”

In fact, as Dr. George Delgado observed, “in the Creinin study, the only patients who required suction aspiration before completing the study were in the placebo group.” While one woman who received progesterone following mifepristone did go to the hospital due to bleeding, the study explains that “no intervention was needed.”

Second, the abortion pill reversal protocol allows women to save their babies with far greater success than the placebo. “I believe [the study] reinforces the effectiveness and safety of [progesterone] use,” states Dr. Robert Snyder. The doctors on our APR Medical Advisory Team unanimously agree that progesterone is still appropriate and effective, citing more than 50 years of safe use of that drug with pregnant women. The incomplete study claims that “patients in early pregnancy who use only mifepristone may be at high risk of significant hemorrhage.” That stated concern—even if it was intended to apply to the use of mifepristone followed by progesterone—is inconsistent with the actual clinical experience of our APR Medical Advisory Team doctors, all of whom have treated many patients seeking reversal care.

Our APR Medical Advisory Team confidently confirms APR is a reasonable application of a time-tested, FDA-approved drug used effectively for decades to prevent miscarriage and preterm birth. Simply stated, APR involves emergency, ongoing doses of progesterone to counteract the effects of the first

abortion pill.

Indeed, we know that well over 900 women have successfully stopped an abortion and saved their children through this life-saving intervention. Every woman considering abortion deserves to know the whole truth; that includes the facts about her unborn child, and the choices she can make every step of the way. Denying women the truth denies them real choice.

Thank you for your commitment to life-affirming services. If you have any questions or comments, please call Heartbeat International at 614-885-7577 or email info@apr.life.



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