

## **Fact Sheet: Emergency Contraception Fails to Reduce Unintended Pregnancy and Abortion**

Supporters of Plan B and other types of “emergency contraception” (EC) used to claim that easier access to EC could “result in a greater than 50% reduction in abortion rates.” **J. Trussell *et al.*, “Emergency Contraception: A Simple Proposal to Reduce Unintended Pregnancies,” *Family Planning Perspectives* 24 (Nov/Dec 1992): 6.**

However, that estimate came from a hypothetical “modeling exercise.” In 2006, Plan B supporters began to admit that the hard data tell a different story:

“[T]he experts had estimated that we would see a drop by up to half in the rates of unintended pregnancy and the rates of abortion. And in fact in the real world we're not seeing that.” **Kirsten Moore, President and CEO of Reproductive Health Technologies Project, quoted in A.W. Schachter, “‘Plan B’: What Science Can't Tell Us,” *New York Post* Online Edition, Aug. 11, 2006.**

The following year even the author of the “greater than 50% reduction” claim, James Trussell, conceded that 23 published studies from 10 countries disprove his claim. According to every one of the 23 studies, published between 1998 and 2006, easier access to EC fails to achieve *any* statistically significant reduction in rates of unintended pregnancy and abortion. **E. Raymond *et al.*, “Population Effect of Increased Access to Emergency Contraceptive Pills,” *Obstetrics & Gynecology* 109 (2007): 181-8.**

Some of these studies reviewed country-wide statistics on unintended pregnancy and abortion after EC became inexpensive (or free) and widely available in health clinics or over-the-counter in pharmacies. Other studies compared results between women given packets of EC for future use, and a control group of women who had to acquire EC on their own. In the latter type of study, women given EC in advance were more likely to use it, but no statistically significant difference in unintended pregnancy or abortion was found between the two groups.

These studies from the U.S., Europe, and China are among those demonstrating the complete failure of EC to reduce rates of unintended pregnancy and abortion:

Sixteen months after 18,000 sexually active women in a health district in Scotland were each given 5 packets of EC, researchers concluded: “No effect on abortion rates was demonstrated with advance provision of EC. The results of this study suggest that wide-spread distribution of advanced supplies of EC through health services may not be an effective way to reduce the incidence of unintended pregnancy in the UK.” **A. Glasier *et al.*, “Advanced provision of emergency contraception does not reduce abortion rates,” *Contraception* 69 (May 2004): 361-6 at 361 ([www.cwfa.org/images/content/scotland0905.pdf](http://www.cwfa.org/images/content/scotland0905.pdf); visited Apr. 6, 2011).**

Over 2,000 women in the San Francisco Bay area were randomly assigned to one of three groups. The first group was given packets of EC; the second was told how to obtain EC free 2

from pharmacies; the third had to return to the clinic for EC. Over 80% of the women were also using another form of contraception. After six months, 7-8% of women in each group were pregnant. "We did not observe a difference in pregnancy rates in women with either pharmacy access or advance provision [of EC]; the adjusted risk of pregnancy for both treatment groups was not significantly less than 1. Previous studies also failed to show significant differences in pregnancy or abortion rates among women with advance provisions of EC. It is possible that the effect of increased access on pregnancy rates is truly negligible because EC is not as effective as found in the single-use clinical trials, or because women at highest risk do not use EC frequently enough or at all." **T. Raine et al., "Direct Access to Emergency Contraception Through Pharmacies and Effect on Unintended Pregnancy and STIs," *Journal of the American Medical Association* 293 (2005): 54-62 at 61 (<http://jama.ama-assn.org/content/293/1/54.full.pdf>; visited Apr. 6, 2011).**

Hu et al. conducted a randomized, controlled trial of 2,000 postpartum women in Shanghai, China (who would have a strong incentive not to become pregnant within a year of giving birth because this is forbidden by the government). Half were given 3 courses of mifepristone to use at home as emergency contraception (EC) "as needed." The other half (control group) had to see a doctor to obtain mifepristone. Both groups could also purchase a Plan B-type emergency contraceptive at supermarkets. Women in the first group used EC twice as frequently as those in the control group, but there was no difference in pregnancy or abortion rates after one year. "This study adds to the growing literature casting doubt on the increased use of EC as a quick fix for rising abortion rates. That is not to say that EC will not prevent pregnancy for some women, sometimes, but rather that it may not make much difference to public health." **Xiaoyu Hu et al., "Advanced provision of emergency contraception to postnatal women in China makes no difference in abortion rates: a randomized controlled trial," *Contraception* 72 (2005): 111-6.**

Examining the impact of free, over-the-counter EC for teenagers in England, researchers reported: "The EBC [emergency birth control] scheme had no impact on conception rates." However, "the presence of a pharmacy EBC scheme in a local authority is associated with an increase in the rate of STI diagnoses amongst teenagers of about 5%. The equivalent figure for [children under-16] is even larger at 12%." This "is consistent with the hypothesis that greater access to EBC induces an increase in adolescent risky sexual behavior." **S. Girma and D. Paton, "The Impact of Emergency Birth Control on Teen Pregnancy and STIs," *Journal of Health Economics* (2011), doi:10.1016/j.jhealeco.2010.12.004.**

EC researcher Anna Glasier seconds that observation in a September 2006 editorial in the *British Medical Journal*: "[D]espite the clear increase in the use of emergency contraception, abortion rates have not fallen in the U.K. They have risen from 11 per 1000 women ... in 1984 ... to 17.8 per 1000 in 2004." She adds: "Ten studies in different countries have shown that giving women a supply of emergency contraception to keep at home ... increases use by twofold to threefold ... but [has] had no measurable effect on rates of pregnancy or abortion." She concludes: "If you are looking for an intervention that will reduce abortion rates, emergency contraception may not be the solution." **Anna Glasier, Editorial, "Emergency Contraception: Is it worth all the fuss?," *British Medical Journal* 333 (2006): 560-1.**

"Another commonly held view for which there is no documented evidence is that improving knowledge about and access to Emergency Contraception will reduce the number of teenage pregnancies. ... Experience of use so far does not give any evidence of effectiveness. Prescribing 3

rates of the morning-after pill have multiplied steadily in Scotland while there has been no observed decline in the rate of teenage pregnancies or abortions.” A. Williams, “The Morning-After Pill,” **Scottish Council of Human Bioethics (Nov. 2005)**

([www.schb.org.uk/downloads/publications/morning-after\\_pill.pdf](http://www.schb.org.uk/downloads/publications/morning-after_pill.pdf); visited Apr. 6, 2011).

“Despite the fact that emergency contraceptive pills (ECP) have become easily available across the country during recent years, abortion numbers continue to rise in Sweden, especially in the young age groups (<25).” T. Tyden et al., “No reduced number of abortions despite easily available emergency contraceptive pills,” *Lakartidningen* 99 (2002): 4730-2, 4735 (abstract at [www.ncbi.nlm.nih.gov/pubmed/12523048](http://www.ncbi.nlm.nih.gov/pubmed/12523048); visited Apr. 6, 2011).

Summarizing findings of the Washington State Pilot Project, which allowed pharmacies to dispense EC without a prescription from February 1998 to June 1999, researchers noted: “If the increased accessibility of emergency contraception reduces unintended pregnancy, there should be evidence of reduced pregnancy and abortion rates. To be sure, abortions in Washington reached the lowest level in two decades, dropping by 5% from 1997 to 1998. ... However, the national abortion rates also were declining during this period. ... In 1999, both pregnancy rates and rates of induced abortion increased slightly in Washington State.” J. Gardner et al., “Increasing Access to Emergency Contraception Through Community Pharmacies: Lessons from Washington State,” *Family Planning Perspectives* 33 (2001): 172-5 at 174-5

([www.guttmacher.org/pubs/journals/3317201.pdf](http://www.guttmacher.org/pubs/journals/3317201.pdf); visited Apr. 6, 2011). *Note*: The Guttmacher Institute reported a 5% decline nationally in the abortion rate between 1996 and 2000, compared to a drop of only 3% in Washington state.

Anna Glasier concedes in her above-cited study that “EC may be less effective than we believe [sic]. Estimates of efficacy are unsubstantiated by randomized trials. Efficacy is based on rather unreliable data and a great many assumptions and have been questioned both in the past and more recently. ... While advanced provision of EC probably prevents some pregnancies for some women some of the time, the strategy did not produce the public health breakthrough hoped for.” A. Glasier, *Contraception*, *op. cit.*, at 365.

The 2007 study by Raymond, Trussell and others, cited above, even casts doubt on the usual claims made for EC’s effectiveness for the individual user: “[W]e can be 95% confident that it reduces pregnancy risk by more than 23%. But just how much more remains poorly defined; the published efficacy figures ... – on average, approximately 80% – may overstate actual efficacy, possibly quite substantially. Clearly, if the method is weakly efficacious, it is unlikely to produce a major reduction in unintended pregnancy no matter how often women use it.” E. Raymond et al., *Obstetrics & Gynecology*, *op. cit.*, at 187.

4/6/11

SUNDAY, JUNE 5, 2011

## Contraception and Abortion link

Breathtaking infatuation for RH bill

I just want to help wake the Inquirer up from what I see might be its “RH infatuation,” which I believe led it to assert that the “best argument for the RH bill as it now stands is that it will help minimize the number of illegal or illicit abortions we suffer every year. Think of tens of thousands of innocent lives spared.”

A cold shower of scientific findings might help.

First, from a study on the link between contraception and abortion (published early this year, not in a prolife magazine but in the scientific journal, *Contraception*, subtitled “an international reproductive health journal” and conducted through a 10-year period). From 1997 to 2007, the overall use of contraceptive methods increased from 49.1 percent to 79.9 percent. The elective abortion rate increased from 5.52 to 11.49 per 1,000 women.

Second, Nobel prize winner and liberal economist, George Akerlof, writing at the *Quarterly Journal of Economics* (published by the MIT Press), described the effect of contraceptives: more premarital sex, more fatherless children, more single mothers, and since the contraceptives sometimes fail, more abortions.

Third, leaders of the abortion industry themselves have openly admitted the empirical link between contraception and abortion. Malcolm Potts, the first medical director of International Planned Parenthood: “As people turn to contraception, there will be a rise, not a fall, in the abortion rate.” Judith Bury, coordinator of Doctors for a Woman’s Choice on Abortion: “There is overwhelming evidence that ... the provision of contraception leads to an increase in the abortion rate.”

Fourth, silent abortions caused by the use of the pill amount to deliberate killings of innocent lives. Dr. Walter Larimore, who for decades prescribed the pill, tried to

disprove the claim that the pill is abortifacient, only to find 94 scientific studies proving that “postfertilization effects are operative to prevent clinically recognized pregnancy.” He published his findings in the scientific journal of the American Medical Association, and from then on stopped prescribing the pill. Shouldn’t we as a nation also stop prescribing a drug that kills our youngest Filipinos?

Please take note that the basis of Rep. Edcel Lagman’s claim of an 85-percent reduction in abortion rate due to contraception is a report of the Guttmacher Institute, which started as a division of Planned Parenthood, the largest provider of abortion services in the United States.

It is significant that the Guttmacher Institute itself found in its 2003 study that “levels of abortion and contraceptive use rose simultaneously” in six countries: Cuba, Denmark, the Netherlands, the United States, Singapore and the Republic of Korea.

# LIFE ISSUES

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## BIRTH CONTROL PILL FAILURE

Got a letter today. I'll think you'll be interested in the subject here. My lady starts with:

"Dear Dr. Willke, I am writing to you with a concern I have not heard you address on your *Life Issues* program: I refer to the number of women who are getting pregnant on the oral contraceptive (or birth control pills). Are there any studies on this? Do groups like Planned Parenthood and abortion clinics deliberately put girls on the low-dose pills - knowing they will be pregnant and in this way set up their own abortion clients at the expense of babies' lives and women's health?" She goes on:

"I have been conducting my own study for a few years. Three of my grandchildren are pill babies - 2 mothers, three different low-dose pills. I have been questioning women whom I've counseled at our crisis pregnancy center and whom I talk to at our five yearly fair booths. It seems like everyone knows someone, or they themselves, who have become pregnant while taking the low-dose pills. I hear story after story of the pills not working even if they're taken very accurately by married women.

"I questioned a friend of mine, a nurse who works at our local hospital in the OB and delivery room. She said they have a questionnaire that pregnant women fill out for the hospital. One of the questions asks if, when they got pregnant, were they using any form of birth control. She hasn't taken an actual count, but she said that approximately one-half of those who came in pregnant were on the pills when they got pregnant". She goes on:

"Dr. Willke, is anything being done to let women know that they are obviously being set up to get pregnant when they are started on the low-dose birth control pills? Thank you, Mrs. P. B., Missouri."

Well, let me add -- here's a study by Planned Parenthood that was published in their own journal. They questioned 11,000 women awaiting abortion in 100 different abortion facilities. Fifty percent of the woman who had come in for an abortion said that they were taking the pill when they got pregnant.

And let me quote Carol Everett. She ran abortion clinics for years. Here's what she says, and I quote her:

"Our doctors prescribed low-dose birth control pills, which have a high pregnancy rate, knowing well that they needed to be taken very accurately and at the same time every day, or pregnancy would occur. This insured that teenagers would be my best customers, for teenagers typically are not responsible enough to follow such rigid medication guidelines on their own. And so I knew that their sexual activity would increase from none, or once a week, to maybe five or even seven times a week once they were introduced to this contraception method. And I knew that they would be getting pregnant. And then I could reach my goal--three to five abortions for each teenager between the ages of 13 and 18."

And so back to my questioner, Mrs. P. B. from Missouri. Your experience is very common, and you are correct.

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**Newer birth control pills riskier, study finds**  
GENEVA—New research by the World Health Organization provides more evidence that some newer birth control pills may double the risk of blood clots when compared with older types. But the two WHO studies, to appear in the British medical journal *The Lancet*, agreed with earlier studies that the risk is very low for the millions of women worldwide who take the pills. An estimated three or four cases of blood clots in deep veins can be expected each year among 100,000 women of reproductive age who do not use oral contraceptives. The recent findings indicate this would rise to 10 cases a year for women taking the old types of pill and 20 cases a year among those using the new types of pill. (*USA Today*, 15 December)

Late last year when Planned Parenthood announced plans to open an abortion clinic in San Antonio, a city with a high Hispanic population and large families, approximately 160 pastors signed a newspaper ad stating, in part, "We are Hispanic pastors, African-American pastors, and Anglo pastors...standing as one to say to Planned Parenthood and its allies: As far as we are concerned, your racist roots are both undeniable and inexcusable. Your desire to benefit from the deaths of the innocent unborn among our people is reprehensible."

NARAL = NATIONAL ABORTION RIGHTS ACTION LEAGUE

## Kate's Two Faces

Lately Kate Michelman, President of NARAL, has been very busy trying to increase the number of abortions in countries around the world by promoting contraception-based/value-neutral sex education to children starting in grade school. In the midst of this campaign, she appeared on CNN's *Crossfire* and admitted that 60 percent of all unintended pregnancies are due to

contraceptive failure.

So why, you may ask, would she go on promoting something she agrees is such a miserable flop?

The answer is simple: from the viewpoint of NARAL and their fellow travelers in the abortion industry, a high pregnancy rate is not a failure but a success! After all, when girls get pregnant they know just who to turn to for help. Don't forget, these sex-ed classes

Michelman's so proud of don't fail to mention Planned Parenthood or some other organization whose idea of help is to take the money of these pregnant girls and tell them to jump up on the abortionist's table.

One would have to be pretty naive to believe that these people are concerned for the welfare of these kids, and not the financial windfall they represent for the abortion industry.



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