

“THE PILL”: SHOULD ORTHODOX CHRISTIANS BE CONCERNED?

When considering family planning methods, Christians should be aware that some “contraceptives” can actually work as abortifacients. The intrauterine device (IUD), “morning-after pills,” and “emergency contraceptives” all work primarily *after* conception, by preventing a fertilized egg from implanting in the uterus. There are also good reasons to believe that Norplant, Depo-Provera, and even the most popular contraceptive of all, the Pill, sometimes work as abortifacients.

During Attorney General John Ashcroft’s confirmation hearings, *People* magazine ran a story on George W. Bush’s controversial nominee. Feminist organizations opposed Ashcroft, the popular magazine reported, because

As a senator Ashcroft drafted a highly restrictive Constitutional amendment that would have allowed for terminating a pregnancy only to save the life of the mother. . . . What’s more, Ashcroft’s amendment proposed defining life as starting at fertilization, an interpretation that abortion rights advocates argue would, in effect, outlaw birth control measures such as the pill, which can rely on blocking the development of a fertilized egg.

This article brings to light what abortion advocates have long known: that if you oppose abortion on the grounds that life begins at conception, you must oppose also the Pill, which can prevent the implantation of a fertilized egg — a tiny, genetically complete human being.

The Pill comes in two basic types: one is a combination of the synthetic hormones estrogen and progestin, while the other, known as the “minipill,” contains only progestin. One of progestin’s primary effects is to thin the lining of the uterus (called the endometrium). Within the first two weeks after conception, a newly fertilized egg must implant in the endometrium in order to live — otherwise it is flushed out of the uterus and aborted. By thinning the uterine lining considerably, the Pill renders the endometrium hostile to implantation, making it difficult for a fertilized egg to survive.

Combination estrogen/progestin pills work in three ways: by suppressing ovulation, thickening cervical mucus to impede sperm travel, and thinning the uterine lining to prevent implantation. The first two mechanisms are contraceptive, while the third is abortifacient.

Progestin-only pills rarely suppress ovulation, and rely more exclusively on thickening cervical mucus and thinning the uterine lining. Women on both types of pill can still ovulate (more frequently with the progestin-only pill), and sperm can still reach the egg, despite the thickened mucus; when

conception occurs, the fertilized egg will face a hostile endometrium, much like a seed falling on rocky, nutrient-depleted soil. Dr. Walter Larimore documents:

Magnetic Resonance Imaging (MRI) reveals that the endometrial lining of Pill users is constantly thinner than that of nonusers — up to 58 percent thinner. Recent and fairly sophisticated ultrasound studies have all concluded that endometrial thickness is related to the “functional receptivity” of the endometrium in women. . . . Other studies have shown that when the lining of the uterus becomes too thin, implantation of the pre-born child (called the blastocyst or pre-embryo at this stage) does not occur. The loss of a pre-born child is obviously abortifacient. The minimal endometrial thickness required to maintain a pregnancy ranges from 5 to 13 mm, whereas the average endometrial thickness in women on the Pill is only 1.1 mm.

How many babies are denied implantation because of the Pill? We can’t know for sure, but even one would be too many.

The medical literature describing how the Pill and other hormonal contraceptives can cause abortions is widely available. Even so, many pro-life Christians still use the Pill, and many pro-life pastors still recommend it to young couples. Why is this?

First, some Christians believe that life begins at implantation, not conception, and that drugs and devices that prevent implantation are thus morally acceptable. This position seems problematic for several reasons. Scientifically, to say that life begins at implantation, or any other point after concep-

tion, is to draw an arbitrary line. A fertilized egg undergoes no substantial change upon implantation, just as a fetus undergoes no substantial change upon birth. After conception, the progression from embryo to fetus to child to adult is continuous, and all the genetic information necessary for development is contained in the fertilized egg. Moreover, there is no biblical evidence to support the notion that God breathes the soul into the body at some point in between conception and birth. A newly fertilized egg is a human body, however small, and wherever there is a living human body there must be a soul. As the Epistle of St. James states, “the body without the spirit is dead” (2:26).

Why do you sow where the field is eager to destroy the fruit, where there are medicines of sterility, where there is murder before birth?

— ST. JOHN CHRYSOSTOM

To assert otherwise is to slip into dualism, reducing the body to a mere envelope for the soul. In the Scriptures, body and soul are separated only by death, which is what makes death so horrible.

Second, many pro-life Christians, while believing that life begins at conception, have been misled by confusing terminology used in the scientific literature on contraceptives. In 1976, the American College of Obstetricians and Gynecologists redefined pregnancy as beginning at the successful implantation of a fertilized egg. Under this definition, abortifacient drugs that prevent implantation are labeled as contraceptives. The *Chicago Tribune* recently ran an article on “emergency contraception.” According to the *Tribune*, emergency contraception is “basically a double dose of regular birth control pills within 72 hours of [intercourse], followed by another double dose 12 hours later. That regimen can significantly reduce the risk of pregnancy by . . . keeping a fertilized egg from implanting in the womb.” If life begins at conception, however, this is not the prevention of pregnancy but the termination of pregnancy. (It’s also important to note how the *Tribune* story validates the thesis that the Pill can cause abortions; a mere double-dose of regular birth control pills can thin the uterine lining almost instantly, rendering it unable to support life.)

Third, some Christian leaders, despite having heard the evidence, choose to believe that the Pill does not prevent implantation. They refer to it as a “controversy” based on “uncertain evidence.”

Outside of Christian circles, however, you won't find any controversy as to whether hormonal contraceptives thin the endometrium, making it hostile to implantation. Check the authoritative pharmaceutical guides (including the *Physicians Desk Reference*), peer-reviewed medical journals, and consumer health organizations. You will find found the same conclusion: all forms of the Pill thin the uterine lining to prevent implantation.

We must be sensitive on this point because many Christian women use the Pill, and many Christian doctors prescribe it. But when pre-born children are at stake, how can we ignore the overwhelming consensus in the pharmaceutical literature about how the Pill works? In order to claim that the Pill never acts as an abortifacient, one has to discredit all of the sources that doctors and patients normally rely on for their pharmaceutical information.

Faced with this evidence, why take the risk?

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