

How the Definition of "Conception" Has Evolved, and Why This is Important.

□□□□□□ **The Future of Pro-Life Activism.** The current paramount objective of "reproductive" research is to find the ideal abortifacient - one that will kill the preborn child every time without side effects to the woman. This emphasis on abortifacients, rather than contraceptives, has come about because abortifacients in general eliminate or greatly reduce user error, whereas contraceptives, which always remain under the control of the user, have much higher failure rates than abortifacients and are therefore less effective.

In other words, abortifacients are much more efficient at *ending* pregnancies than contraceptives are at *preventing*

them. The average user effectiveness rates of oral contraceptives, IUDs, Norplant and Depo-Provera are about 94 percent, and the average user effectiveness rates of the male and female condoms, cervical caps, diaphragms and sponge are only about 83 percent (see Chapter 21, "Contraception," for individual method and user effectiveness rates).

This means that as women change their preferences from surgical abortion to chemical abortion, the future of pro-life activism lies not as much outside the abortion mills as it does inside and outside the major pharmaceutical corporations.

Of course, no matter how effective abortifacients are at killing preborn children, just as they did with contraception, pro-abortionists will demand surgical abortion as a "backup." After all, abortifacients have been freely available since the mid-1960s, but have not significantly affected the abortion rate. This means that we will *always* have abortion mills - at least, until the law or public outrage shuts all of them down.

□□□□□□ **How the Definitions Have Evolved.** In 1963, the United States Department of Health, Education and Welfare (HEW) defined "abortion" as "all the measures which impair the viability of the zygote at any time between the instant of fertilization and the completion of labor." [1]

Until the mid-1960s, scientists universally acknowledged that conception happened at the moment of fertilization of the ovum by the spermatozoa, somewhere in the Fallopian tube. But pro-abortionists and population controllers already had their sights set on a shift from contraceptive to abortifacient methods of birth prevention, and abortifacient research was already ongoing in Japan and several European countries.

In order to make abortifacients acceptable to women, and to circumvent laws designed to prohibit abortion, the pro-abortionists realized that they had to blur the line between contraceptive and abortifacient action.

They could do this only by changing the definition of "conception" from *fertilization* [union of spermatozoa and ovum] to

implantation

. Under the

new

definition of "conception," if a device or drug - such as an IUD or Depo-Provera - prevents implantation, then no abortion takes place. Under the

new

definition, abortion would only occur if a chemical or device killed a preborn child who had

already implanted in the endometrium (lining) of the uterus.

The pro-abortionists' continuing agitation for a change in terminology finally bore fruit in 1965, when the American College of Obstetrics and Gynecology (ACOG) published its first *Terminology Bulletin*

, stating that "Conception is the implantation of a fertilized ovum." This semantic subterfuge resulted in the

Bulletin

inventing two misleading terms for early abortion: "Post-conceptive contraception" and "post-conceptive fertility control." [2]

The deception by the medical establishment regarding the definition of "conception" coincided exactly with its devaluation of the preborn child. Neither change in attitude nor terminology was based upon some revolutionary discovery in medical technology or knowledge: The changes were made purely to further the anti-life goals of the medical profession and the pro-abortionists.

Dr. J. Richard Sosnowski, head of the Southern Association of Obstetricians and Gynecologists, a member group of ACOG, clearly highlighted this strategy in his 1984 presidential address:

I do not deem it excellent to play semantic gymnastics in a profession ... It is equally troublesome to me that, with no scientific evidence to validate the change, the definition of conception as the successful spermatic penetration of an ovum was redefined as the implantation of a fertilized ovum. It appears to me that the only reason for this was the dilemma produced by the possibility that the intrauterine contraceptive device might function as an abortifacient. [3]

□□□□□ **Summary of the Changes.** Figure 2-1 summarizes the changes that have occurred in medical terminology that are relevant to the early preborn child.



Figure 2-1

Changes in Terminology Relevant to the Beginning of Human Life

Term

Pre-1965 Definitions

Post-1965 Definitions

Fertilization

Sperm unites with egg

Sperm unites with egg

Conception

Sperm unites with egg

Implantation (7-10 days after fertilization)

Embryo

The human being from first cell division until 35-40 days after fertilization

The human being after implantation, until 35-40 days after fertilization

"Pre-embryo"

Nonexistent term

The tissue (non-human being) after fertilization and before implantation

□□□□□□□□ **How the New Definitions Work to Kill Preborn Babies.** The new (post-1965) definitions have implications far beyond that of the field of abortifacients. The new terms represent "non-inclusive" language that excludes preborn children before implantation. The new definitions will become more and more important, especially if the public and pro-life activists accept them without dispute.

Under the new terminology, few people will object to *in-vitro* fertilization (IVF), where fertilization takes place in a laboratory dish. The least perfect blastocysts (very early developing human beings) are simply discarded. If these are mere "pre-embryos," who will care?

What's more, not many people will care if "pre-embryos" are experimented on. And few will protest when, eventually, all "pre-embryos" are systematically screened for all known birth defects, with only the most perfect allowed to continue developing. We already see strong agitation for universal genetic screening shortly after true conception. This is one of the inevitable consequences of the Human Genome Project, which has mapped every human chromosome and will eventually compile every possible genetic defect that can befall human beings.

The Bottom Line. As the battle over abortion shifts from retail surgical baby-killing to wholesale *chemical* baby-killing, pro-lifers must use precise and unchanging language and terms on the ever-changing battlefield. The babies cannot afford

sloppy or imprecise pro-abortion language because confusion and uncertainty always work to the advantage of the anti-lifers.

Traditionally, pro-life activists have proclaimed that "Life begins at conception."

In the Brave New World of silent abortions and shifting terminology, this statement, although it is true, is not specific enough to counter the shifting terminology of the anti-life forces.

The vast majority of preborn children who die at the hands of abortionists are not killed by vacuum machines or curettes, but by injections and pills.

In order to fight for all preborn children, pro-lifers must declare what has always been true, but which is now particularly relevant: "Life begins at *fertilization!*"

[Go to Next Topic: The Definition of "Abortifacient"](#)

[Return to *Abortifacients* Table of Contents](#)

Footnotes to "How the Definition of 'Conception' Has Evolved, and Why This is Important"

[1] Public Health Service leaflet No. 1066, United States Department of Health, Education and Welfare [HEW], 1963, page 27.

[2] American College of Obstetrics and Gynecology (ACOG). *Terminology Bulletin*, "Terms Used in Reference to the Fetus." Chicago: ACOG, September 1965.

[3] J. Richard Sosnowski, M.D. "The Pursuit of Excellence: Have We Apprehended and Comprehended It?" *American Journal of Obstetrics and Gynecology*, September 15, 1984,

page 117.