RIGHT TO LIFE OF MICHIGAN'S POSITION

Right to Life of Michigan has no policy or position on true contraceptive methods. Prolife people disagree about the morality of birth control and their effects on women and society. Some argue they only encourage more abortions and create other moral problems; others argue birth control actually prevents more abortions from occurring. The same could be said for any economic or social policy that affects people—policies which prolife people reasonably disagree upon.

As a truly diverse organization united in one common purpose, one belief we all share is that every human being has moral worth. Human life undeniably begins at fertilization. Right to Life of Michigan opposes the use of contraceptives that have an abortifacient effect. Right to Life of Michigan will advocate for the right of conscience of any individual, organization, or institution to refuse to use, pay for, or administer contraceptive methods that may have an abortifacient effect.

Some people say prolife people should abandon their focus on legal protections for unborn children and promote birth control to effectively save more lives. But the focus on promoting birth control sidesteps the obvious reality that purposefully killing an unborn child is wrong. Justice demands we protect their rights.

Even more widespread birth control use will never end abortion. Hormonal birth control was around for 13 years in America before Roe v. Wade legalized abortion through all nine months of pregnancy; if hormonal contraception was the solution, why did we "need" abortion in the first place?

Half of women who have abortions report using birth control methods in the month they became pregnant.[15] Birth control is everywhere in America today—even in advertising on children's shows—yet we still purposefully take the lives of nearly 1 million children a year. Contraception will never be a substitute for treating every member of the human family with equal moral worth.

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Birth Control and Abortion

Right to Life of Michigan has no position on birth control methods that don't cause early abortions. Can some forms of birth control cause abortions—do they have an abortifacient effect? Birth control and it's relation to abortion is a complicated topic involving strong feelings. It's important that any discussions about this topic should be based on accurate understandings of biology and reality. Without those, conversations quickly devolve into slogans and talking points. This LifeNotes edition will provide an in-depth look at this question.

REDEFINING PREGNANCY TO CONFUSE PEOPLE

Before we look at different types of contraception (the technical term for birth control), or how contraception impacts the bodies of women and their children, we have to understand basic human biology.

In 1965, the American College of Obstetricians and Gynecologists (ACOG) changed the definition of "conception" and pregnancy. Before that date, it was generally understood that conception begins at fertilization: a new life is conceived. Since 1827, we've had reasonable knowledge that human life begins when sperm and egg unite, creating a distinct, living individual. That was confirmed beyond reasonable doubt in 1876, when Oscar Hertwig observed the first union of sperm and egg in animals.

However, this biological fact posed a problem for those interested in developing hormonal contraceptives during the 1950s: it was theoretically possible that their new birth control pill wouldn't just prevent pregnancies by stopping women's ovaries from releasing eggs (a process called ovulation), but also prevent the newly conceived baby from implanting in the womb (the uterus). The time between fertilization—the creation of a distinct human being—and implantation in the uterus is about a week as the growing baby travels down her mother's fallopian tube and into the womb.

That would mean that the first birth control pill, Enovid—approved in 1960 for use in the United States—could potentially violate state laws against abortion and would be found morally unacceptable by many people who object to harming human life.

To influence people to accept "the pill," ACOG made a political decision—not a scientific one—to redefine conception.[1] Today, ACOG's definition is considered the "official" definition of when conception begins: not when the child's life actually begins, but when the already alive and growing child implants in the uterus. ACOG's opinion is scientifically incorrect, pretending nothing happens between fertilization and implantation. The biological communication process between baby and mother to prepare for implantation is complex and still not fully understood.[2]

This redefinition of scientific terms is the source of so much confusion on this topic. Social policy should never twist scientific facts to fit political goals.

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ABORTION AND ABORTIFACIENT

Now that we understand the source of confusion, we can try to answer the difficult question: does contraception cause a living, distinct human being to die? Is contraception abortifacient—which means, does it cause an early abortion?

Sadly, there is no definitive answer.

First, every form of contraceptive has a failure rate, even with "perfect use" by the men or women using them.[3] That means even for hormonal contraceptive methods that may have an abortifacient effect, they still don't stop every baby from implanting. Abortion methods on the other hand have a very high effectiveness in ending the baby's life.

Second, a majority of babies don't proceed to a full-term birth. Many of these are because they naturally fail to implant in the womb. So, if a contraceptive has an abortifacient effect in certain situations, is it actually causing a higher proportion of babies to fail to implant?

Third—especially for some contraceptive methods—how they are used or timing could have influence on an abortifacient effect. Many women do not use hormonal contraceptives consistently as intended, so what happens during "perfect use" may vary from actual use.[4]

Fourth, studying the effect of contraception in-depth is difficult. It would also be morally outrageous: it would involve intentionally creating life to destroy life, as well as incredibly invasive procedures to directly observe a woman's womb.

So, most scientific evidence for the abortifacient properties of birth control is based not on direct observation, but instead on an academic understanding of biology and statistics. Even given these challenges, it's possible to still come up with some conclusions.

ABORTIFACIENT EFFECTS

What are the various biological ways that contraceptive could theoretically have an abortifacient effect?

Uterine lining: by thinning or damaging the endometrial lining of the uterus, babies could fail to implant in the lining, thus dying.

Tubal peristalsis: by slowing down the ability of the fallopian tubes to move the newly-conceived child into the uterus during the window when implantation is possible, thus causing death. Contraceptive methods that have this effect have an increased risk of dangerous ectopic pregnancies, where the child implants in the fallopian tube.[5]

Luteal-phase dysfunction: after implantation, the woman's body is still sending hormonal signals for the uterine lining to continue developing for the rest of pregnancy. By interrupting these hormones, the lining could break down even after the baby has implanted in the uterus, thus causing death.[6]

WHICH METHODS ARE ABORTIFACIENT?

Not Abortifacient

- **Barrier methods** (condoms, diaphragms, caps, etc.)
- **Fertility awareness**
- **Spermicides**
- **Sterilization**

These methods of contraception don't have a plausible effect on the developing child or the lining of the uterus, so they almost certainly aren't abortifacient.

Barrier methods physically block sperm from reaching the egg, so no child can be conceived.

Fertility awareness methods involve not having sex during the brief window of a woman's menstrual cycle when she ovulates. So, there is no egg to fertilize.

Spermicides are often used in conjunction with other barrier methods and are designed to destroy or impair sperm before they have a chance to reach the egg.

Sterilization involves preventing sperm or eggs from even being present during sex.

Potentially Abortifacient?

- **Combined oral pills** *(ex: Apri, Aviane, Junel 1/20, Yaz, Sprintec, etc.)*
- **Patches** *(Xulane, Twirla)*
- **Vaginal rings** *(NuvaRing, Annovera)*

These combined hormonal contraceptive methods involve different formulations (monophasic vs. triphasic). They involve different brand names. They involve different methods of delivery: a pill, a patch on the skin, or a ring inserted into the vagina.

But all of these methods primarily work by stopping a woman from ovulating: no egg is produced. They are "combined" because they contain synthetic versions of the hormones estrogen and progesterone. The hormones are designed to trick the pituitary gland into not releasing hormones that tell the ovaries to produce an egg. They also thicken the mucus in the cervix, preventing sperm from swimming up to the egg.

However, the progesterone in these methods also has an effect on the uterine lining. It's unclear whether this effect is enough to prevent some babies from implanting in the womb, but in official FDA-approved labeling, combined hormonal methods do say "pregnancy" is also prevented by affecting the uterine lining.[7] It's not clear if that claim is definitively true, and even knowing how often eggs are released during combined oral contraceptive use is unproven.[8]

The progesterone could also affect tubal peristalsis.

Possibly Abortifacient

- **"The mini-pill"** *(ex: Camila, Errin, Jolivette, Nora-Be, Nor-QD, Ortho Micronor, etc.)*
- **Implants** *(Nexplanon, Implanon)*
- **Shots** *(Depo-Provera)*

These methods were developed as an alternative to the combined methods, because of the health consequences from taking estrogen; these only use versions of progesterone to function. However, because they lack the estrogen, they can lose much of the ability to prevent ovulation from occurring.[9] So, their effects are much more likely to involve impacting the uterine lining or tubal peristalsis, as well as causing luteal-phase dysfunction.

The injection (Depo-Provera) is very successful at stopping ovulation. However, it can take a month for it to begin working, depending on which point in a woman's menstrual cycle it's given.[10] Also, after the injection wears off, it appears that ovulation can occur for several months before a woman can stay pregnant, indicating it may cause luteal-phase defects.[11]

Probably Abortifacient

- **Intra-uterine devices** *(IUDs)*
- **"Morning after pills"** *(Plan B)*
- **Ulipristal pills** *(Ella)*

These methods are all considered emergency contraception, though IUDs are also used as a long-term method.

IUDs are devices placed directly in the uterus to inflame the uterine lining. They are designed to work from 3 to 12 years, depending on the brand. They come in either a copper version, or a plastic version that secretes progesterone. Their ability to affect implantation is practically confirmed, since they can be used up to 5 days after ovulation—days after fertilization has occurred.[12]

"Morning after pills" are high-dose progesterone. Much research on their abortifacient effect has been done, though of course never definitive. The most current evidence[13] appears to show its effects depend on when it is taken:

- Five or more days before ovulation, this method does nothing to prevent pregnancy.
- As much as four days before ovulation, it can delay ovulation past the point sperm can survive after sex, or possibly prevent ovulation altogether.
- If taken just a couple of days before ovulation, however, it could cause luteal-phase dysfunction by disrupting hormones, giving it an abortifacient effect.
- Taken after ovulation, this method does nothing to prevent or effect a conceived child.

In addition to other effects, Ella's primary method of action involves blocking progesterone. It's the same method of action as the abortion pill mifepristone, which degrades the lining of the uterus after the baby has already implanted.[14]

ABORTION PILLS CONFUSED WITH CONTRACEPTIVES

Many people can become confused between "abortion pills" and other methods intended as contraceptives, particularly "morning after pills."

The abortion pill regimen involves two drugs: mifepristone breaks down the uterine lining, while misoprostol induces uterine contractions (misoprostol is intended for use as a medication for stomach ulcers). Both of these drugs are the only FDA-approved drugs that cause abortions. The contraceptive methods mentioned in this LifeNotes aren't effective or used after positive pregnancy tests.