

# Birth Control, Contraception & Abortifacient Facts

## **The Pill – Progesterone only, low dose combination pills:**

*The Physician's Desk Reference* lists the above hormonal contraceptives as having three mechanisms of action: 1) Prevent ovulation, 2) Thicken the cervical mucous to prevent sperm from entering the uterus and fallopian tube, and 3) Alter the lining of the uterus so implantation cannot take place. The third action, if and when it occurs, is **abortifacient** (meaning a human life has begun but cannot continue to develop without the nourishment provided through the mother's uterine wall). Although pro-life physicians continue to debate if and how often hormonal contraceptives interfere with the implantation of an embryo, it is important to educate ourselves about this potential action of the Pill. **Those who seek to protect the sanctity of human life from the point of fertilization should not take any drug which could end the developing child's life.**

## **Norplant:**

This implant is placed under the skin of the arm for up to a 5-year period. The progesterone hormone's effect is to suppress ovulation, but after 2 years, there is a greater chance of break-through ovulation and fertilization. The hormone may prevent embryo implantation.

## **Depo-Provera:**

This Progesterone (hormone) derivative is injected every 3 months to prevent a woman from ovulating, but it also alters the uterine lining. Break-through ovulation and fertilization may occur, though less frequently than with Norplant. The hormone may prevent implantation of the embryo.

## **Morning after pill:**

Large doses of existing birth control pills (or another drug levonorgestrel, known as Plan B) are given up to 72 hours after intercourse to attempt to prevent the implantation of the embryo. A second dose is given 12 hours after the first one. The action of these large doses of hormones, birth control pills, works to prevent ovulation and/or fertilization.

## **RU-486:**

When a woman is given RU-486 (also called Mifepristone). **It kills her baby** by interfering with progesterone, the hormone which keeps the baby implanted in the wall of the mother's uterus. Two days later, the woman returns to the clinic to receive a prostaglandin drug which induces labor and expels the dead embryo (RU-486 is used until 7 weeks after the first day of her last menstrual period). If the baby hasn't been expelled by the time the woman makes her third visit to the doctor, she will require a surgical abortion procedure (5-8% likelihood). RU-486 is not safe for women and list the following reasons a person should not take RU-486): under age 18 or over 35; menstrual irregularities; history of fibroids, abnormal menstrual bleeding or endometriosis cervical incompetence, previous abortion, or abnormal pregnancies; pelvic inflammatory disease; recent use of IUD or the pill 3 months.

## **Methotrexate & Misoprostol:**

Two drugs that were developed for cancer (methotrexate) and ulcer (misoprostol) treatment are now being used in combination to kill babies. Methotrexate is used to **poison** the baby and then Misoprostol empties the uterus of the baby. Keep in mind that Methotrexate is a chemotherapy drug with the potential for serious toxicity, which can result in the death of the mother as well as the baby.