
The Reversal of Mifepristone With Progesterone

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Actions of Progesterone

Progesterone has the following physiological actions:

- Prepares the endometrium for implantation of the embryo.
- Promotes decidua development (placental component).
- Inhibits myometrial contractions.
- Promotes growth of breast milk producing cells.
- Inhibits milk production.

Pharmacological blockage of progesterone receptors, of course, inhibits all of these actions. The class of drugs capable of blocking progesterone receptors is known as selective progesterone receptor modulators (SPRM) includes mifepristone, AKA RU-486. Mifepristone (Mifeprex) has been available in US since 2000. By 2008 1/4 US abortions prior to 9 weeks were accomplished with mifepristone (about 200,000/year). 18% of abortions are performed with mifepristone. More than 2 million unborn children have been killed by mifepristone and misoprostol. Mifepristone is followed two days later by a second drug, misoprostol, to complete the abortion. Some clinics are using mifepristone off label up to 63 days after LMP.

FDA Approved Protocol

FDA approved the combination of mifepristone and misoprostol for induced abortion up to 49 days after LMP:

- Day 1: mifepristone (Mifeprex) 600 mg po
- Day 3: misoprostol (Cytotec) 400 mcg po
- Day 14: confirmation of embryo demise

Off-Label Protocols Used up to 63 days after LMP (and later)

- Day 1: mifepristone (Mifeprex) 200 mg po
- Misoprostol (Cytotec) 800 mcg per vagina 6-72 hours after mifepristone.

Or

- Misoprostol (Cytotec) 800 mcg per buccal mucosa 24-36 hours after mifepristone