



## Policy on Contraception and “Emergency Contraception”

Consistent with its commitment to women’s health and to every client’s right of informed consent, A Woman’s Concern maintains a clear operating policy regarding contraception and emergency contraception. All staff and volunteers must abide by the following policy while working in behalf of A Woman’s Concern.

### Primary Prevention

A Woman’s Concern is persuaded that human sexuality finds its healthiest expression and highest fulfillment within lifelong marriage between a man and a woman. Less than a half-century after the development of the oral contraceptive pill and widespread “loosening” of sexual mores, America has seen the devastating public health consequences of nonmarital sexual activity, promiscuity and abortion on demand. Clearly, overwhelming social science data support the wisdom of sexual abstinence until marriage.<sup>1</sup>

We recognize that the clients we serve may not share this wisdom or have lost sight of it. Our goal is to educate and befriend sexually active single persons, so that they might grant an earnest hearing to the evidence that supports sexual abstinence until marriage. In so doing, we enable the sexually active client to see why sexual purity is in his or her best interest.

A Woman’s Concern will pursue every opportunity to educate the sexually active client on the reasons why sexual purity is in her best interest. This information will include, as appropriate, facts about personal health and hygiene, the stages and development of mature relationships, the experiences of other women and couples; and moral and religious reasons for attaining self-mastery through sexual self-restraint.

A Woman’s Concern will distribute only educational materials that promote a high and positive view of human sexuality and its proper expression within marriage.

AWC staff and volunteers will not distribute brochures, books or other materials that advocate and promote the use of contraception. In those rare and unlikely cases where such materials might be the sole means available to educate a client about a particular point of fact regarding contraception, the leaflet or brochure shall be accompanied by a written and/or verbal disclaimer noting that *A Woman’s Concern* does not distribute, or encourage the use of, contraceptive drugs and devices.

***1,200,000 + babies are aborted in the United States each year<sup>2</sup>***

***30-40% of sexually active teenage girls studied have been infected with chlamydia.<sup>3</sup>***

***30-40% of sexually active college coeds studied have been infected with HPV<sup>4</sup>***

***Some experts estimate that more men in America have STDs than have college degrees<sup>5</sup>***

***More than 1 in 4 children in MA are born into a fatherless home<sup>6</sup>***

***70% of persons living in poverty are women and children<sup>7</sup>***

## Contraception

A Woman's Concern is persuaded that the crass commercialization and distribution of birth control is demeaning to women, degrading of human sexuality, and adverse to human health and happiness. AWC also accepts evidence demonstrating that distribution of birth control, especially among adolescents, actually increases (rather than decreases) out-of-wedlock pregnancy and abortion:

- During a 5-year study by the Massachusetts Department of Public Health, at least 72% of all women ages 18-44 who became pregnant were using birth control at the time. Of women age 18-24, usage was highest at 78%. (37% of women reported oral contraceptive pill use; 19% reported condom use; other methods not specified).<sup>8</sup>
- The out-of-wedlock birth rate to sexually experienced teens increased 29% during the 1990's, despite a 33% increase in the use of condoms at last intercourse.<sup>9</sup>
- In a 1994-1995 national survey, more than half all women procuring abortions (58%) were using a contraceptive during the month they became pregnant.<sup>10</sup>
- Nearly two-thirds (65%) of all repeat abortion clients were using a contraceptive during the month that they became pregnant.<sup>11</sup>

Abortion and contraception are linked in more ways than one. In its 1992 ruling in *Planned Parenthood v. Casey*, which reaffirmed *Roe v. Wade*, the U.S. Supreme Court observed:

**in some critical respects abortion is of the same character as the decision to use contraception . . .** for two decades of economic and social developments, people have organized intimate relationships and made choices that define their view of themselves and their places in society, in reliance on the availability of abortion in the event that contraception should fail.

In other words, the U.S. Supreme Court admits that abortion is often used as a "back up" to birth control.

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Contraception not only increases the likelihood of abortion, but clearly some methods – such as the intrauterine device -- also act as abortifacients. The IUD acts as an abortifacient by preventing a newly fertilized egg, a newly conceived human individual, from implanting on the uterine wall. The abortifacient mechanism of the oral contraceptive pill has been questioned by some physicians. See DeCook, JL, McIlhane J et al. *Hormonal Contraceptives: Are They Abortifacients?*<sup>12</sup> However, patient package inserts for Wyeth-Ayerst's "LoOvral" and Ortho Pharmaceutical's "Ortho-Tri-Cyclen" – both common forms of the Pill – explain that one of the three ways these drugs may work is by preventing implantation/nidation. In layman's terms: a newly conceived human being will be unable to take nourishment in his/her mother's womb and will die within just days of entering into existence.

In a publication entitled, “*How the Pill and other Contraceptives Work*,” author Chris Kahlenborn M.D. cites compelling evidence including the molecular research of Dr. Stephen Somkuti, who concluded: “These alterations [in the endometrial lining] suggest that impaired uterine receptivity is one mechanism whereby BCPs exert their contraceptive (sic) action.”<sup>13</sup>

Even the abortion industry concedes the potential abortifacient qualities of the pill and other common forms of birth control. Arguing before the U.S. Supreme Court in 1989, and representing abortion providers throughout the State of Missouri, Attorney Frank Sussman stated: “the most common forms of ... contraception today, IUDs and low-dose birth control pills ... act as abortifacients.” (*New York Times*, National Edition, April 27, 1989, pgs. 15 and B13)

### “MORNING AFTER” METHODS

As fetal ultrasound imaging and other medical technologies educate more and more Americans about the miracle of life in the womb, abortion providers have increasingly resorted to chemical methods of abortion, administered early in pregnancy.

Nationally, Planned Parenthood boasts more than 1.8 million women as contraceptive clients (mostly oral contraceptive pills) and an additional 72,000 “emergency contraception” clients. Proudly calling itself the leading provider in the United States, PP reports a four-fold increase in the number of clients obtaining emergency contraception over the past 4 years: up from roughly 17,000 in 1995 to 46,000 in 1997, to more than 72,000 today.

Methods of “emergency contraception” or “morning after” pills are essentially high doses of oral contraceptive pills, taken within 72 hours of intercourse. Common forms include the *Preven* Emergency Contraceptive Kit by Gynetics, Inc., (utilizing ethinyl estradiol and levonorgestrel) and Planned Parenthood’s own *Plan B*.

So-called emergency contraception should not be confused with methods of medical abortion, which include RU-486 (mifepristone and misoprostol) and methotrexate (an anti-cancer drug used in combination with misoprostol). However, all of the above-named chemical regimens are being marketed to women as an “alternative” to surgical abortion.

Recognizing that human life begins at the moment sperm meets egg, *A Woman’s Concern* rejects recent attempts to redefine conception as beginning at implantation. Conception of a new human begins at the moment of fertilization, not days later when a new human being successfully nestles within his or her mother’s uterus for the duration of pregnancy.

Accordingly, we note that methods of so-called emergency contraception can, and indeed do, act as abortifacients in cases where a woman has already conceived.

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## CONCLUSION

A Woman's Concern recognizes that many pro-life people find no inherent fault with some forms of birth control within a marriage. While respecting these views, for the sake of clarity and simplicity, the following procedures apply to both married and unmarried couples. A Woman's Concern staff and volunteers:

1. Do not distribute birth control drugs or devices or "morning after" regimens (MAPs) in any form
2. Do not refer clients to birth control or MAP distributors. When asked, our response is: "We do not provide referrals. However, we do have educational materials on birth control itself. Would you like that information?"
3. Will not judge (condemn) clients, married or unmarried, for using birth control.
4. Will look for opportunities to educate sexually active people regarding birth control, its potential abortifacient qualities, failure percentage rate and health risks.
5. Will look for opportunities to educate sexually active people on why sexual purity is in their best interest and, where appropriate, on steps they can take to adopt an abstinent lifestyle.

## ENDNOTES

<sup>1</sup> For more information on the public health consequences of nonmarital sexual activity, contact the Medical Institute for Sexual Health, P.O. Box 162306, Austin, TX 78716; telephone 512-328-6268. [www.medinstitute.org](http://www.medinstitute.org) See also [www.abstinence.net](http://www.abstinence.net)

<sup>2</sup> U.S. Centers for Disease Control, Atlanta GA

<sup>3</sup> U.S. Centers for Disease Control, Journal of Infectious Diseases, November 1999

<sup>4</sup> Eng, Thomas R. and William T. Butler, Editors, "The Hidden Epidemic – Confronting Sexually Transmitted Disease," Washington, DC: National Academy Press, 1997; 39

<sup>5</sup> *Glamour* Magazine, September 1998

<sup>6</sup> Massachusetts Family Institute, Report on the Crisis of Family Decline in Massachusetts, 2000

<sup>7</sup> U.S. Bureau of the Census

<sup>8</sup> Michael LaSalandra, "Report: Unplanned pregnancy rate high," Boston Herald, October 25, 2000, quoting MPDH official Deborah Klein-Walker, Bureau of Family and Community Health.

<sup>9</sup> Consortium of State Physician Resource Councils, "The Declines in Adolescent Pregnancy, Abortion and Birth Rates in the 1990s: What Factors are Responsible?" (1-877-236-5772).

<sup>10</sup> Stanley K. Henshaw and Kathryn Kost, "Abortion Patients in 1994-1995: Characteristics and Contraceptive Use," Family Planning Perspectives, Volume 28, Number 4, July/August 1996

<sup>11</sup> John M. Westfall and Ken J. Kallail, "Repeat Abortion and Use of Primary Care Health Services," Family Planning Perspectives, Volume 27, Number 4, July/August 1995.

<sup>12</sup> DeCook, JL, McIlhane J et al. *Hormonal Contraceptives: Are They Abortifacients?* (Sparta, MI: Frontlines Publishing, 1998). Email: [order@frontlines.org](mailto:order@frontlines.org). Or call 616-887-6256.

<sup>13</sup> Somkuti SG et al, "the effect of oral contraceptive pills on markers of endometrial receptivity," *Fertility and Sterility*. 1996. 65; 484-488

<sup>14</sup> For additional published articles and books by Dr. Kahlenborn, including *Abortion, Breast Cancer and the Pill* (Dayton: One More Soul, 2000), contact [www.OMSoul.com](http://www.OMSoul.com) 1-800-307-7685

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Saved as Q:/Public/Office Forms/AWC Documents/Birth-Control-Policy