

# CALIFORNIA RIGHT TO LIFE EDUCATION FUND

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## **DISPELLING THE MYTHS** behind conception, contraception and abortifacient drugs

*By J. C. Willke, MD and Bradley Mattes, MBS*

*With the recent Obama Administration HHS Mandate that all employers provide insurance coverage free of charge to their employees for contraceptives, surgical sterilizations, and abortifacient drugs and devices, we devote this newsletter to a reprint of an excellent article explaining the "products" that the HHS mandate will cover.*

### **Fertilization and Implantation**

There is a significant amount of misinformation circulating regarding human fertilization, embryo implantation and the first week of life. Here are the known scientific facts.

When sperm are deposited in a woman's vagina, they swim through the cervix (the mouth of the womb), through the uterus and out through her fallopian tubes. This journey can take as short a time as 30 minutes. At the end of the tube is the ovary. If an ovum (egg) waits, a sperm can penetrate the ovum resulting in fertilization. Sperm can survive as long as a week within the female genital track, but are probably only capable of fertilizing an ovum for about 48 hours after intercourse. During monthly ovulation an egg breaks out of the surface of the ovary. From the time ovulation occurs, and the egg becomes available for union with a sperm, it is capable of being fertilized for probably not much more than twelve hours. It is because of these rather narrow time frames that the great majority of acts of natural intercourse do not result in a pregnancy.

If and when a sperm does penetrate the shell of the ovum, it sheds its tail, and will proceed slowly into the center of the ovum. Its 23 chromosomes will line up next to the ovum's 23 chromosomes, thus constituting a new cell, a fertilized ovum of 46 chromosomes. From the entrance of the sperm until the first cell division is a period of about 24 hours.

What is present at fertilization is an entire new human body, even though it is yet a single cell. This is the most complicated cell in the universe, for it contains within itself all of the information that is needed for this human to develop into a mature adult.

The embryo then floats freely down through the mother's tube. During this first week, the one cell divides until this new being constitutes millions of cells. When this new human is one-week-old, he or she plants within the lining of the mother's uterus, burrows into the spongy, nutritive wall of her womb, contacts the mother's blood stream and sends a chemical, hormonal message. This message goes to a gland at the base of her brain and tells the mother's body that there is a new occupant. Accordingly, this gland sends hormones into the woman's body that prevent her from menstruating.

But we are told that pregnancy doesn't begin until implantation and that any medication or object which prevents that planting is in fact a contraceptive and will "prevent pregnancy." What has happened has been a redefinition of the terms used. They now tell us that "pregnancy" does not begin until one week after fertilization, the time of implantation. This has fooled untold numbers of people, including many doctors. But we are not talking about the mother's body. It is quite obvious that life does not begin when this new human life is one week old. Life begins when the sperm penetrates the ovum.

The outgrowth of this new redefinition of the word "pregnancy" has been to also redefine "conception" as the time of implantation rather than the time of union of sperm and ovum. This has resulted in the claim that contraception "prevents pregnancy" any time during the first week of this tiny new human's life, e.g., even though many forms of contraception prevent a living human embryo from implanting, and thus kills him or her, they are still spoken of as "preventing pregnancy."

My colleague, Bradley Mattes, will now detail specific examples.

# Contraception

Hormonal contraception uses the synthetic forms of the hormones progesterone and estrogen. These synthetics are typically called progestin and ethinyl estradiol. The primary function of hormonal forms of birth control prevent ovulation. But it's helpful to understand that some forms of hormonal contraception prevent a woman's egg from fully developing each month. The egg is actually released, but since it is immature, sperm are unable to fertilize it and conception is prevented from taking place. It is also interesting that some makers of hormonal contraception warn against using their product if a woman has had breast cancer or has a family history of breast cancer.

The older forms of hormonal contraception are referred to as first- and second-generation. The newer forms, several of which you currently see advertised on TV, are called third- and fourth-generation contraception.

The purpose of the following information is to provide a basic understanding of how all forms of contraception work and, specifically, whether or not they have any abortifacient function.

**The Birth Control Pill** is the most popular and widely used method of hormonal contraception. It involves taking a month-long series of pills—three weeks of pills containing hormones, and one without. This allows the woman to have a menstrual period. The Pill contains two synthetic hormones, progestin and ethinyl estradiol and has three mechanisms: 1) it prevents ovulation, 2) thickens the cervical mucus, which makes it harder for sperm to enter the uterus and 3) affects the endometrium or lining of the womb to make it more hostile to implantation. This means the tiny developing baby (embryo) cannot attach to the uterine lining and dies, which is a very early abortion. Even so, they define this as "preventing pregnancy."

**Plan B** or Emergency Contraception is designed for emergency use and not recommended to be used as a regular method of birth control. Plan B One Step is a single pill containing a high dose of progestin, and is available to women without prescription if they are 17 or older. It claims that if taken within 72 hours of "unprotected" sex, it will prevent ovulation, but it also prevents the already conceived embryo from implanting in the endometrium, causing an early abortion.

According to the pro-abortion blog site, Reproductive Health Reality Check, Plan B isn't as effective as first

touted, which has caused financial backers to put funding on hold. In addition, the blog site acknowledged that women are "abusing" Plan B by repeatedly using it instead of other birth control methods.

**The IUD** or intrauterine device is available in two different types in America. The hormonal IUD called Mirena, and the copper IUD called Paragard. Mirena releases levonorgestrel, which is a progestogen. Its primary function is to prevent implantation by the tiny developing human (embryo).

Preventing ovulation appears to function as a distant second. A study of women, one year after inserting the IUD, showed about one-half (45%) of women were still ovulating. After four years, 75% of women were ovulating. Obviously, the greater the number of women ovulating means the higher the chance for fertilization to occur. Other mechanisms of Mirena include thickening the mucus of the cervix, thus not allowing sperm to enter the uterus, or affecting the mobility or survival of sperm.

If fertilization occurs, most likely the tiny unborn child will be prevented from attaching to the lining of the womb and he or she will die. This is a very early abortion.

The copper IUD's effectiveness comes from a continuous release of copper into the uterine cavity; however, they aren't sure why this works. The general consensus is that this is accomplished by preventing implantation of the human embryo.

With both forms of IUD, if the woman becomes pregnant, she has a greater chance of having an ectopic or tubal pregnancy. This is when the tiny developing baby attaches to the lining of the fallopian tube and may threaten the woman's life.

The IUD is not considered safe for women if they have not first given birth to at least one child, have a history of or had breast cancer, or have multiple sexual partners.

**NuvaRing** is a flexible ring about two inches in diameter. It is inserted vaginally once a month and continuously delivers the same hormones found in the Pill and functions with the same three mechanisms. The only difference is the way the drug is administered.

After three weeks, the ring is removed and, after seven days, another is inserted. NuvaRing is part of a third-

generation hormonal drug that is growing in controversy. According to a May/June 2009 article in *Mother Jones*, there are more than 100 lawsuits accusing the contraception of being unsafe, mostly due to blood clots. Some women have died. It's speculated that vaginally absorbing the drugs into the blood system has a more potent impact and increases the likelihood of adverse side effects.

**Yaz and Yasmin** are not the same thing; however, they are very similar. Both are classified as a fourth-generation birth control pill that contains two synthetic hormones: progestin and ethinyl estradiol. There is only a slight difference in dosage of the two drugs. Yasmin has a slightly higher level of ethinyl estradiol than Yaz. Both Yasmin and Yaz function identically. They prevent ovulation, thicken the mucus of the cervix and make the endometrium more hostile to implantation. This medication is also used to treat the symptoms of premenstrual dysphoric disorder (PMDD).

Yaz and Yasmin have proven to be even more controversial than NuvaRing. Consumer advocates have called on the FDA to recall the drugs. The FDA has accused Yazmin of misrepresenting their products and downplaying adverse side effects in their advertising. A class action lawsuit has been filed against Yaz products on behalf of 74 women who have developed severe health problems from these drugs.

**The Minipill** is similar to the regular birth control pill, except that it contains only progestin. As a result, this pill must be taken every day of the month, compared to the regular birth control Pill that requires only three weeks. The Minipill still operates using the three common mechanisms of hormonal contraception: preventing ovulation, thickening the mucus of the cervix and making the endometrium more hostile to implantation, which is a very early abortion. It is considered less effective than the combined progestin and estrogen pill.

The progestin-only pill is considered to be Continuous Birth Control. This usually results in stopping the woman's menstrual period (a selling point of the drug). Types of birth control pills that are considered Continuous Birth Control are Seasonale, Seasonique and Yaz.

**The Patch**, called Ortho Evra, is a thin, square patch that adheres to the skin. Women wear it on the lower abdomen, below the belly button, and it is replaced weekly. Its function is identical to the Pill in that it

utilizes the common three mechanisms: preventing ovulation, thickening the mucus of the cervix and making the endometrium more hostile to implantation of a tiny developing human.

The patch is the most controversial of all birth control methods when it comes to the safety and well being of women. The patch delivers 60% more estrogen than the Pill because it is absorbed directly through the skin. The Pill's delivery system—the digestive track—mitigates the effectiveness of these drugs. The Associated Press reported that a woman's risk of dying or experiencing a survivable blood clot while on the patch was about three-times higher than while on the Pill. It's also been reported that several women have died and numerous lawsuits have been filed on behalf of those who say they were adversely affected by the patch.

**Depo-Provera** is like the Minipill, a progestin-only drug, but it is injected every three months into the woman's arm muscle or buttocks. Since it is progestin only, it functions in the same way the Minipill does, including the prevention of implantation.

**Norplant** is a number of hormonal matchstick-sized rods implanted under the skin, usually in the upper arm. However, it is no longer available in the United States.

**Diaphragm & Condoms:** The diaphragm is a flexible rubber, dome-shaped disk that fits over the cervix in the vagina to block sperm from entering the cervix. The condom—both male and female versions—also prevent sperm from entering the uterus. All three of these are barrier forms of contraception and do not involve abortion.

**Spermicides/Sponge:** The sponge is a soft disk about 1.5" in diameter. It's coated with nonoxynol-9 spermicide and is inserted into the vagina. Its function is to kill sperm or block their entrance into the uterus.

Spermicide comes in various forms: foam, cream, jelly or suppository. Its function is also to kill sperm or block them from entering the uterus. Neither the Sponge or other Spermicides have an abortifacient function.

**Sterilization** is the surgical process of permanently sterilizing women or men. A tubal ligation severs and ties off the woman's fallopian tubes, which prevents fertilization from occurring. A vasectomy severs and ties off the vas deferens or the

tubes to the man's testicles. There is no guarantee that these procedures can be reversed. Abortion is not involved with either of these forms of sterilization.

## Natural Family Planning

NFP is the process of abstaining from sexual intercourse during the time a woman is fertile and able to conceive. To determine when ovulation occurs, the woman observes changes that occur within her body. There are two methods of natural family planning. One is the process of observing changes in cervical mucus. During ovulation, the mucus becomes stretchy, clear and slick. The other method is a daily monitoring of the woman's temperature, which will slightly rise during ovulation. Natural family planning has no abortifacient function.

Hopefully we've clarified the myths and misconceptions regarding fertilization, the first days of life and abortion's role in some forms of contraception. Recently Laura Wershler, executive director of Sexual Health Access Alberta (formerly known as Planned Parenthood Alberta), lamented the lack of knowledge in her field regarding natural family planning. She says more women are looking for alternatives to hormonal contraception. She cites a trend toward natural products, better health and environmentalism. There have been several reports on adverse side-effects of synthetic estrogens on fish in the world's water systems. And there are particular health concerns regarding the third- and fourth-generation hormonal contraception products that have been introduced into society.

*The above article is originally published on Life Issues Connector, February 2010 edition.  
<http://www.lifeissues.org/connector/index.html>*

### WHO IS CALIFORNIA RIGHT TO LIFE?

This is the newsletter of **California Right to Life Education Fund**, a 501-c-3 organization established to educate the public about pro-life issues. Donations to the EDUCATION FUND are **tax-deductible** and can be sent to P.O. Box 4343, Walnut Creek, CA 94596-0343.

California Right to Life **Committee, Inc.** is a 501-c-4 organization providing information on legislative issues affecting the right to life, and pro-life political advocacy. **CRLC, Inc. is not permitted**, under IRS regulations, to offer a tax deduction for donations. \$24.99 annually is requested for a subscription to the CRLC legislative email updates list and can be sent to 1920 Monument Blvd #309, Concord, CA 94520.

Both are affiliates of American Life League, headed by Judie Brown, and share the same "no-exceptions, no excuses" beliefs and the same dedication to promoting the Culture of Life, respecting all innocent human life from the single-cell stage to natural death.

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## Calendar of Events

*See [www.calendarforlife.org](http://www.calendarforlife.org) for the most up to date listing of activities and events happening in your area. Have you visited the website lately? It is totally "remodeled" to be even more user friendly and informative.*