

Emergency "Contraception" and Early Abortion

The recent approval by the Food and Drug Administration (FDA) of a new drug (Preven), specifically for use as "Emergency Contraception" (EC), is raising questions as to whether the drug's mechanism is contraceptive or abortifacient in nature.

A major problem in this debate is the manipulation of terms. The FDA, American College of Obstetricians and Gynecologists (ACOG) and abortion advocacy groups long ago endorsed a change in the definitions of "conception" and "pregnancy" to confuse the issue. Instead of equating conception with fertilization, and seeing a woman as pregnant if her body contains a living, developing embryo, they equate "conception" and "pregnancy" with the implantation of the embryo in the uterus 6 to 10 days later. Thus a drug or device that destroys the early embryo or disrupts its development is redefined as "contra-ceptive," even though it is abortifacient in nature.

What is EC?

The new Preven regimen and similar so-called "morning-after" pills, which can actually be taken several days after intercourse, are high doses of ordinary birth control pills containing estrogen and progestin, which have long been known to inhibit pregnancy. In response to years of pressure from some medical and advocacy groups, the FDA recommended six brands of oral contraceptive pills in high doses (Ovral, Lo/Ovral, Nordette, Levlen, Triphasil, and Tri-Levlen) as "safe" and "effective" for use as "postcoital EC" in February 1997.

EC pills are intended for use no later than 72 hours after "unprotected" intercourse. One dose of pills is taken within 72 hours and a second dose 12 hours later. Proponents claim that the pills are 75% effective in preventing pregnancy. Planned Parenthood, which offers the regimen at many of its sites, says that the method is for "special circumstances" such as after "contraceptive failure" or sexual assault. (This raises the question: How can it be contraception, if contraception has already "failed" so that conception has occurred?) The method offers no protection against sexually transmitted diseases. It also poses greatly increased health risks for smokers, although there are virtually no warnings about this, according to Hanna Klaus, MD, FACOG. About half the women taking ECPs experience nausea and 20% may vomit for up to two weeks. Potentially fatal ectopic pregnancy (after a high dose of estrogen) is also among the possible side effects.

How does EC work?

While Preven and other EC pills are FDA-approved as "contraception," medical and advocacy groups admit that the pills work in a variety of ways. While these pills may sometimes have a contraceptive mode of action because they prevent or delay ovulation or fertilization, they are designed to prevent implantation as well.

According to the FDA, "EC pills ... **act by delaying or inhibiting ovulation, and/or altering tubal transport of sperm and/or ova (thereby inhibiting fertilization), and/or altering the endometrium (thereby inhibiting implantation)**" (FDA Notice, 62 *Fed. Reg.* 861 [Feb. 25, 1997]).

The Alan Guttmacher Institute's *Family Planning Perspectives* made the same observation in 1995: "Emergency contraceptive pills, also known as morning-after pills, are a postcoital hormonal treatment that appears to inhibit implantation of the fertilized ovum" (C. Harper and C. Ellertson, "Knowledge and Perceptions of Emergency Contraceptive Pills Among a College-Age Population: A Qualitative Approach," 27 *Family Planning Perspectives* 149 [July-August 1995]). It is this abortifacient mode of action that EC proponents often downplay.

A recent editorial favoring EC in a major medical journal made a fascinating connection in commenting on the drug's mode of action: "From a medical point of view, the use of emergency contraception should not be considered abortion, since, as demonstrated daily in programs for in vitro fertilization, pregnancy in a woman cannot begin until the fertilized ovum is implanted in her uterus" (P. Stubblefield, "Self-Administered Emergency Contraception -- A Second Chance," 339 *New England Journal of Medicine* 41 [July 2, 1998]). To most people, what IVF has underscored is the fact that a life begins with fertilization (hence the popular name "test-tube baby.") The editorial's analogy only proves that, if we want to call EC "contraception," we must also call it merely "contraception" to deliberately discard and destroy developing human embryos in the laboratory. Congress has never taken this view.

Abortion or Contraception?

A woman who uses EC after unprotected sex clearly intends to prevent pregnancy. However, she may be quite unaware of "where" she is in her cycle (i.e., whether or not she has ovulated). Although she may not intend to abort, the drug's action of altering the endometrium to interfere with implantation may in fact abort the developing embryo.

This point cannot be overemphasized. Once an ovum is in the Fallopian tube, the process of fertilization may begin within 15 to 30 minutes after intercourse. Thus some researchers conclude that interfering with the endometrium "could explain the majority of cases where pregnancies are prevented by the morning-after pill" (J. Wilks, *A Consumer's Guide to the Pill and Other Drugs* at 154 [1997], citing F. Grou and I. Rodrigues, "The morning-after pill: How long after?", 171 *Am. J. Obstet. Gynecol.* 1529-34 [1994].) Without implantation, which occurs about a week after fertilization, the embryo cannot develop and will die.

Brown University associate professor of medicine, Ralph Miech, M.D., Ph.D., agrees. "This type of pill causes an abortion," he wrote in the *Providence Journal* on August 3, 1998. "From a pharmacologic perspective, this type of pill should be called an 'abortion-after pill'."

The question must be asked: "How is this contraception?" Women are being falsely led to believe that these pills are contraceptive in nature. But one of their common and intended modes of action is to prevent the development of the embryo, resulting in his or her death.

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