

## The Case Against the Use of Oral Contraceptives

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### The Birth Control Pill

After study and prayer, the physicians of Agape Family Health Center have concluded that we will stop the routine prescription of oral contraceptives (birth control pills) effective July 1, 1993.

#### Introduction

The use of the birth control pill gained rapid and widespread acceptance in the 1960's and 1970's. This acceptance marked (and promoted) a major change in our culture, which few persons have realized. For the first time in human history, it became much more possible to separate the act of sex and the process of reproduction. Pleasure, even among the married, has become the main (and in many cases the only) reason for sex. The fundamental relationship of sex to reproduction has often become only an unwanted side effect.

Physicians, and the public at large were won over to the use of the Pill by a variety of reasons. One reason was the "lesser of two evils" idea. That idea reasoned that prevention of an unwanted pregnancy was better than abortion. However, the rate of abortion has closely paralleled the use of oral contraceptives. Now we know that contraception and abortions are closely linked philosophically, psychologically and in biological ways. The widespread cultural acceptance of the Pill mentally denies the great and unchanging truth that children are a blessing from God.

The "good" that was hoped for has become overwhelmed by the negative aspects of the Pill and the

related anti-child philosophy. Few plausible reasons remain for its use.

#### Basic Physiology: Definitions

Ovulation - the release of an egg (ovum) by a woman's ovary, normally in her reproductive cycle.

Fallopian tube - the part of the uterus that reaches around the ovary and through which the egg must travel to reach the uterine cavity. Most pregnancies are conceived while the egg is in the tube.

Fertilization - when an egg is joined with a single sperm and an embryo results. This is considered by scientists and the courts as the beginning of life.

Implantation - when an embryo implants within the lining of the uterus and develops a sac, placenta and blood supply.

Breakthrough Ovulation - when egg production is not inhibited by the Pill Endometrium uterus. the lining of the A normal woman produces an egg in the middle of her reproductive cycle, about two weeks after her menstrual period starts. Her bodily changes allow only a few days during which fertilization of this egg can occur. The birth control pill changes this normal pattern in several ways: by stopping ovulation, reducing transport through the Fallopian tube, creating an unfavorable endometrial lining and by changing the cervical mucus. We discuss each of these changes below.

## **Inhibiting Ovulation**

The original intention for the birth control pill was to inhibit ovulation, or the release of an egg (ovum) by a woman in her reproductive cycle. The original Pill contained high doses of hormones and prevented ovulation rather well. During the 1960's, a medium dose (now considered a high dose) was used widely because the higher doses had too many side-effects. Most birth control pills today are a combination of two hormones with varying strengths and potencies.

If ovulation is not completely prevented, then fertilization (thus, pregnancy) is possible. Over the last 30 years, studies have shown that "breakthrough" ovulation rates are 2 - 10%. This assumes that no pills are forgotten or skipped. If a pill is missed, then chances of breakthrough ovulation are higher. Many common medications, such as antibiotics, can further decrease the Pill's effectiveness in preventing ovulation.

Ovulation can be detected both by direct and indirect methods. The most obvious way to detect breakthrough ovulation is when someone gets pregnant while "on the Pill." This rate is commonly accepted to be 1-2 pregnancies per 100 woman-years (100 women taking the Pill continuously for one year).

Another way to detect breakthrough ovulation is the direct observation of an empty egg sac on an ovary of someone taking the pill. This has been observed on many occasions. Using ultrasound (sonograms), researchers can demonstrate the developing follicle (sac that holds an egg before release) and concluded that up to 4% of these release their eggs in spite of taking (low dose) birth control pills.

The "mini-pill" was popular for a while, but has been mostly abandoned. It had breakthrough ovulation rates of about 14%. This pill contained only a single type of hormone, much like the newer method, the implantable hormone called Norplant. Depo-Provera is a once-a-month shot of a similar hormone, with similar effects.

The original goal of the birth control pill was to prevent pregnancy by stopping egg production. However, in some cases, it may also prevent pregnancy by one of

the following methods.

## **Tubal Transport Effects**

Hormonal contraceptives slow down the transport of an embryo or egg in the fallopian tube. This can cause the egg or embryo to "dry out" and die.

## **Endometrial Effects**

The Pill has several other known effects, even in the more recent "low dose" forms. One effect is the prevention of implantation. The Pill affects the lining of the uterus in such a way that makes it unfavorable for a fertilized egg to implant and continue its normal development.

These two effects (tubal effect and endometrial changes) mean that an egg is produced and fertilized but is then not allowed to develop normally. This is the same as a very early abortion.

## **Cervical Mucus Changes**

The mucus that is normally present in a woman's cervix goes through predictable changes in a normal cycle. The mucus normally becomes thin and stretchy at the time of ovulation. This allows the passage of sperm at the time of intercourse. This natural effect increases the chance of becoming pregnant. The birth control pill causes this mucus to remain sticky and thick, being somewhat of a barrier to sperm. However, it is clear that sperm can get through anyway in some cases.

## **Side Effects**

The list of side effects for the birth control pill is very long. Some side-effects are not dangerous at all, and some are life-threatening. Nearly all of the physical side-effects are related to the change from the natural function of a woman's body. Very often, the false assurance gained by the pill leads to sexually transmitted diseases.

Emotional side effects occur in some women with the change in hormone balance. This can be very disturbing to her or her family. We have observed many women

seem relieved when they stop taking the pill. They convey a sense of guilt often, even if they have not "felt" guilty before then. Many have an uneasy feeling about the unnatural things that occur when taking the pill.

The Pill is often associated with promiscuity. When this is true, spiritual side effects also happen. Shame, poor self image and rebellion can poison a woman's spiritual life.

### Conclusions

Outside of real medical uses, the birth control pill plays a big role in an anti-child philosophy. It is closely related to the abortion philosophy and does actually cause early abortions in some cases. The Pill promotes sexual activity for pleasure alone. It often encourages irresponsible or promiscuous sexual activity. The Pill is very unnatural and has many side-effects.

These values represented by the birth control pill are unbiblical and mostly immoral.

### Recommendations

Contraception should not be a medical issue. It is a family issue, decided by mutual family values. Rare is the medical need for the birth control pill.

Some other forms of birth control (besides the Pill) are also not recommended. These forms are likewise considered to cause abortion. They include the intra-uterine devices (IUD), the new French pill (RU-486) and the so-called "morning after" pill.

We can recommend certain methods of birth control. We will give you specific information about these methods if you desire. In general, these options can be divided into barrier methods and abstinence methods.

Barrier methods use a condom, sponge, diaphragm or some other barrier to prevent passage of sperm into the uterus. These barriers are much more effective if used with a spermicide jelly or cream.

The recommended abstinence method is Natural Family Planning. This is a scientific way for a woman to

determine when her egg is produced. Then she can avoid intercourse for a few days to prevent pregnancy. This requires an informed and willing husband. This method produces a lot of satisfaction for couples who use it. It should not be confused with the "rhythm" or "calendar" methods. We are fortunate to have excellent certified instructors available locally who can teach you the Natural Family Planning method. Please ask us for more information if you are interested.

We hope you understand our reasons for not prescribing the birth control pill and we invite your questions if you need further explanation.

*A postscript re: "The Case Against the Use of Oral Contraceptives"*

*Our journey to our present position, which proscribes the use of birth control pills for non-medical purposes, has been a long and prayerful expedition. We do not judge any patient or physician who disagrees with our conclusions. Yet silence on the subject, once concluded, serves no one. We emphasize the following points:*

*\* Our initial goal was to achieve a unity in our practice about this issue, believing such would be a watershed issue, and set the stage for future growth in understanding bioethics applied to medicine in general and our practice in particular.*

*\* Some of us have been struggling with this for over ten years.*

*\*One of us (Alan) made his decision first, upon joining the practice. This, in effect, gave the rest of us permission (encouragement) to reconsider the issue which had been ignored by reason of "busyness," ignorance, convenience, or fear.*

*\* The published data are clear. See especially NEJM, 5/27/93.*

*\* If we are right, then Christian or pro-life physicians everywhere should reconsider this issue and pray for wisdom about what to do and then pray for courage to do it.*