

## Explanation of Potentially Abortifacient Drugs

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*This explanation is offered relative to LCMS President Matthew C. Harrison's statements on behalf of the Synod about the U.S. Department of Health and Human Services (HHS) contraceptive mandate.*

President Harrison has issued statements regarding the HHS mandate to provide potentially abortifacient (abortion-causing) birth-control drugs as part of the implementation of the Patient Protection and Affordable Care Act. Under the mandate, such drugs as Levonorgestrel (“Plan B”) and Ulipristal (“Ella”) would be required to be covered by health plans. Some have called into question the accuracy of describing these drugs as abortifacients. Indeed, there has been much debate in many circles over the actual mechanism of action of both Plan B and the Ella post-coitus hormonal drugs. The root of the controversy lies in the fact that there are a variety of ways both of these drugs can work depending upon where a woman is in her cycle and how long after coitus the drug is administered.

For purposes of this discussion I will explain my thoughts on the Plan B pill. The important thing in determining how this drug works is **WHEN** the morning after pill is used. It is basically a **very high dose** of regular hormonal contraception, so it works in a tri-phasic manner—the same way other hormonal contraceptive products work, only its method of action depends even more critically upon **WHEN** it is dosed and where the woman is in her cycle. All hormonal contraception works in one (or more) of three ways:

1. Thickens mucus so sperm can't move as well;
2. Works to prevent ovulation;
3. And, **SOME** data has shown that it thins the uterus to shed lining (and prevent implantation).

So yes, in some cases, Plan B can, indeed, work by preventing ovulation—a noncontroversial method that does not cause the early death of an embryo. But other mechanisms of action—and when those are employed—are just not as clear.

*(More)*

Indeed, the controversy was renewed by the political debate over the HHS birth-control mandate and fueled a recent *New York Times* article which attempted to explain the controversy (*Abortion Qualms on Morning-After Pill May Be Unfounded*, By [Pam Belluck](#), *New York Times*, Published: June 5, 2012 / A version of this article appeared in print on June 6, 2012, on page A1 of the New York edition with the headline: *No Abortion Role Seen for Morning-After Pill*).

This article seemed to imply that the debate was all but over. On the contrary, pro-life obstetricians and gynecologists would counter that this debate is far from conclusive in evidence. The article states: “Despite the accumulating evidence, several abortion opponents said they remain unpersuaded. Dr. Harrison (*Donna Harrison, M.D.*), director of research and public policy for the American Association of Pro-life Obstetricians and Gynecologists, said that the Plan B studies were led by ‘a good researcher,’ but that she would prefer a study with more women and more documentation of when in their cycles they took Plan B. She added that if the studies done so far are correct, Plan B’s label should say it is ineffective after ovulation.” In addition, “With Ella, Dr. Harrison cited a document from the European Medicines Agency (similar to the F.D.A.) and animal studies that she said suggest the lining of the uterus could be altered.”

The *New York Times* article also mentions that in a 2005 memorandum, Dr. Steven Galson, director of the F.D.A.’s Center for Drug Evaluation and Research, wrote that “studies ‘conclusively demonstrate’ that Plan B’s ability to block ovulation is ‘responsible for most, if not all, instances in which emergency contraception prevents pregnancy.’ **But he also said that ‘studies at that time could not exclude the possibility the pills impeded implantation’** (*emphasis mine*) in a small percentage of women.”

In addition, it is understandable that Teva, the Plan B manufacturer, would be lobbying the F.D.A. and public opinion to change the F.D.A. labeling, and has asked numerous times for implantation to be deleted from the label to increase public ease with the drug and boost sales. Nevertheless, the F.D.A. has repeatedly declined. Valerie Mulligan, Teva’s senior director of regulatory affairs, made the statement that, “There is quite a lot of evidence now that it (Plan B) doesn’t affect implantation.”

My reaction to this statement is that this evidence should be completely conclusive and reproducible in a very large sample of women and adopted by the F.D.A. before pro-life Christians change their opinion and recommend this drug as a safe contraceptive method that AT NO TIME ever affects a fertilized embryo.

As Gospel-driven Christians, always concerned for the gift of human life and respecting the human body as the temple of the Lord, The Lutheran Church—Missouri Synod prefers to advise married couples to err on the side of caution and to not encourage any activity that might compromise the certainty of that respect for human life...especially with Plan B hormonal pills and the drug Ella until the evidence is indisputably conclusive and there is broad consensus across pro-life physicians.

May the Lord continue to bless our life together in Christ and our many vocations of service to others.

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