



## HLI EDUCATIONAL SERIES

*Looking at life and family issues in the light of faith and reason.*

# ABORTIFACIENTS

*Do Some  
Contraceptives  
Cause Abortions?*

*The debate is over  
language, not  
science.*





# Abortifacients

## *Do Some Contraceptives Cause Abortions?*

*The debate is over language, not science.*

In 1963, the United States Department of Health, Education and Welfare (HEW) shared the widely held definition of abortion as being “all the measures which impair the viability of the zygote at any time between the instant of fertilization and the completion of labor.”<sup>1</sup> Indeed, until the mid-1960s, scientists universally acknowledged that human life begins at the moment of fertilization of the ovum by the spermatozoa, somewhere in the Fallopian tube. In its effort to dispense with this inconvenient fact, the birth control industry was already moving from contraceptive methods toward those that caused or might cause chemically-induced abortion as a means of preventing births, and research directed toward this goal was already underway in Japan and several European countries.

In order to make abortion-causing methods more palatable in societies that still widely rejected abortion, and to circumvent laws designed to prohibit abortion, the promoters of birth control realized that they had to blur the line between conception-preventing (contraceptive) and early abortion-causing (abortifacient) actions. They did this 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 hormonal contraception — prevents implantation, then no abortion takes place.

The “family planning” industry finally succeeded 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.”<sup>2</sup> It is important to note that this change terminology was clearly not based upon new scientific findings, but was a political decision to appease birth control activists.

#### 4 *Abortifacients*

Dr. J. Richard Sosnowski, head of the Southern Association of Obstetricians and Gynecologists, a member group of ACOG, acknowledged this non-scientific change almost two decades later:

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.<sup>3</sup>

#### **How Contraception Works**

A true contraceptive method prevents conception by one or more of these four specific actions:

- placing an actual mechanical barrier such as a condom or cervical cap between the sperm and ovum to prevent them from uniting;
- thickening the cervical mucus, preventing the easy travel of spermatazoa;
- inhibiting ovulation, preventing the release of a mature ovum
- blocking the Fallopian tube or *vas deferens* through sexual sterilization.

When effective, all of these methods prevent a new human being from being created.

#### **When “Contraception” Kills**

By definition, an *abortifacient* is “a drug or agent that induces an abortion.”<sup>4</sup> Depending upon the type of abortifacient, this happens by preventing the implantation of the blastocyst (early human being) in the uterus, or by killing the unborn child shortly after implantation.

There are two distinct classes of abortifacients: The first includes drugs and devices that continually maintain a certain level of hormones in the

woman's body, mimicking pregnancy. While these can also have a genuine contraceptive effect (with hormonal methods), each also has the potential to alter the lining of the uterus (endometrium) to prevent the implantation of a tiny human being. These include:

- Oral contraceptives (OCs)
- Intrauterine devices (IUDs)
- Injectables such as Depo-Provera
- Implants such as Norplant, Jadelle, Implanon and Nexplanon.

The second type of abortifacient kills an existing preborn child. Also referred to as “medical abortion,” these include;

- RU-486, the “abortion pill”
- The methotrexate/misoprostol combination
- “Emergency contraception.” This type of abortifacient regime has many forms, and is sometimes called the “morning-after pill (MAP).” It consists of high doses of the artificial steroids used in oral contraceptives. Two brand names are Plan B and Preven.

### **Modern Embryology Still Holds that Human Life Begins at Conception**

Despite the birth control industry's political victories in influencing the language of certain medical organizations, the field of science that specifically deals with the biological facts of the beginning of life still holds as normative that a new human being comes into existence at conception/fertilization. Embryologists have found that from the first moment of conception, the new human being's genetic code is complete, his sex is determined, and with proper nourishment in the womb he will continue to develop as every human being does. This is not a religious viewpoint; it is hard science.

There is also no scientific debate about the abortifacient effects of the drugs in question (though some drugs are still being tested), as the tiny embryonic human being may very well be killed when prevented from implanting in the womb. The manufacturers and promoters of these birth control methods, however, having largely won the debate over language, continue to market their products as “contraception.”

The patient inserts for all abortifacients are available online, and descriptions of how they operate to alter the endometrium are shown below. These products generally work to suppress ovulation and cause changes in the consistency of cervical mucus, making it more difficult for sperm to reach the ovum. These are true contraceptive effects. However, as we have seen, the third effect of these products is to alter the endometrium, making implantation much more difficult. In a cycle where ovulation was not prevented and fertilization takes place, a “silent abortion” takes place.

- **Depo-Provera:** “... inhibits the secretion of gonadotropins which, in turn, prevents follicular maturation and ovulation and results in endometrial thinning.” [Pfizer, “Highlights of Prescribing Information, 12.1, “Mechanism of Action,” publication LAB-0148-5.1].
- **Implanon** “... also changes the lining of your uterus.” [“FDA-Approved Patient Labeling IMPLANON® (etonogestrel implant) Subdermal Use,” N.V. Organon insert dated March 2012, publication 900415-IMP-IPT-PPI.6].
- **Intrauterine Device:** “Studies of Mirena prototypes have suggested several mechanisms that prevent pregnancy: thickening of cervical mucus preventing passage of sperm into the uterus, inhibition of sperm capacitation or survival, and alteration of the endometrium ... Mirena can cause your menstrual bleeding to be less by thinning the lining of the uterus” [“Mirena® (levonorgestrel-releasing intrauterine system) Highlights of Prescribing Information.” Bayer HealthCare Pharmaceuticals Inc., October 2009].
- **Jadelle:** “Levonorgestrel ... also suppresses the endometrium and may prevent implantation of the blastocyst.” [“Jadelle Data Sheet,” section entitled “Pharmacodynamic Properties,” Bayer New Zealand Limited, August 30, 2010].
- **NuvaRing:** “NuvaRing Etonogestrel/Ethinyl Estradiol Vaginal Ring Patient Information.”
- **Plan B:** “It is thought that Plan B works by: ... preventing the fertilized egg from implanting (attaching to the uterus).”

["Information for Patients about Plan B." Los Angeles County STD Program, April 2009].

- **Yasmin:** "Other possible mechanisms may include cervical mucus changes that inhibit sperm penetration and endometrial changes that reduce the likelihood of implantation" ["Highlights of Prescribing Information." Bayer HealthCare Pharmaceuticals Inc. 12.1, "Mechanism of Action," April 2012].

### **Deadly for the child, harmful for the mother**

Abortifacients use a powerful group of chemicals called steroids and synthetic progestogens and progestins. The use of such powerful chemicals which are foreign to the body inevitably leads to a large number of side effects. An examination of the patient information pamphlets for the above abortifacients reveals that they cause a variety of more than eighty side effects depending upon the method, from the serious (paralysis, toxic shock syndrome, ectopic pregnancy, stroke and heart attack) to less serious (hypertension, anemia and varicose veins).

(Endnotes)

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.
4. Benjamin Miller and Claire Keane. *Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health* (Third Edition) [Philadelphia: W.B. Saunders Company], 1983.

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