Emergency Contraception*

Continued

<u>Side effects and risk factors:</u> Nausea; vomiting; dizziness; fatigue; breast tenderness; headaches; rregular menstruation; ectopic pregnancy; abdominal pain; no protection against STDs or HIV/AIDS; blood clots; stroke; heart attack; cardiovascular disease; elevated blood pressure; vision problems; liver disease; long-term effects are not known. 61

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.⁶² Many of these STDs, such as chlamydia and human papillomavirus (HPV), greatly increase a woman's risk of cancer.⁶³ 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.

Compiled by Pamela P. Wong and Emma Elliott

* 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 all individuals to act in the most morally 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

- 1 Timothy P. Canavan, M.D., "Appropriate Use of Intrauterine Device," American Family Physician Web site, 1998 (http://www.aafp.org/afp/981200ap/canavan.html).
- 2 Mirena, Patient Package Insert, Berlex Laboratories Inc., December 2000 (http://www.mirena.com/consumer/ppi.html).
- 3 The fertilized egg is 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.
- 4 "Birth Control Overview: Intrauterine Devices," eMedicinehealth.com, 2005 (http://www.emedicinehealth.com/articles/35411-5.asp).
- 5 Canavan.
- 6 Ibid.
- 7 Ibid.
- 8 "Birth Control Overview: Intrauterine Devices."
- 9 "Your Contraceptive Choices," Planned Parenthood Federation of America, April 2005 (http://www.plannedparenthood.org/pp2/portal/files/portal/medicalinfo/birthcontrol/pub-contraception-choices-2.xml#1097812080621::-7155168808080244126).
- 10 Jenny Manzer, "Norplant Taken Off Canadian [and U.S.] Market," August 27, 2002 (http://www.medicalpost.com/mpcontent/article.jsp?content=/content/EXTRACT/ RAWART/3830/07A.html).
- 11 "Important Norplant® System (levonorgestrel implants) Update," Food and Drug Administration Web site, 2000 (http://www.fda.gov/medwatch/SAFETY/2000/norpla1. htm).
- 12 "The Ovulation Method," Familyplanning.net, 1998 (http://www.familyplanning.net/birth-control2.htm).
- 13 Ibid.
- 14 "Norplant Survives Lawsuits in Texas," Medical Materials Update, vol. 4, May 1997, 185.
- 15 "Your Contraceptive Choices."
- 16 "The Ovulation Method."
- 17 "Norplant" Dr. Koop's Health Encyclopedia, 2005 (http://www.drkoop.com/encyclopedia/43/298.html).
- 18 "Jadelle Implants: General Information," Population Council, May 2005 (http://www.popcouncil.org/biomed/jadellefaqgeninfo.html).
- 19 "Application for Inclusion of Implantable Contraceptives in WHO List of Essential Medicines," World Health Organization, January 2005.
- 20 Ibio
- 21 Depo-Provera Patient Package Insert (Pharmacia and Upjohn Co., rev. Oct. 2004).
- 22 "Pharmacia Corporation Announces Voluntary Recall of Lunelle Monthly Contraceptive Injection," Food and Drug Administration Web Site, 2002 (http://www.fda.gov/medwatch/SAFETY/2002/lunelle.htm).
- 23 "Contraception: Depo-Provera," University of Iowa Health Care, 1999 (http://www.uihealthcare.com/topics/womenshealth/wome5315.html).
- 24 Depo-Provera Patient Package Insert.
- 25 Chris Kahlenborn, M.D., "Breast Cancer Risk from the Pill," (http://www.omsoul.com/pamview.php?idnum=123).
- 26 "Your Contraceptive Choices."
- 27 D. Margolis, American Health, 12, no. 2 (March 1993): 11.
- 28 Depo-Provera Patient Package Insert.
- 29 "Your Contraceptive Choices."
- 30 Op. Cit.
- 31 "HRP: Annual Technical Report," World Health Organization, 1997.
- 32 Lawrence Roberge, M.S., "Abortifacient Vaccines: Technological Update," Bulletin, August 1996.
- 33 Ibid.
- 34 The progestin and estrogen in the pill are artificial hormones that cause the female body to believe it is pregnant each month.

- 35 "About Ortho Evra," orthoevra.com, March 2005 (http://www.orthoevra.com/about/birth-control-patch.html).
- 36 "What is NuvaRing," NuvaRing.com, 2005 (http://www.nuvaring.com/Consumer/whatlsNuvaRing/index_flash.asp).
- 37 Christy Matheson, "Popping the Pill: Do You Know How it Works," Swedish Medical Center, May 2004 (http://www.swedish.org/14826.cfm).
- 38 Dr. Nine Van der Vange (ed. G. Chamberlain), "Ovarian activity during low-dose contraceptives," Contemporary Obstetrics and Gynecology (London: Butterworths, 1988), as cited in Randy Alcorn, Does the Birth Control Pill Cause Abortions?, (Gresham, OR: Eternal Perspective Ministries, rev. March 1998), 22.
- 39 D. A. Grimes, et al., "Ovulation and follicular development associated with three low-dose oral contraceptives: a randomized controlled trial," Obstetrics and Gynecology 83, no. 1 (1994): 31, as cited in John Wilks, B. Pharm. M.P.S., A Consumer's Guide to the Pill and Other Drugs (Stafford, VA: ALL, Inc., October 1997), 6.
- 40 "What Types of Birth Control Pills are Available" Alwayshealth.com, 2005 (http://www.always-health.com/BirthControlPillsavailable.html).
- 41 "Mini Pills," Feminist Women's Health Center, August 2004 (http://www.fwhc.org/birth-control/minipills.pdf).
- 42 "What Types of Birth Control Pills are Available."
- 43 "Ortho Evra Risk," Online Lawyer Source, September 2005 (http://www.onlinelawyer-source.com/birth-control-patch/ortho-evra-risk.html).
- 44 Micromedex, vol. 89, oral contraceptives monograph, cited in Wilks, 93.
- 45 "Cervical Cancer: Study Confirms Possible Link to Duration of Oral Contraceptive Use," Women's Health Weekly, May 2003, 2.
- 46 Ibid.
- 47 M.A. Rookus, et al., "Oral contraceptives and risk of breast cancer in women aged 20-54," The Lancet 334 (1994): 848-51, cited in Wilks, 54.
- 48 "Pill Blood-Clot Scare Sparks Rush On Clinics for Advice," The Christchurch Press, April 2002, 3.
- 49 "Study Confirms Link between Low-dose Oral Contraceptives, Cardiovascular Risk," Women's Health Law Weekly, July 2004, 93.
- 50 "Low-dose 'Pill' May Have Less Stroke Risk for Young Women," American Heart Association, June 13, 2003 (http://www.intelihealth.com/IH/ihtlH/EMI-HC256/333/22002/365636.html?d=dmtlCNNews).
- 51 Wilks, 92.
- 52 "Your Contraceptive Choices."
- 53 "Ortho Evra Deaths," Online Lawyer Source, September 2005 (http://www.onlinelaw-yersource.com/birth-control-patch/ortho-evra-risk.html).
- 54 "Understanding Birth Control Medications (Contraceptives)," emedicinehealth.com, April 2005 (http://www.emedicinehealth.com/Articles/40786-1.asp).
- 55 "About Plan B," Go2Planb.com, 2004 (http://www.go2planb.com/section/about/index. html).
- 56 Ibid.
- 57 Ibid.
- 58 "How do Emergency Contraceptives Work," The Emergency Contraceptive Website, 2005 (http://ec.princeton.edu/questions/ecwork.html).
- 59 "Emergency Contraception," Feminist Women's Health Center, May 2005 (http://www.fwhc.org/birth-control/ecinfo.htm#side-effects).
- 60 "Ectopic pregnancy is a possibility when emergency contraception fails," Medicine and Law Weekly, March 2004, 120.
- 61 Plan B's patient labeling says it is unknown whether common side effects and risk factors of regular birth control pills apply to EC.
- 62 Thomas R. Eng and William T. Butler, eds., Institute of Medicine, The Hidden Epidemic—Confronting Sexually Transmitted Disease (Washington, D.C.: National Academy Press, 1997).
- 63 Michelle Fay Cortez, "Chlamydia Found to Increase Risk of Cervical Cancer," Bloomberg News, January 2001.

High-Tech "Birth Control": Health Care or Health Risk?

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.



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Intrauterine Device (IUD)*

The IUD is a small, plastic, T-shaped device, containing either copper or progesterone, 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.

<u>How it works</u>: The IUD works by either preventing fertilization (copper) or keeping the one-week-old embryo³ from implanting in the lining of the uterus—an early abortion.⁴

Side effects and risk factors: Cramping and spotting during first few weeks after insertion;⁵ heavier menstrual flow with the copper IUD; lighter menstrual flow with the progesterone 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 pregnancy⁶ (in which the human embryo implants in the fallopian tubes; may be fatal), or septic abortion⁷ (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 progesterone-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. 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

<u>How it works:</u> 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.¹² Second, it thickens the cervical mucus, preventing sperm from reaching any eggs. Third, if the first two actions fail, Norplant® inhibits development of the uterus' lining. In this third action, Norplant® creates a hostile environment for the 1-week-old embryo; hence, it is aborted.¹³ Briefly, in the first years of use, ovulation suppression is the major effect. In the third to fifth

years, abortion of early pregnancy is the major effect.

Side effects and risk factors: Difficulty in removal;¹⁴ discomfort at implantation site; irregular menstrual bleeding; fluid retention; headaches; increased body weight; mood swings and depression; acne; change in vision; changes in blood pressure; blood clotting; no protection against STDs or AIDS;¹⁵ excessive hair growth or loss; abdominal pain; vaginal inflammation;¹⁶ nervousness; nausea; dizziness; ectopic pregnancy.¹⁷

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

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

<u>Side effects and risk factors:</u> "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." Side effects include altered menstrual patterns, sometimes stopping menstruation completely, acne, dizziness, headaches, breast pain. Long-term effects are not yet known.

Depo-Provera® (depot medroxyprogesterone acetate, or DMPA)

Depo-Provera[®] is a synthetic version of the hormone progesterone, administered by an injection into a muscle every three months.²¹ The pharmaceutical company Pharmacia and Upjohn voluntarily withdrew Lunelle[™], a monthly injection containing medroxyprogesterone acetate and estradiol cypionate, from the U.S. market.²²

<u>How it works:</u> Depo-Provera® works in three ways. First, it prevents ovulation. Second, it can cause the mucus 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.²³

Side effects and risk factors: Temporary or permanent steril-

ity; increased risk of cervical cancer; fatigue; increased risk of blood clots or stroke; vaginal discharge or irritation; insomnia; acne; hot flashes;²⁴ risk of breast cancer, especially for women under age 25 (increases as high as three times);²⁵ abdominal pain; ectopic pregnancy;²⁶ irregular menstrual periods; fluid retention; weight gain; symptoms of pregnancy;²⁷ hair loss; change in sex drive; headaches; nervousness; dizziness; rashes; depression; breast tenderness; nausea;²⁸ no protection against STDs or HIV/AIDS.²⁹ Because of the risk of osteoporosis, use is not recommended for longer than two years.³⁰

Anti-fertility Vaccines or Immunocontraceptives

These vaccines use women's immune systems to end pregnancy.

How it works: Two types are being tested by the World Health Organization (WHO). The anti-hCG vaccine works against a hormone called human chorionic gonadtropin, or hCG, which is produced by the human embryo. The vaccine causes the mother's immune system to reject the human embryo and abort it before implantation.³¹ The second type of vaccine, trophoblastic antigen (TBA), causes the mother's body to reject the human embryo's protective outer layer destroying and thus aborting it.³²

Side effects and risk factors: These vaccines are still under research; not enough is known about the risks. Preliminarily, potential harm to a woman's immune system has been observed, with a possible lasting effect.³³

Oral Contraceptives'

There are two basic types of birth control pills, which women ingest daily. One combines estrogen and progestin.³⁴ 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 norelgestromin and enthinyl estradiol, a progestin and estrogen respectively.³⁵ Organon has developed NuvaRing™, a ring two inches in diameter containing progestin and estrogen, which remains inserted three weeks of each month.³⁶

<u>How it works:</u> 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.³⁷ Estimations of breakthrough ovulation range from 2-10 percent³⁸ to more

than 20 percent.³⁹ The mini-pill is a progestin-only pill that allows ovulation to take place at least 40 percent of the time.⁴⁰ 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.⁴¹ Third, if the first two actions fail, the progestin irritates the lining of the uterus—thus preventing implantation of the human embryo,⁴² resulting in a chemical abortion.⁴³

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;44 cervical cancer (double the risk for women who take the pill for five years or more⁴⁵ and increased risk for younger first-time users⁴⁶); ectopic pregnancy; shrinking of the womb; breast cancer (doubled risk for women who start younger and use it longer⁴⁷); blood clots;⁴⁸ heart disease;⁴⁹ stroke;⁵⁰ birth defects (26 percent incidence rate for major malformations, 33 percent for minor);⁵¹ mood swings and depression; breast tenderness; weight gain; no protection from STDs or AIDS.⁵² 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.⁵³

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.⁵⁴ The best known brand is Plan BTM, a progestin-only MAP which consists of two tablets each containing 0.75 mg levonorgestrel.⁵⁵

How it works: Not intended for routine use, ⁵⁶ 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. ⁵⁷ 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. ⁵⁸ That is, its main function is to abort a living human embryo.