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Chemical reaction

ROE V. WADE | The drug RU486 gives women the option of abortion in privacy—a lonely, painful, devastating privacy
| *Alisa Harris*

On a rainy fall Friday, the Planned Parenthood clinician gave Michele Stewart the first pill she needed to abort her seven-week pregnancy, patted her on the knee, and said, "Good luck!" Stewart had just spent two weeks—the loneliest of her life, she said—wavering on whether she should have the baby of a man who didn't want one, and she had finally decided to do what one sister advised: "Get rid of that."

Stewart chose RU486, the drug that induces abortion, because it seemed less scary than a surgical abortion with its suction machine. But the moment she swallowed that pill, she had second thoughts: "Everything in me wanted to push the pill back out."

Like Stewart, more women are choosing RU486 abortions. The number of drug-induced abortions at non-hospital facilities increased from 122,200 in 2001 to 161,000 in 2005. The drug works by inducing a miscarriage. Critics say that its appeal—that it lends itself to privacy—can take a destructive toll on women's psyches, as Stewart found.

Stewart, 28, conceived in early September 2007 and first took "Plan B"—"the morning after" pill two days later. A month later she felt sharp pains that she assumed were menstrual cramps until she went to the doctor. He told her Plan B hadn't worked: She was pregnant and an ovarian cyst was causing the pain.

After dropping this upsetting news, he shuffled her to the emergency room for her pain, where she sat alone from 3 p.m. to 3

a.m., debating. She lived alone and supported herself but could she support a baby, too?

She got a prescription for prenatal vitamins and took them—just in case—and gave herself one week to decide what to do and one week to put her plan into action. Her boyfriend said no to a child, but her mother wanted a grandchild. One sister said, "Get rid of that," but another sister said she'd help Stewart if she kept the baby. Her friends told her, "You don't have to be bothered with it if you don't want to be bothered." Others said, "Maybe this is your chance to have a family."

"It was right at the hazy, confusing, lonely time," she said. She decided to abort, driving to the clinic on that rainy Friday and sitting down with the counselor, who asked her why she wanted an abortion and then hurried her along. She explained that RU486 requires two pills, one to kill the unborn baby and one to cause her body to expel it. Then the clinician handed her the first pill.

The first pill (mifepristone) Stewart took blocked the hormone progesterone, cutting off the supply of food and oxygen to the baby. Donna Harrison, a certified OB-GYN and president of American Association of Pro-Life Obstetricians and Gynecologists, says that there are progesterone receptors all over a woman's body, and researchers still don't know the effect of RU486 on other progesterone receptors. Mifepristone also blocks glucocorticoid receptors, Harrison said, which may interfere with the immune system's ability to block infection and may also hinder the blood vessels from shrinking to stop bleeding. More than 15 percent of the women who take RU486 experience hemorrhaging.

After taking the first pill, Stewart went home and made herself comfortable with some movies and food. She called up her boyfriend, but he refused to come, so she took the second pill (misoprostol) at 6 a.m. on Saturday, alone. The clinician had warned her about the bleeding, cramps, and nausea, but most women aren't prepared for their intensity. Half an hour after taking the pill, Stewart crumpled to the floor when the pain—sharp, like labor pains—began.

RU486 makes abortion private, which can mean lonely. Dr. Harrison said, "Here's a woman, she's by herself, she takes the misoprostol, she gets intense pain, intense cramps, intense nausea. Who's with her?" Depending on how old the baby is—although the FDA approves the drug only up to 7 weeks, some Planned Parenthood clinics advertise that they give it up to 9 weeks—the embryo may be recognizably human when the mother passes it, said Harrison: "She may easily recognize the human being here, the head, the legs."

Stewart expelled her baby, wrapped up the body, and threw it away—something she said she's always regretted.

Stewart's weakened immune system made her sick immediately after the abortion and she spent the next year fighting depression. Her mother asked, "Why did you do this?" The sister who encouraged her to keep the baby blamed herself for not offering to adopt it. Stewart took anti-depressants, anti--anxiety drugs, and sleeping pills, went to therapy and counseling at a post-abortive ministry called Rachel's Vineyard, and read books.

She would stop at the local mall and eat a slice of pizza alone, looking across the table and thinking that her child could have been sitting there. She cried when a doctor who knew about the pregnancy but not the abortion told her, "Congratulations!" after her due date and asked if she had her kid with her. She cried when someone texted her, "Happy Mother's Day!" for a joke. She cried when people asked if she had any kids. She cried when she did a favor for someone who then offered to be the godfather to her first child. She couldn't walk down the baby aisle in stores. She couldn't go to baby showers. Even being near children made her uneasy.

The image of the baby she wrapped up and threw away would flash across her memory for a year afterwards. Stacy Massey, counselor and founder of Abortion Recovery InterNational (ARIN), said the visual memory of an RU486 abortion is the hardest. Massey lay on a table 30 years ago for her own abortion and played football the next day. But women who have a chemical abortion actually see—

-sometimes floating in a toilet or a shower—the graphic aftermath of their own abortions.

A seven-week unborn child already has brain waves, a mouth, lips, forming fingernails, eyelids, toes, and a nose. After women expell their unborn babies, they have to dispose of them. Massey said she once got a desperate call from a woman who said, "My baby's floating in the toilet. What do I do now? Do I flush it?" And one couple went to a hotel to have an abortion and the woman locked herself in the bathroom, sobbing and screaming.

The feelings of guilt can be more intense for women who have undergone chemical abortions, said Massey, since they themselves administered the pill while they were fully conscious: "For me who went and lay on a table, somebody else did it. Yes, I made the decision but I was always able to rationalize that. I didn't kill my own baby—somebody else did." Massey said that the trauma seems to be more severe with younger women since many older women have experienced natural miscarriages.

The effects are similar to any abortion: grief, guilt, shame, depression, alcoholism, drug addiction, nightmares, mood changes, panic attacks, fear, worry, and relationship difficulties. Massey refers women to counselors who help them grieve, find forgiveness, and deal with the loss of a child, matching each woman with a counselor who can help her after something triggers the memory of her abortion. They will hold a memorial service for the aborted child—sometimes as simple as planting a tree or going to the beach and throwing flowers off the end of the pier. One difficulty in finding empathetic sources: Few counselors have undergone RU486 abortions themselves, since the drug has only been available in the United States since 2001.

As for Stewart, she has pulled through, thanks to faith, medicine, and the love of her older sister. She remembers hearing her sister's words—"Always remember I love you"—one time after she saw a little girl who reminded her of what her baby might have looked like, cried

through a counseling session, came home and asked, "Why am I even here?" She still has ups and downs—still became emotional recently when she told her story to a group of women. She is now married to another man and has a 3-month-old baby she calls a "screaming little bundle of joy." And she has finally been to a baby shower—her own.