

Support and Value Expectant (SAVE) Moms and Babies Act

U.S. Senator Cindy Hyde-Smith (R-Miss.)

U.S. Representative Bob Latta (R-Ohio)

The **SAVE Moms and Babies Act** would prevent labeling changes, such as removing the Risk Evaluation and Mitigation Strategies (REMS), for previously-approved abortion drugs. It would also prevent providers from “dispensing” these drugs remotely, by mail, or via telemedicine. Lastly, the SAVE Moms & Babies Act would prevent the Food and Drug Administration (FDA) from approving new chemical abortion drugs.

Key Point: Chemical abortions have the highest complication rate of available procedures. Dispensing chemical abortion drugs without an in-person appointment and ultrasound dramatically increases the risk to women.

Background

- Chemical abortions are induced using a two-step regime, which can be taken up to nine weeks of pregnancy. The first step, Mifepristone (Mifeprex), causes the mother’s body to stop nourishing the unborn child. The second drug, taken 24-48 hours later, causes the woman’s womb to contract and expel the baby’s body and the placenta.
- Given the nature of the abortion pill regime, FDA imposed a REMS on the drug. REMS is a safety strategy to manage a known or potential serious risk associated with a medicine. In this case, prescribing health care providers must be certified in the Mifeprex REMS Program, ensure that it is only dispensed in a health care setting under the supervision of a certified prescriber, and inform patients about the risk of serious complications.
- By lifting REMS warnings and making chemical abortion available by prescription, a single health care provider could mail out chemical abortion pills to women and young girls across the country. This would effectively override most state pro-life protections like parental involvement, waiting periods, and informed consent.ⁱ

Why it’s Important

- Chemical abortions have a much higher complication rate than surgical abortions performed at the same point in pregnancy and result in a higher rate of emergency room visits.ⁱⁱ
- In 2017, chemical abortions made up 39 percent of abortions reported by the 32 states that require reporting on specific abortion methods. Many states require reporting on the types of abortion and any adverse effects. The data shows that the frequency of complications has increased as the number of chemical abortions increases. For example, more than 100 adverse events were reported in Ohio in 2017, up from 59 adverse events in 2016. Adverse events include incomplete abortions, infections, cases of severe bleeding, and death.ⁱⁱⁱ
- Mifeprex does not treat ectopic pregnancies, and as a result, many of the women who have died after taking Mifeprex have perished from a ruptured ectopic pregnancy. Without a physician conducting an ultrasound, there is no way to know definitely that a pregnancy is ectopic. Furthermore, many of the symptoms of having a rupturing ectopic pregnancy are the same symptoms of having a chemical abortion: bleeding, pain, and cramping.^{iv}

Supporting groups: Susan B. Anthony List, March for Life Action, National Right to Life, Family Research Council, U.S. Council of Catholic Bishops

References

i Susan B. Anthony List & Charlotte Lozier Institute, (2019). Chemical Abortion: Questions and Answers. Arlington, VA.

ii ACOG Practice Bulletin 143, p. 3 & Box 1.

iii Longbons, Tessa (2019). Abortion in the United States 2017: Preliminary Review and a Call for Reform. Charlotte Lozier Institute. Retrieved from <https://lozierinstitute.org/abortion-in-the-united-states-2017-preliminary-review-and-a-call-for-reform/>

iv Susan B. Anthony List & Charlotte Lozier Institute, (2019). Chemical Abortion: Questions and Answers. Arlington, VA.