

POLICY PAGES

The Morning-After Pill and Abortion

Nov. 19, 2019

OVERVIEW

Morning-after pills (MAPs) are marketed as “emergency contraceptives,” even though they are known to be abortifacient (abortion causing). While the primary intent for MAPs may be to prevent conception, MAPs may also keep a fertilized egg from implanting in the uterus,¹ thereby terminating the pregnancy.

MAPs not only may end a human life, but they also raise significant health and parental rights concerns because many of these drugs are available over the counter with no age restrictions.

ANALYSIS

The most widely used morning-after pills in the United States contain either levonorgestrel or ulipristal acetate.² Plan B One-Step and generic versions such as Take Action, My Way, and Next Choice each consist of one pill (1.5 mg) containing levonorgestrel, a synthetic progesterone.³ These MAPs have largely replaced the older versions of “emergency contraception” that combined estrogen and progestin because they are more effective and have fewer side effects.⁴ A meta-analysis of eight studies concluded the levonorgestrel-only MAPs are 74% effective, with study results ranging from 56% to 89%.⁵ Manufacturers recommend the pill be taken “within 72 hours and preferably within 12 hours after a contraceptive accident or unprotected sex.”⁶

Ella, approved by the FDA in 2010, consists of a single dose of ulipristal acetate and is available by prescription only. This newer MAP is more effective than levonorgestrel-only MAPs, with a reported effectiveness rate of 62% to 85%.⁷ According to the Ella website, the drug can be taken up to five days (120 hours) after intercourse, though it is most effective within the first 24 hours.⁸ The use of “emergency contraceptives,” like Plan B and Ella, have increased dramatically in recent years. Among women 15-44 years of age, use has increased from 2% in 2002 to 18% in 2011-2013.⁹



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MAPS MAY END A HUMAN LIFE

Although MAPs are not an abortion pill per se, like mifepristone or RU-486,¹⁰ they nonetheless may end a human life by preventing a fertilized egg from implanting in the uterus. MAP manufacturers proudly proclaim their products are “not an abortion pill” and will not “end an existing pregnancy.”¹¹ However, this can only be true if they *redefine* pregnancy as beginning at implantation rather than fertilization.

According to embryology, the science is clear— a unique human life begins at fertilization: “Human development is a continuous process that begins when an oocyte (ovum) from a female is fertilized by a sperm (spermatozoon) from a male to form a single-celled zygote”¹² and “[t]hrough the mingling of maternal and paternal chromosomes, the zygote is a genetically unique product of chromosomal reassortment.”¹³ This means that if a MAP prevents a fertilized egg from implanting in the uterus— leading to the demise of a unique human life— the MAP operated as an abortifacient drug.

Plan B’s website states the drug may work in three possible ways: 1) “[t]emporarily stops the release of an egg from the ovary;” 2) “[p]revents fertilization;” and 3) “[p]revents a fertilized egg from attaching to the uterus.”¹⁴ The FDA notes the same three mechanisms of action: “Plan B acts primarily by stopping the release of an egg from the ovary (ovulation). It may prevent the union of sperm and egg (fertilization),” but more importantly, it also states, “[i]f fertilization does occur, Plan B may prevent a fertilized egg from attaching to the womb (implantation).”¹⁵ This explains why Plan B has printed on its FDA-approved packaging: “this product . . . may prevent . . . attachment of a fertilized egg to the uterus (implantation).”¹⁶

Similarly, the manufacturer of Ella, consisting of ulipristal acetate, clearly states in its brochure the drug may prevent implantation of a fertilized egg: “ella is thought to work for emergency contraception primarily by stopping or delaying the release of an egg from the ovary. It is possible that ella may also work *by preventing attachment (implantation) to the uterus.*” (emphasis added).¹⁷

Certainly, some MAP proponents cite studies suggesting levonorgestrel and ulipristal acetate do not affect implantation;¹⁸ however, they also readily admit “it is not scientifically possible to definitely rule out that [emergency contraceptives] . . . may inhibit implantation of a fertilized egg in the endometrium.”¹⁹

HEALTH AND PARENTAL RIGHTS CONCERNS

Under current law, minors have unrestricted access to certain types of MAPs at their local drugstore or grocery store, raising significant health and parental rights concerns. As of 2013, levonorgestrel-only MAPs, like Plan B and its generic versions, have been available over the counter with no age restrictions. This unrestricted availability might explain the sharp rise in use of “emergency contraception” among teens aged 15-19 from 8.1% in 2002, to 13.7% in 2006-2010,

and 22.9% in 2011-2015.²⁰ In 2006, the FDA approved over-the-counter access of Plan B, but only for women 18 years of age or older.²¹ In 2013, it expanded access to women 15 years of age or older without a prescription, but in response to a court order it removed any age restriction whatsoever— making it available “for all women of child-bearing potential”²² without obtaining a prescription or any form of parental notification or permission.

Health Concerns. The ability for girls as young as 11, 12, or 13 years of age to purchase and use Plan B without consulting a healthcare professional and with no parental involvement raises significant health concerns. Over-the-counter status is not appropriate for a medication that contains a high dose of hormones since women, and particularly minors, will not have the opportunity to consult with a healthcare professional who can review their medical history or any contraindications for the drug. Side effects of MAPs include nausea or vomiting, dizziness, fatigue, bleeding between periods or heavier menstrual bleeding, breast tenderness, headaches, changes in length of menstrual cycle, and lower abdominal pain or cramps.²³

In addition, Plan B One-Step contains 10 to 15 times the amount of the levonorgestrel hormone found in a regular birth control pill, which does require a prescription.²⁴ Given the known, serious safety risks of ordinary birth control pills, including blood clots, stroke, heart attack, gallbladder disease, vision problems, and liver tumors,²⁵ there is concern that such extreme hormone levels in MAPs could have a significant impact on the health of women, especially minors.²⁶

Parental Rights Concerns. The lack of any age restriction to purchase over-the-counter MAPs undermines parental rights and any notion of common sense. Parental consent is required for a school to give a student Tylenol, yet there is no requirement for a medication that administers a high dose of hormones to a minor girl and has the potential to end a preborn life. Denying parents the right to be involved in these types of medical decisions not only presents medical risks to their child, but also limits a parent’s ability to protect their child from unsafe sexual behaviors or even sexual abuse.

CONCLUSION

While morning-after pills do not always abort a preborn child, they do act as an abortifacient drug when they prevent a fertilized egg from attaching to the uterus. In addition, the availability of certain MAPs, without any medical oversight and no age restrictions, raise significant health and parental rights concerns.

TALKING POINTS

- **“Morning-after pills” can cause an abortion.** Manufacturers and the FDA acknowledge these pills may act to prevent implantation of a newly formed human life in the mother’s uterus—thereby causing an abortion.
 - **Parents have a fundamental right to be involved in the health decisions of their minor daughters.** The decision to remove all age and prescription restrictions for obtaining the morning-after pill undermines parental rights and shows just how far proponents of “reproductive rights” are willing to go.
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¹*Plan B One-Step Label*, Drugs @ FDA, January 4, 2019, https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021998Orig1s006lbl.pdf (stating “It is possible that Plan B One-Step® may also work . . . by preventing attachment (implantation) to the uterus (womb)”) (last visited October 22, 2019); Ella, “Get To Know the Ella Difference,” <http://ellanow.com/wp-content/uploads/ella-brochure-v6.pdf>, 9 (stating “It is possible that ella may also work by preventing attachment (implantation) to the uterus”) (last visited November 19, 2019).

²Mayo Clinic, “Morning After Pill,” June 8, 2018, <https://www.mayoclinic.org/tests-procedures/morning-after-pill/about/pac-20394730> (last visited October 22, 2019); James Trussell et al., Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy, January 2019, <https://ec.princeton.edu/questions/ec-review.pdf> (last visited October 22, 2019).

³*Types of Emergency Contraception*, The Emergency Contraception Website, ec.princeton.edu/questions/dose.html#dose (last visited October 22, 2019). Currently, there are eleven approved pill brands that are levonorgestrel-only.

⁴Trussell, *supra* note 2, at 1. There are 26 brands of combined oral contraceptives approved for emergency contraception. These are used when MAPs are not available. The regimen is two doses twelve hours apart consisting of 4-6 pills in each dose. *Id.*, at 1, 34-36.

⁵*Id.* at 3.

⁶Plan B, “Why Plan B,” <http://planb.ca/why-plan-b.html> (last visited October 23, 2019).

⁷Trussell, *supra* note 2, at 4.

⁸Ella, *supra* note 1, at 3, 13.

⁹Trussell, *supra* note 2, at 12.

¹⁰MAPs differ from “abortion pills” (Mifeprex or RU-486) in that MAPs must be taken within 120 hours of sexual intercourse to be truly effective. In contrast, Mifeprex is an abortion-inducing drug which has been approved for use by the FDA through the first 70 days of pregnancy.

¹¹Ella, *supra* note 1, at 8; Plan B, *supra* note 6.

¹²KEITH L. MOORE, T.V.N. PERSUAD, AND MARK G. TORCHIA, *THE DEVELOPING HUMAN: CLINICALLY ORIENTED EMBRYOLOGY 1* (11th ed. 2020).

¹³BRUCE CARLSON, *HUMAN EMBRYOLOGY & DEVELOPMENTAL BIOLOGY* 31 (6th ed. 2019).

¹⁴Plan B, *supra* note 6.

¹⁵U.S. Food & Drug Administration, FDA’s Decision Regarding Plan B: Questions and Answers, <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/fdas-decision-regarding-plan-b-questions-and-answers> (last visited October 23, 2019).

¹⁶*Plan B One-Step Label*, *supra* note 1.

¹⁷Ella, *supra* note 1, at 3, 13.

¹⁸For examples, see Planned Parenthood, “The Difference Between the Morning-After Pill and the Abortion Pill,” https://www.plannedparenthood.org/files/3914/6012/8466/Difference_Between_the_Morning-After_Pill_and_the_Abortion_Pill.pdf, 2 (last visited October 23, 2019); Trussell et al., Emergency Contraception, *supra* note 2 at 7-8.

¹⁹Trussell, *supra* note 2, at 7-8.

²⁰*Id.* at 14.

²¹U.S. Food & Drug Administration, “Plan B (0.75mg levonorgestrel) and Plan B One-Step (1.5 mg levonorgestrel) Tablets Information,” May 19, 2016, <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/plan-b-075mg-levonorgestrel-and-plan-b-one-step-15-mg-levonorgestrel-tablets-information> (last visited October 24, 2019).

²²*Id.*; *Tummino v. Hamburg*, 936 F. Supp. 2d 198, 205 (E.D.N.Y. 2013).

²³*Side Effects*, The Emergency Contraception Website, February 22, 2019, ec.princeton.edu/questions/ecsideeffects.html (last visited October 24, 2019).

²⁴Plan B One-Step contains 1.5 mg levonorgestrel. Typical birth control pills with levonorgestrel as the active ingredient contain 0.10 or 0.15 mg levonorgestrel. See, e.g., Drug Details: Lessina-28 (generic drug), www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.Search_Drug_Name (search by name) (contains 0.10 mg of levonorgestrel); Drug Details: Altavera, www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.Search_Drug_Name (search by name) (contains 0.15mg of levonorgestrel).

²⁵Omnia M. Samra et al., *Birth Control Medications (Contraceptives)*, www.emedicinehealth.com/understanding_birth_control_medications_contrace/article_em.htm (last visited October 24, 2019); see also MedicineNet.com, Oral Contraceptives, www.medicinenet.com/oral_contraceptives/article.htm (last visited October 24, 2019).

²⁶See Culture of Life Foundation, *Tracking the FDA’s Approval of Plan B: 10 Years of Endangering Women’s Health*, Culture of Life Foundation, July 27, 2009, culture-of-life.org/2009/07/27/tracking-the-fdas-approval-of-plan-b-10-years-of-endangering-womens-health/ (last visited October 24, 2019).