

“Emergency Contraception”: Fact, Fiction & Fraud

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Not the opinions or position of Right to Life of
Michigan

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No medical training – statistical & logical analysis

Summary of Conclusions

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The course of “research” that led to current EC formulations and protocols was unethical and scientifically illegitimate.

The reported “effectiveness” of EC in preventing pregnancy is at best, vastly overstated (due to faulty analytical models), and at worst, scientifically indefensible given the regimens' mode of action for fertility disruption.

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Making EC available OTC is even more scandalous.

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Some evidence points to luteal phase dysfunction or bleeding/ menstrual episodes as a more likely abortifacient effect.

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Exploitation by 'predatory' males

EC Formulations

Original formulations combined estrogen-progesterone -
“regular birth control” - 8 daily pills (Preven)

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Progesterone-only “mini-pill” - Levonorgestrel (Plan B)

Fewer side effects, equal or better results

Physiology of the Fertile Cycle

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Follicle Stimulating Hormone (FSH) – Pituitary Gland

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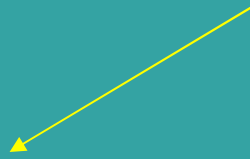
Follicle Matures - “Dominant” or “Leading Follicle”
Estrogen Produced

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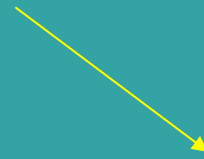
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Promotes Endometrium



Stimulates Luteinizing Hormone (LH)



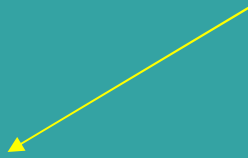
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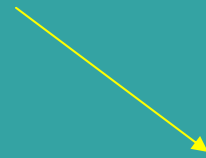
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Ovulation

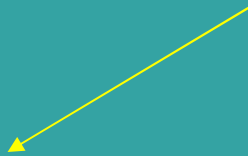
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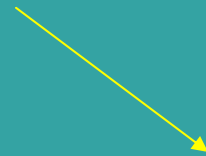
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Ovulation

Follicle Becomes Corpus Luteum - Produces Progesterone



Progesterone sustains endometrium

EC “Effectiveness”

Projected vs. Actual Pregnancies

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Dixon's Flawed Model

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Three Pregnancy Studies

Married Couples, BBT Trained

Artificial Insemination

Married, BBT Trained, Parious

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Data applied with weighted average coefficient

Probability table generated

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Dixon Application

Approximated “regular” cycle length

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Effectiveness up to 85%

EC “Effectiveness”

Laugh Out Loud

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Espinos x Trussell = 25% to 33% effectiveness

Physiological Effects of EC

Prevent or delay ovulation

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Ovulation affected only if EC treatment 2 to 7 days pre-ovulation

Ovulation uniformly occurs with later EC treatment.

Logical Implications: Ethics & Fraud

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- If EC is not significantly abortifacient – it's a big waste of time
- Only women 2 to 5 days from ovulation should bother
- Women should be reasonably screened for cycle stage
- Indiscriminately providing EC to all women seeking it is ethically suspect and a massive consumer fraud.

Endometrial Effects – Hostile?

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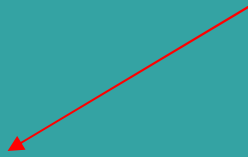
These latter two effects are more suspect than “hostile” endometrium

What Is the Physiological Model?

Follicle Stimulating Hormone (FSH) – Pituitary Gland



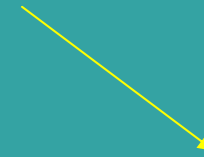
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Rat and Monkey Studies: ZERO abortifacient effect

Actual Endometrial Research

Three studies using Plan B biopsied the endometrium

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Measured and found **no significant changes** in:

- Number of Glands (glandular lumen)

- Glandular diameter

- Epithelial height

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- Number of Glands

- Stromal edema – presence and percentage

- Spiral arteries – no other study measures

Thus, Durand concluded...

Actual Endometrial Research

“These results also correlate with the presence of normal histopathological features in endometrial biopsies taken during the implantation window... [T]he process of transformation of endometrium into decidua, as a consequence of endometrial cell differentiation independently of conception occurred normally in women receiving LNG at the time of LH surge or after... These results suggest that postovulatory contraceptive efficacy of LNG may not involve alterations in the mechanisms associated with endometrial receptivity.”

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Ethical implication: Would there have been human trials??

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Prolife experts must critically analyze these studies

Evidence is not sufficient to presume or conclude a hostile endometrium and abortifacient effect