

Contraceptives: What You Need To Know

Birth-control ('contraception') methods which can cause abortion

Can birth control cause an abortion, by stopping an unborn child from implanting in the womb?¹ Many women and couples are unaware that even those methods aimed at stopping ovulation (the release of an egg) can also cause an abortion if an embryo is conceived after 'breakthrough' ovulation. The risk of causing an abortion applies to the following methods of contraception:

Combined oral contraceptives

These pills contain oestrogen and progestin and are taken daily. They:

- suppress ovulation
- thicken cervical mucus
- change the endometrium (lining of the womb) making implantation of the newly-conceived embryo less likely, **and thus can cause an early abortion**

- reduce sperm transportation in the woman's fallopian tubes.

Progestin-only pills (the 'mini-Pill')

These are taken daily and contain no oestrogen. The pills:

- suppress ovulation
- thicken cervical mucus
- change the endometrium making implantation less likely, **and thus can cause an early abortion**
- reduce sperm transportation in fallopian tubes.

Combined injectable contraceptives

These monthly injections of oestrogen and progestin include products such as Cyclofem, Novafem, Mesigyna, Lunelle and Cyclo-Provera. They:

- suppress ovulation



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- thicken cervical mucus
- change the endometrium making implantation of the embryo less likely, **and thus can cause an early abortion**
- reduce sperm transportation in fallopian tubes.

Intra-uterine devices (IUDs)

Copper-releasing IUDs can:

- interfere with the ability of sperm to pass through the uterine cavity
- interfere with fertilisation in the fallopian tube
- cause local inflammation in the lining of the womb, inhibiting implantation if conception has occurred, **and thus can cause an early abortion.**

Progestin-releasing IUDs additionally:

- thicken cervical mucus, thus interfering with sperm movement
- produce endometrial changes which may interfere with implantation of the newly-conceived embryo if fertilisation has occurred, **and thus can cause an early abortion.**

Levonorgestrel-releasing IUDs such as Mirena **rely more on preventing implantation** than devices which were available before them.

Implants

The Norplant contraceptive implant

- suppresses ovulation
- thickens cervical mucus
- changes the endometrium making implantation of the newly-conceived embryo less likely, **and thus can cause an early abortion**

- reduces sperm transportation in fallopian tubes.

Progestin-only injectable contraceptives

These progestin injections are given every two or three months and they:

- suppress ovulation
- thicken cervical mucus
- change the endometrium making implantation of the newly-conceived embryo less likely, **and thus causing an early abortion**
- reduce sperm transportation in fallopian tubes.

Emergency Contraceptives

Emergency contraceptives are often referred to as the “morning after pill”. The two main regimes are the *Yuzpe* regime, which consists of ethynyl estradiol (EE) in combination with Levonorgestrel (LNG), and LNG alone (also known as “Plan B” or Levonelle). Emergency contraceptives could work in various ways. They could:

- Suppress follicular development
- Suppress ovulation
- Reduce sperm migration
- Prevent fertilisation and zygote development
- **Suppress embryo transportation to the womb**
- Change the endometrium making implantation less likely, **and thus could cause an early abortion**

There is still debate about whether emergency contraceptives are abortifacient. Some claim that a post fertilisation effect is the likely mechanism of action. However, most recent

scientific papers claim that emergency contraceptives act before fertilisation by blocking or delaying ovulation, rather than acting after fertilisation.

Recently, a new emergency contraceptive has been released onto the market – Ulipristal Acetate, known as “ellaOne” in the European Union. It is claimed to be effective for up to 120 hours (five days) after intercourse and works by binding to progesterone receptors to inhibit the effect of progesterone, thus suppressing or delaying ovulation, as well as decreasing endometrial thickness and receptivity – **an effect which could, again, cause an early abortion.** These effects vary according to the timing of drug administration during the menstrual cycle.

RU486 (also marketed as Mifepristone)

This drug is used to cause abortion in established pregnancies. Some researchers have claimed that when taken early and in moderate doses, mifepristone functions primarily by acting on ovarian function. However, this does not necessarily mean that there could not be **a possible post fertilisation abortive effect associated with preventing implantation.**

Contraception, harms and alternatives

All of us need to be aware of what our actions may entail and the harms they may do to others and to ourselves. In many cases, people tempted to use a particular birth control method do not wish to do anything that would endanger their embryos. They realise that the newly conceived embryo is a human being who has a right to parental

protection and nurture.

Some may say that if we don't directly 'intend' to bring about the death of a newly conceived embryo but merely foresee a risk of doing this via contraception, we can be justified, at least if avoiding abortion is our sole concern.

However, causing this harm as a possible side-effect of using contraception cannot be justified because the death of an embryo, or even a significant risk of death, is out of all proportion to the supposed good being sought, namely child-free intercourse for the couple. Moreover, there are other ways of avoiding conception which avoid this and many other risks and harms.

“The truth will set us free.” This information will, we hope, allow many to see what is hidden from many and has caused much unnecessary harm. Please pass it on to others.

For more detailed information on abortifacient birth control and scientific sources for the claims made here please download SPUC's document Birth-Control Methods Which Can Cause Abortion, available at www.spuc.org.uk

For information on 'Natural Family Planning' (NFP), an effective form of family planning acceptable to people of all faiths and none, contact the Billings Family Life Centre (020 7793 0026), Life FertilityCare (01926 834654) or the Natural Family Planning Teachers Association (02920 754 628).

Endnote

¹Some have argued that pregnancy can only be said to begin at implantation. This is untrue. As Lesley Regan, Professor of Obstetrics and Gynecology at St Mary's Hospital, Imperial College, London, points out: "The process during which the sperm enters the egg, fuses with it, and the egg starts dividing takes around 24 hours to complete and usually takes place while the egg is still travelling down the Fallopian tube...only one sperm penetrates the oocyte, the innermost part of the egg, and fertilization occurs. The sperm tail, which has been so vital in propelling it to this point, is left outside and eventually disintegrates. **The newly formed single cell that results is called a zygote and it now forms a thick wall around itself to prevent penetration by any other sperm. Your pregnancy has begun!**" *Your Pregnancy Week by Week*. London: Dorling Kindersley, 2010 (p.20, emphasis added).

See also: Keith L. Moore, T.V.N. Persaud, and Mark G. Torchia, *The Developing Human: Clinically Oriented Embryology*, 9th edition. Philadelphia, PA: Saunders, 2013: "Human development begins at fertilization, when a

sperm fuses with an oocyte to form a single cell, a **zygote**. This highly specialized, totipotent cell marks the beginning of each of us as a unique individual" (p.13); "Developmental anatomy refers to the structural changes of a person from fertilization to adulthood" (p.5).

T.W. Sadler, *Langman's Medical Embryology*, 11th edition. Philadelphia, PA: Lippincott Williams & Wilkins, 2009: "Development begins with fertilization, the process by which the male gamete, the **sperm**, and the female gamete, the **oocyte**, unite to give rise to a **zygote**." (p.13)

Keith L. Moore, T.V.N. Persaud, Mark G. Torchia, *Before We Are Born: Essentials of Embryology*, 8th edition. Philadelphia, PA: Saunders, 2013: "There are different opinions of when an embryo becomes a human being because opinions are often affected by religious and personal views. The scientific answer is that **the embryo is a human being from the time of fertilization because of its human chromosomal constitution. The zygote is the beginning of a developing human.**" (p.327, emphasis added)



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