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Emergency Contraception

Side effects and risk factors: Nausea, vomiting, dizziness, fatigue, breast tenderness, headaches, irregular menstruation, ectopic pregnancy, abdominal pain, no protection against STDs or HIV/AIDS, blood clots, stroke, heart attack, cardiovascular disease, elevated blood pressure, stroke problems, liver disease, long-term effects are not known.4

In the 1960s, when birth control devices and chemicals became prominent, the only common sexually transmitted diseases (STDs) were syphilis and gonorrhea. Today at least 25 STDs are known, some of which are incurable, and at least eight new pathogens have been identified since 1980, including HIV.4

Many of these STDs, such as chlamydia and human papilloma-virus (HPV), greatly increase a woman’s risk of cancer.5 None of the “contraceptives” listed in this brochure prevent or protect against STDs or HIV/AIDS. Yet organizations like International Planned Parenthood Federation thrust these methods upon trusting women and teenage girls, with potential detriment to their health.

* Members of the medical community sometimes disagree as to whether these chemicals perform early abortions. However, according to patient inserts and journal articles, these chemicals have the ability to perform early abortions by preventing implantation. When scientific evidence differs on whether a device or pill prevents implantation, we stand on the side of life. CWA urges allargues all individuals to act in the morally most responsible way, even though people of good will differ on the abortifacient impact of these methods. CWA always recommends measures that protect unborn life, rather than place it in jeopardy.

End Notes

3. The fertilized egg is a fully human from the moment of conception when it possesses a complete genetic blueprint of a new individual. Therefore, its life is sacred and deserves the same protection afforded any other person. Preventing the embryo’s implantation in the uterus is an abortion.
5. Caravan.
6. Ibid.
7. Ibid.
13. Ibid.
15. “Your Contraceptive Choices.”
20. Ibid.
26. “Your Contraceptive Choices.”
29. “Your Contraceptive Choices.”
33. Ibid.
34. The progestin and estrogens in the pill are artificial hormones that cause the female body to believe it is pregnant each month.
42. “What Types of Birth Control Pills are Available?”
46. Ibid.
51. Wilks, 92.
52. “Your Contraceptive Choices.”
56. Ibid.
57. Ibid.
60. “Ectopic pregnancy is a possibility when emergency contraception fails,” Micromedex Source.com/Contraception/006.htm).
62. Thomas R. Eng and William T. Butler, eds., Institute of Medicine, Preventing Transmitted Disease—Confronting Sexually Transmitted Disease Concerned Women for America
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A CWA Resource

In the past 35 years, various chemicals and devices that manipulate women’s reproductive systems have come on the medical scene. Women need to know precisely what they do and what risks they present.
Intrauterine Device (IUD)®

The IUD is a small, plastic, T-shaped device, containing either copper or progestogen, with a protruding thin plastic thread. It is inserted into the uterus and may remain for one to 10 years. Berlex Laboratories, Inc. has developed a five-year IUD called Mirena®, which contains levonorgestrel.2

How it works: The IUD works by either preventing fertilization (copper) or keeping the one-week-old embryo from implanting in the lining of the uterus—an early abortion.4

Side effects and risk factors: Cramming and spotting during first few weeks after insertion; heavier menstrual flow with the copper IUD; lighter menstrual flow with the progestogen IUD; backaches; pain during ovulation; pelvic infection which can lead to sterility, painful embedding of IUD in uterus; perforation of uterine wall, cervix, or urinary bladder; heart injury; copper toxicity (Wilson’s disease), or poisoning of the organs; anemia, continued pregnancy, which may lead to premature birth, miscarriage, endometriosis, ectopic pregnancy (in which the human embryo implants in the fallopian tubes, may be fatal), or septic abortion (death of human embryo causes infection that can result in high fever and other complications); no protection against STDs or AIDS.8

Norplant®

Norplant® consists of two or six tiny plastic rods each 1 4 inches long, filled with 36 mg of levonorgestrel® (a progestosterone-type drug). These are implanted in the woman’s arm and last three or five years. Norplant was taken off the U.S. market in 2000 due to side effects, cost, and problems with insertion and removal.12 Women who already have the implants may safely continue using them for the five-year period. Norplant is still available in some foreign countries.11

How it works: Norplant® has three functions. First, it suppresses ovulation in the menstrual cycles of at least 50 percent of women. But ovulation still occurs in up to 41 percent. Second, it thickens the cervical mucus, preventing sperm from entering the uterus. However, this time-sensitive function occurs only if the pill is taken 27 or more hours after the previous time it was taken.23 Third, if the first two actions fail, the progestin irritates the lining of the uterus—thus preventing implantation of the human embryo, resulting in a chemical abortion.24

Side effects and risk factors: Weakened immune system which may lead to bacterial infections and greater susceptibility to AIDS; pelvic inflammatory disease, which may lead to sterility and death, infertility;® cervical cancer (double the risk for women who take the pill for five years or more)® and increased risk for cervical cancer in younger first-time users®;® ectopic pregnancy;® shrinking of the womb; breast cancer (doubled risk for women who start younger and use it longer®);® blood clots; heart disease;® stroke;® birth defects (26 percent incidence rate for major malformations, 33 percent for minor);® mood swings and depression;® breast tenderness;® weight gain;® no protection from STDs or HIV/AIDS.® As of September 2005, 23 women are known to have died from blood clots, heart attack or stroke while using the patch. Its manufacturer, Ortho McNeil, says that the risk of blood clots is three times greater for it than for the pill, although the risk exists for both.11

Implanon® and Jadelle®

Implanon® and Jadelle®, like Norplant®, are subdermal implants consisting of one or two 2-3 cm. rods. Only Jadelle® is approved for use in the United States.18

How it works: They are comparable to Norplant® in action. Implanon® is approved for three years of use and Jadelle® for five.

Side effects and risk factors: Potentially, localization of the single rod system [for the purpose of removal] may prove difficult because of its small size, migration from the site of initial insertion, development of dense fibrous sheaths, deep subdermal implantation, large amounts of subcutaneous fat, or clinician inexperience in insertion.15® Side effects include altered menstrual patterns, sometimes stopping menstruation completely, acne, dizziness, headaches, breast pain.® Long-term effects are not yet known.

Depo-Provera®

Depo-Provera® is a synthetic version of the hormone progesterone, administered by an injection into a muscle every three months®. The pharmaceutical company Pharmacia and Upjohn voluntarily withdrew Luina®, a monthly injection containing medroxyprogesterone acetate and estradiol cypionate, from the U.S. market.19

How it works: Depo-Provera® works in three ways. First, it prevents ovulation. Second, it causes the muscles in the cervix to change, keeping sperm from entering the cervix. Third, it can irritate the lining of the uterus so that the 1-week-old embryo cannot implant and, thus, is aborted.21

Side effects and risk factors: Temporary or permanent sterilization; increased risk of cervical cancer; fatigue; increased risk of blood clots or stroke; vaginal discharge or irritation; insomnia; acne, hot flashes;® risk of breast cancer, especially for women under age 23 (increases as high as three times);® abdominal pain, ectopic pregnancy;® irregular menstrual periods; fluid retention, weight gain, symptoms of pregnancy;® hair loss; change in sex drive; headaches; nervousness; dizziness; rashes; depression; breast tenderness;® nausea;® no protection against STDs or HIV/AIDS.® Because of the risk of osteoporosis, use is not recommended for longer than two years.20

Birth Control Pill

There are two basic types of birth control pills, which women ingest daily. One combines estrogen and progestin.® The other is progestin only (the “mini-pill”).® The FDA has also approved a patch and a vaginal ring. Ortho Evra® consists of a seven-day transdermal patch containing norgestimate and ethinyl estradiol, a progestin and estrogen respectively.® Organon has developed NuvaRing®, a ring two inches in diameter containing progestin and estrogen, which remains inserted three weeks of each month.©

How it works: The pill involves three actions. The first prevents release of an egg. However, breakthrough ovulation may occur even in women who never miss a pill.® Estimates of breakthrough ovulation range from 2-10 percent® to more than 20 percent.® The mini-pill is a progestin-only pill that allows ovulation to take place at least 40 percent of the time.® The second action performed by the progestin is to thicken the cervical mucus in order to restrict sperm from entering the fallopian tubes. However, this time-sensitive function occurs only if the pill is taken 27 or more hours after the previous time it was taken.23 The third, if the first two actions fail, the progestin irritates the lining of the uterus—thus preventing implantation of the human embryo,® resulting in a chemical abortion.24

Side effects and risk factors: Migraines (in which the blood pressure drops, causing the mother’s body to reject the human embryo);® risk of blood clots, heart attack or stroke while using the patch. Its manufacturer, Ortho McNeil, says that the risk of blood clots is three times greater for it than for the pill, although the risk exists for both.11

Emergency Contraception®

The Morning-After Pill (MAP), also called emergency contraception, is an increased dose of the birth control pill. The two most common types consist of either a combination of estrogen and progestin or a progestin-only product.® The best known brand is Plan B®, a progestin-only MAP which consists of two tablets each containing 0.75 mg levonorgestrel®.15

How it works: Not intended for routine use,® the MAP is recommended to “prevent” pregnancy within 72 hours of unprotected sex.® With Plan B®, one pill of 0.75 mg levonorgestrel® is taken within 72 hours of intercourse; another pill is taken 12 hours later.® The MAP may work by either delaying ovulation or preventing fertilization. However, the main effect is the disturbance of the normal development and function of the endometrium, the uterus lining, rendering it unsuitable for implantation.® That is, its main function is to abort a living human embryo.