

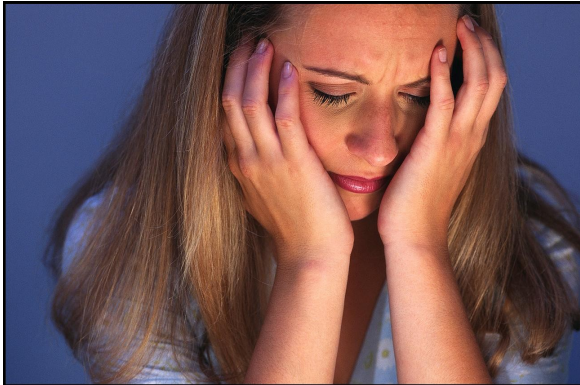
Get the Facts

Myths about Planned Parenthood's webcam abortions

How does Planned Parenthood do an abortion by webcam?

A woman goes to a Planned Parenthood where there is no doctor physically present. She consults a doctor only by webcam.

The doctor remotely activates a drawer that opens and provides the woman with two bottles of abortion pill drugs. The first pills, which kill the baby in the womb, are taken by the woman in front of the webcam. She takes the other pills home to take later to expel the baby.



Two major problems with webcam abortions:

- 1) No qualified medical personnel** to examine the woman and rule out life-threatening risks such as an ectopic pregnancy.
- 2) No follow-up care for complications.** If the abortion is incomplete and a woman at Planned Parenthood in Creston needs a follow-up surgical abortion, where does she go? Planned Parenthood has never answered this.

Myths about Planned Parenthood of the Heartland's medication abortions by webcam (telemedicine abortions)

There is a lot of misinformation about Planned Parenthood's webcam abortions. Here is a look at some of the facts behind the myths.

PPH Myth #1: *Medication abortions are "less intrusive"*

Medication abortions are less messy for Planned Parenthood and more traumatizing for women, because the women are forced to deal with the hemorrhaging and the dead baby at home – *alone*. Medication abortions take longer and are bloodier than a surgical abortion. **PPH's medication abortions are not less intrusive, they are more abusive.**

PPH Myth #2: *It's all about access for women in rural Iowa*

If webcam abortions are to help women in rural Iowa, why does PPH offer webcam abortions in their Des Moines area locations like Urbandale and the Susan Knapp Planned Parenthood near Drake University?

It's about access alright... access to cash. Webcam abortions are more profitable for PPH. There is less overhead expense because the woman aborts at home, where she will have to deal with the blood and the body of the baby on her own.

PPH also uses a cheaper combination of the medication abortion drugs, not recommended by the FDA (see **Medication Abortion: How it Works** on Page 2). These medication abortion pills cost Planned Parenthood around \$94, but PPH's website prices medication abortion at \$300-800.

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Complications from Medication Abortions

Deadly complications from medication abortions can be easily overlooked.

At least 11 women have died after a medication abortion, including five women in the United States.

The problem with diagnosing serious problems related to medication abortions is many adverse effects mask themselves as typical side-effects from a medication abortion.

Women who have died after a medication abortion died from:

- Clostridium sordelli: a bacterial infection like toxic shock
- Hemorrhaging to death
- Ruptured ectopic pregnancy
- Massive heart attack

Other complications:

- Excessive Bleeding
- Chest Pain
- Severe Cramping
- Nausea
- Vomiting
- High Fever

The above symptoms might seem typical for a medication abortion. Pelvic exams or ultrasounds results can be inconclusive. Further investigation of these symptoms could save women's lives.

Medication abortion complications at PP in Ohio

In August 2013, the Ohio Board of Medicine reported 42 reports of complications from medication abortions in 18 months, including 35 incomplete abortions from just two Planned Parenthoods. The women with incomplete abortions had to endure follow-up surgical abortions to finish the job.

Here is a link to the OBOM report:

<http://library.constantcontact.com/download/get/file/1102213307758-965/Report+of+RU-486+Event.pdf>

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PPH Myth #3: No complications from webcam abortions in Iowa

In Ohio, where the law requires Planned Parenthood to report complications from medication abortions, there were **42 reports in 18 months, including 35 incomplete abortions from just two Planned Parenthoods**, according to a report released in August of 2013 by the Ohio Board of Medicine.

The 35 women with incomplete abortions had to endure a second abortion – a surgical one – to finish the job. It would be naïve to think this is not happening in Iowa, where PPH has 14 locations performing medication abortions.

We know this is happening in Iowa, because PPH's own website says: "During the abortion pill (medication abortion) visit, you must agree—before you start—that you will have an in-clinic abortion if the abortion pill does not work."

The last time PPH said "no complications" a woman almost bled to death

When Planned Parenthood was using Iowa women as guinea pigs to test RU 486/ medication abortions back in 1995, PPH CEO Jill June told the media there had been **no complications** among the women in the trial at PPH's Des Moines clinic. But an emergency room doctor came forward and reported at least one woman in the PPH abortion trials nearly bled to death.

PPH Myth #4: No patients in Iowa complained about webcam abortions

PPH Medical Director, Dr. Jill Meadows told *The Des Moines Register* (9/30/13), "Over the past 5 years, our physicians have provided medication abortion through telemedicine to more than 3,000 women in Iowa. During that time we have received no patient complaints."

But Sue Thayer, a former manager of Planned Parenthood's Storm Lake location for 17 years explained that PPH documents adverse events or complaints in what they call an "Occurrence Report." Thayer said, "Through staff meetings and informal contact with other managers, I know that several complained about the high complication rate with medication abortions, with one saying that since the start of webcam, all she did was occurrence reports to deal with all the complications."

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Medication Abortion: How it Works

A medication abortion, also known as a chemical abortion, abortion pill or RU-486, is not a single pill, but actually a two-step process involving multiple doses of the two drugs.

1) Mifepristone

—also known as RU-486 or by its marketing name, "Mifeprex." These drugs block the action of progesterone, the natural hormone vital to maintaining the rich nutrient lining of the uterus. The developing baby starves as the nutrient lining disintegrates.

2) Misoprostol

—an artificial prostaglandin. These drugs, taken a few days after the mifepristone, initiate uterine contractions and cause the baby to be expelled. Planned Parenthood violates FDA protocol on medication abortions by using a cheaper regimen (combination of mifepristone and misoprostol) not recommended by the FDA. The cheaper regimen is more profitable for Planned Parenthood, but more dangerous for women.

Here is the difference:

FDA Protocol for Medication Abortions:

The FDA approved Mifeprex regimen for a medical abortion through 49 days of pregnancy involves three separate doctor's office visits:

Day One: Mifepristone/Mifeprex Administration: 3 tablets of 200 mg of Mifepristone orally at once.

Day Three: Misoprostol Administration: 2 tablets of 200 mcg of misoprostol orally at once.

Day Fourteen: Post-Treatment: The patient must return to confirm that a complete termination has occurred. If not, surgical termination is recommended to manage medical abortion treatment failures.

How Planned Parenthood of the Heartland violates FDA Protocol

- PPH uses the Mifeprex regimen on women up to 63 days into a pregnancy, two weeks beyond the FDA recommendation.
- PPH cuts the Mifeprex pills from 3 to 1 and ups the misoprostol pills (Mifeprex is about \$90 a pill and misoprostol is about \$1 a pill.) Reducing Mifeprex and increasing misoprostol increases Planned Parenthood's profits.
- PPH eliminates an office visit by making the women take the misoprostol at home. Again, less overhead and more profits for PPH.

For more information, visit: www.iowaRTL.org

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PPH Myth #5: "Studies" show webcam abortions are safe

To understand the true dangers of medication abortions, read: **Complications from RU 486/Medication Abortions** on Page 1.

Studies supporting PPH's webcam abortions in *The American Journal of Public Health* and *Obstetrics and Gynecology* sound impressive. But they are not independent studies. Both are by Dr. Daniel Grossman of Ibis Reproductive Health, a partner of Planned Parenthood. Ibis pushes for radical abortion policy world-wide. A regional director for PPH in Iowa is listed as a secondary author in one study. That's like saying, "Planned Parenthood studied itself and gave itself the thumbs up."

The same is true for a new study from the University of California San Francisco (UCSF) by Dr. Jody Steinauer promoting Planned Parenthood's cheaper medication abortion regimen. Dr. Steinauer is an abortion activist and coincidentally, Dr. Grossman is one of her colleagues on staff at the UCSF.

And when you hear PPH say their regimen is approved by ACOG? *The American College of Obstetricians and Gynecologists is a trade union*, not a medical or scientific body, nor a board-certifying group.

PPH Myth #6: PPH's webcam abortions are just like any other use of telemedicine

Telemedicine is not currently used for any other invasive procedures in this country or anything similar to abortion. It is mainly used for primary care doctors to share charts, X-rays and other vitals with specialists, or to monitor medical devices in use by patients to measure things like heart ECGs and blood glucose levels. It's also used to help consumers get specialized information, participate in discussion groups or for medical education. PPH's use of telemedicine is inappropriate because there is no doctor to examine the woman before the abortion or to give follow-up care in the case of an emergency.

PPH Myth #7: All PPH's webcam abortion patients are seen by "qualified health professionals"

At the 8/28/13 Iowa Board of Medicine hearing on webcam abortions, a former PPH nurse admitted that some physicals prior to abortions were performed by CMAs (Certified Medical Assistants). Dr. Robert Bender of the IBOM, said CMAs were not qualified to perform physicals and repeatedly asked PPH's Board Chair Dr. Robert Shaw if he ever relied on CMAs to do physicals in his own private practice. Dr. Shaw dodged the question.

An ad on PPH's own website lists these qualifications for a Certified Medical Assistant in their Cedar Rapids abortion center:

- High school diploma or equivalent
- Graduate of a training program for Medical Assistants with certification by AAMA or ARMA
- One year work experience in customer service, health care or medical office preferred. (Source: www.plannedparenthood.com)

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Iowans don't want webcam abortions

Over 30,000 Iowans signed **Iowa Right to Life's** petition against webcam abortions, including abortion advocates, who



couldn't stand the thought of sending a woman home to abort by herself, with no examination by a doctor and no follow-up emergency care.

U of Iowa Survey: Iowans Support Ban on Telemedicine Abortions

A 2013 poll by the University of Iowa Political Science department revealed most Iowans support the Iowa State Board of Medicine's October 2013 decision to ban telemedicine abortions.

66.3 percent overall support ban

84.8 percent of Republicans support ban
52.9 percent of Democrats support ban
64.2 percent of Independents support ban

The Hawkeye Poll, conducted November 10-17, 2013 surveyed more than 1,000 Iowans, age 18 and over on issues ranging from health care to gun control.

Read the poll results here:
<http://now.uiowa.edu/2013/11/hawkeye-poll-surveys-iowans-range-current-issues>

Important terms to understand

Medication abortions are also called **Chemical abortions** and **RU 486**. A misconception is that it is just two pills — but it's actually a cocktail of pills (see **How It Works** on Page 2)

Surgical abortions are referred to as **In-clinic abortions** by Planned Parenthood.

Telemedicine abortions are medication abortions by a webcam. PPH claims their cameras are closed-circuit TV.

Get the Facts is prepared by **Iowa Right to Life**, 1500 Illinois Street, Des Moines, Iowa 50314, www.iowaRTL.org
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Clearly, CMAs are not qualified to diagnose conditions that might kill a woman in a medication abortion, nor do follow-up surgical abortions for incomplete medication abortions.

PPH Myth #8: PPH's misuse of medication abortion drugs is like any other off-label use

This myth came from a *Des Moines Register* staff editorial, which used several examples, including: "Doctors prescribe high blood pressure medicine to treat anxiety and a drug approved to treat shingles for tennis elbow."

Tennis elbow vs. a woman hemorrhaging at home for up to two weeks and sometimes as much as a month until she delivers a dead baby. Not even close.

Ironically, off-label use of medication abortion drug misoprostol (brand name Cytotec) to induce labor has spawned a new industry for personal injury attorneys, because one of the possible complications is that the baby can die.

PPH Myth #9: PPH's webcam abortion opponents just want to outlaw all abortions

A ridiculous argument coming from an organization that wants the exact opposite—abortion at all costs. PPH has lobbied hard in the past to kill bills with bi-partisan support that allow a woman access to the ultrasound image of her baby before an abortion and also opposed parental notification laws.

PPH Myth #10: PPH's webcam abortions led to a drop in abortions in Iowa

If Planned Parenthood had anything to do with this, their abortion numbers would have gone down. They did not. PPH's most recent annual report shows their abortion numbers rose to 6,367 abortions in their fiscal year ending in June 2013, up from 5,832 the year before. Their abortion numbers have been growing steadily for years.

Abortions decreased in Iowa to 4,648 in 2012 from 4,815 in 2011, according to the most recent *Iowa Department of Public Health Vital Stats Report*. But that decrease is part of a larger trend of abortion numbers dropping across the country since the 1990s.

Despite the overall drop in abortions from 2011 to 2012, the *IDPH Vital Stats Report* showed abortions did go up in certain areas — the ITOP regions covering Des Moines/Polk County, Sioux City, Cedar Rapids, Burlington and Keokuk, Ames, and Creston. These are all PPH markets.

(Source: IDPH Vital Stats reports, 2012 and 2011)

Testimonies: What is it like to have a medication abortion?

Excerpt from blog by Abby Johnson, former Planned Parenthood manager, describing her own medication abortion: (WARNING: Graphic)

"...I knew I had to get up and wash the blood off of me. I stood up slowly and straightened out my body. As soon as I was completely upright, I felt a pain worse than any other I had experienced. I began to sweat again and felt faint. I grabbed on to the side of the shower wall to steady myself.



"Then I felt a release...and a splash in the water that was draining beneath me. A blood clot the size of a lemon had fallen into my bath water. Was that my baby? I knew this huge clot was not going to go down the drain, so I reached down to pick it up. I was able to grasp the large clot with both hands and move it to the toilet.

"I stood in the warm shower for a few minutes...feeling a little relief from the cramping. Then came the excruciating pain again. I jumped out of the shower and sat on the toilet. Another lemon sized blood clot. Then another. And another. I thought I was dying. **This couldn't be normal. Planned Parenthood didn't ever tell me this could happen...**" (To read the full post, visit www.abbyjohnson.org, blog post, October 23, 2012.)

Even pro-abortion say medication abortions are a painful mess

"This has turned into a marathon I hadn't expected! takes longer than I thought it would..."

Read the testimony of Angie Jackson, a single mom from Tampa, FL, who gave a play-by-play of her medication abortion on Twitter. (Featured in the *IRTL News*, September 2010, page 5 at www.iowaRTL.org)



13 states have banned webcam abortions

13 states have passed laws banning the practice of webcam abortions: Alabama, Arizona, Indiana, Kansas, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee and Wisconsin.

It's time for Iowa to ban webcam abortions, too.

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