

# MAPs are abortive and how!

Jean Pierre Fava Sunday, 10 July 2016, 09:00 Last update: about 6 hours ago

<http://www.independent.com.mt/articles/2016-07-10/newspaper-opinions/MAPs-are-abortive-and-how-6736160666>

Elitist mentality is a little bit odd. And the self-proclaimed 'liberal' establishment is, indeed, odder still. These defenders of birds and plants are ready to impose heavy fines and even long prison sentences on hunters and investors who kill game and exploit the environment but do not bat an eye lid when unborn babies are sent to a premature death through abortion or pills which are potentially abortive, like the morning after pills (MAPs) also known as oral emergency contraceptives (ECs).

I am surely no perfect Christian, and I can surely feel the beam in my eye. Indeed, I have a lot of shortcomings, but the hypocrisy and selfishness we are facing today is to say the least unbearable, even more mind twisting than the Pharisees of Judea. I do not aim and do not want to sound or be in any way judgemental, however, I have a duty both as a Catholic, a scientist and also as a Westerner for whom life is sacred to expose the fallacy that MAPs are not abortifacient.

To do this I have drawn up a plan of operations which rests on the evidence to be given by professional contributors who have written on this question in scientific, medical, legal and ethical books, periodicals and online media. Some of the witnesses on whom I call to give evidence are Charlotte Lozier Institute (2014), Kahleborn, Stanford and Larimore (2002), Mozzanega and Cosmi (2010), Peck and Velez (2013), Morris and Van Wagenen (1973), Rabone (1990), Stratton et al (2010) etc. These clearly state and give unimpeachable evidence based on facts and scientific research.

Despite all considerable evidence regarding the abortifacient effect of emergency contraceptives, representatives of various groups around the world, such as planned parenthood associations, women's rights groups, feminist organizations, etc---continue to deride those who maintain that ECs are abortifacient.

Their arguments can hold water, only if one accepts the Orwellian-newspeak-definition of conception, that is, the implantation of a fertilized ovum, adopted by the American College of Obstetricians and Gynecologists (ACOG) in the 1960s to obscure the reality that all hormonal contraceptives are potentially abortifacient. For the rest of the world, or at least most of it, fertilization and conception are synonymous and mark the beginning of a new living organism. (Charlotte Lozier Institute 2014, Sadler and Langman 2010, O'Rahilly and Müller 1996, Moore and Persaud 1993).

Whether EC can induce abortion depends upon how one defines 'life', or better still, when a new human life starts. The scientific reality is that when a human egg and sperm unite (fertilization), the newly formed being contains the full genome in which hair and eye colour, gender and all physical characteristics are determined. Recently in Malta someone stated "*....all discussion of blastocysts, life in cells, and so on is irrelevant a few hours after the act....*"

During its journey down the fallopian tube, the fertilized egg is actively growing and dividing itself. It will implant in the uterine lining where it will continue to grow. Many years ago, there were some in the medical community who arbitrarily decided to redefine the beginning of pregnancy as when implantation occurs. Clearly, this contradicts the known facts about when 'life' itself begins, and that is at fertilization. For instance, one of the ways ECs may work is to alter the uterine lining so that a fertilized egg (the embryo) may not be able to implant and grow (**Kahleborn, Stanford, Larimore 2002, Kahlenborn, Peck, Severs, 2014, Mozzanega and Cosmi 2010, Peck and Vélez 2013, Morris and van Wagenen 1973, Rabone, 1990, Stratton et al 2010, Turlock Pregnancy Center 2016**). Also, certain ECs have inferior effect on ovulation than other ECs (**Brache, Cochon, Deniaud, and Croxatto, 2013**). So other mechanisms of action would prevail to stop the process of life. What are these?

Nowadays any student in any middle school knows when 'life' begins. However, those who 'ears have they, but they cannot listen' dismiss the simple formula of the origin of all life. So, because of their refusal to accept the origin of life, I am forced to quote directly from established medical/scientific texts:

- *" Human development begins after the union of male and female gametes or germ cells during a process known as fertilization (conception). Fertilization is a sequence of events with the contact of a sperm (spermatozoon) with a secondary oocyte (ovum) and ends with the fusion of their pronuclei and the mingling of their chromosomes to form a new cell. This fertilized ovum, known as a zygote, is a large diploid cell that is the origin, or primordium, of a human being. "* (**Moore, Herbst, and Thompson, 1988**)
- *Development of the embryo begins at Stage 1 when the sperm fertilizes an oocyte and together they form a zygote.* (**Marjorie 1996**)
- *Embryo: an organism in the earliest stage of development; in man, from the time of conception to the end of the second month in the uterus.* (**Dox et al 1993**)
- *The question came up of what is an embryo, when does an embryo exist? When does it occur? I think, as you know, that in development, life is a continuum.... But I think one of the useful definitions that has come out, especially from Germany, has been the stage at which these two nuclei [from sperm and egg] come together and the membranes between the two break down.* (**Van Blerkom 1994**)
- *The chromosomes of the oocyte and sperm are...respectively enclosed within female and male pronuclei. These pronuclei fuse with each other to produce the single, diploid, 2N nucleus of the fertilized zygote. This moment of zygote formation may be taken as the beginning or zero time point of embryonic development.*(**Larsen, Sherman, Potter and Scott 1997**)
- *Embryo: the developing organism from time of fertilization until significant differentiation has occurred, when the organism becomes a fetus.* (**US National Bioethics Advisory Commission 1997**)
- *Almost all higher animals start their lives from a single cell, the fertilized ovum (zygote)... The time of fertilization represents the starting point in the life history, or ontogeny, of the individual.* (**Carlson 1996**)

The above quotations from scientific and medical sources prove that fertilization is an act of creation, synonymous with the very first instance of human life. So it follows that any artefact terminating the result of the sperm-egg fusion is an abortifacient.

However, our modern abortionists have become past masters of double-talk and the art of equivocation that one needs specialized and scholarly research (preferably medico legal) to translate their occult language of death into a layman's language of basic women's rights.

Sometimes, the sleight of tongue is so simple as, for example, and they substitute *product of conception* for *pre-born child*, or by using the word *choice* instead of *abortion*. A word like *abortion* is too ugly and violent, and sends negative messages. Not even the most accomplished linguist can neutralize, let alone wash such a nasty word.

All abortionists see red when one insists on conscience rights. They are the most belligerent votaries of the cult of 'the politically correct', another word for stifling debate and imposing their totalitarian objectives where anyone who dares to contradict them is branded as an extremist, a conservative, a bigot. The future of healthy discussions to promote conscience debates is rather bleak and that is why an honest debate over this 'medication' is a necessity. Such debates can take place if both sides decide to be honest with themselves and with the general public and call black pots black. Here we should follow the American maxim, "It walks like a duck, it quacks like a duck, it *is* a duck."

Serious scientific and scholarly research has proved that most popular emergency 'contraceptives' can cause the death of embryos. If not for the sake of full and accurate informed consent for patients, if not for the sake of the integrity of the medical profession and research community, at least, for the sake of intellectual honesty, this truth *must be* accepted and acknowledged. Only thus, we can take informed decisions.

When destroying human life at its very beginning we will not only be guilty of infanticide, but also guilty of a crime against humanity. We will be robbing Mankind of so many Alexanders, so many Einsteins, so many Platos, so many Michelangelos, Caesars, so many brilliant medical researchers who, perhaps, will find remedies to combat and triumph over cancer, heart disease and other deadly diseases.

But even if we refuse to look these realities in the face and do not want to give a hoot if we will be liquidating future geniuses, at least, as humans, we ought to feel prickly pangs of conscience when terminating the joy of a new birth, the death of a loving brother or sister who if allowed to be born, the child will bring happiness and unity in the marriage of his parents.

Is it possible that we are unable to fathom the tragic consequences of an aborted pregnancy? No, let's just think about the pregnancy - having to endure moodiness, weight gain, and nausea while playing host to a rapidly growing parasite. Thus considered, abortion as a way to terminate pregnancy is not such a frightful thing. After all "terminating a pregnancy" is what live birth does too.

However, our modern abortionists have managed to find an answer to these questions through a novice literary medium. The equivocation is camouflaged in the prefix "*pre*": so they have invented pre-pregnancy, pre-fertilization, pre-embryo, and even such a meaningless word as pre-life when life exists already.

But, such sensitive questions about life and death cannot be answered by any form of invented and meaningless words. We prefer sticking to scientific facts and prefer to base our arguments on the sure base of empirical surveys. Let us start with fertilization and post-fertilization. After a

period of around six days, if conditions are ideal, the embryo will implant in the uterine lining (a process of several days).

In *Destroying unwanted embryos in Research: Talking Point on Morality and Human Embryo Research*, Thomas Douglas and Julian Savulescu of EMBO (**European Molecular Biology Organisation 2009**), estimate that more than 50% of embryos die within eight weeks of conception, even if no direct actions are taken to end their lives.

This vulnerability has also been unbelievably posited as a justification for considering implantation as the beginning of pregnancy, even the beginning of Life. So, here, the reasoning is that the phase following fertilization until implantation is a pre-pregnancy phase. By this reasoning even lethal experiments could be performed on pre-implantation human embryos. Yet, this fragile creature is indisputably human. His or her vulnerability should rather be a call for greater care than for annihilation. Indeed Douglas and Savulescu added:

*"...It would surely follow that we ought to do something to reduce this staggering death toll: we should try and discover its biological basis and we should prioritize the development of therapeutics to prevent it, given that it would be a greater cause of human death than all the other causes combined. Perhaps it would be difficult to prevent many cases of spontaneous abortion; however, if embryos are persons, then we owe it to them to at least, ascertain whether the blight that kills so many of them can be prevented."* (**European Molecular Biology Organisation 2009**)

In plain language, we are aware of the vulnerability of embryos and yet, instead of striving to protect them even more, we use it as a prime justification for destroying them. But abortionists have nothing on their conscience. They are not destroying life, it is a thing called pre-"something". Excuse my inability to understand what this pre-"something" really means.

They are not only wading in a cesspool of egotism, but they fall in the same category of all the ISIS's and Al Qaeda's in the world because they have become votaries of a Cult of Death while the foundation of Western values rests on the Cult of Life. Abortionists seek excuses to terminate Life and to distort facts, they insult in their faces those parents who have lost a child, be it through a miscarriage or at a later stage in life.

In fact, a report of the 2012 ACOG Committee states clearly that *"Emergency contraception is not effective after implantation; therefore it is not an abortifacient."* WOW!

Such a statement is doubly misleading because *mifepristone*, which is an abortion pill, is also used (at lower doses) as an EC in several countries. In 2012 the European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) concluded that the benefits of mifepristone outweigh its risks, and recommended that the marketing authorisation granted in Sweden be recognised in other Member States of the EU. To date mifepristone is authorised in Denmark, Finland, Iceland, Norway and Sweden. (**European Medicines Agency**). Mifepristone effectively kills embryos in approximately six weeks *after* implantation.

In order to avoid being accused of destroying embryos, MAP-lovers still maintain that they are destroying an organism which is pre-embryo. It is true that the potential of certain active ingredients and dosing have less potential to kill embryos, but this reasoning is totally false as it is proved that from fertilization, the embryo is a human being with his/her own complete set of DNA. In the first hours of existence, the embryo signals the mother to lower her immune system, prompting her body mechanism to release the *Early Pregnancy Factor* and this protein is detectable in maternal blood as early as 24 hours after fertilization. (**Charlotte Lozier Institute 2014**)

It is clear that one of the mechanism of action of oral ECs is abortive. Ulipristal acetate is a "medication" which is marketed as a female emergency contraceptive. It was approved as such by the European Medicines Agency in 2009 (**European Medicines Agency**). It may be taken within 120 hours (five days) of unprotected sex or contraceptive failure (such as a tear in a condom during sex)! In the aforementioned 2010 study of Stratton et al mifepristone and ulipristal acetate were compared. The following was determined (unchanged excerpt - apart from text within square brackets). Here, one has to keep in view that mifepristone has also an abortive effect because it causes reduction in molecular markers for implantation, progesterone action, and endometrial thickness:

*"...either effect of CDB-2914 [ulipristal acetate], endometrial atrophy or combined proliferation (endometrial hyperplasia---tissue growth), however, may hamper implantation. Single dose of CDB-2914 given to normal women at other times of the cycle have yielded effects similar to mifepristone's on the endometrium, ovary and menstrual cycle. In the luteal phase, a single 200mg mid-luteal dose of CDB-2914 caused early menses and less frequently functional luteolyses, as did 200mg of mifepristone [as an abortifacient it is marketed as 200mg tablets]. Lower amounts of mifepristone (10mg) administered twice in the mid-luteal phase induced stromal edema and delayed glandular development without changes in the cycle length. With a single late-follicular dose. luteal phase endometrial maturation was delayed in 70% of the biopsies at each dose of CDB-2914 (10, 50 and 100mg) compared with 17% in the placebo group.*

*" A delay in ovulation and suppression of estradiol levels was less frequently observed and was dose dependent. Similarly, 100mg of mifepristone administered from days 10 to 17 delayed both ovulation and endometrial maturation....In contrast to histologic dating, molecular markings of implantation and progressive action and decreased endometrial thickness were reduced by CDB-2914 in a dose dependent fashion."*

It was never my intention to enter the arena to oppose women who rightly fight for their rights. However, as it is true that every man and women born have fundamental human rights, *a fortiori*, humans in the phase of conception have rights too, and the primary one is the right to live.

I have gone into perhaps fastidious details to prove that the Morning After Pill is an abortifacient by any other name. I hate polemics of every kind and I have put pen to paper to give rise to a healthy debate where at its end the Jury has to come out with a verdict based on scientific and medical research and not on double-speak and egotism.

If we refuse to listen to reason and continue on the way to Destruction, we are free to do so. But, let us learn from History by reading about the decline and fall of past civilizations. If there is a feature which is common in the decline and demise of civilizations, be it the Graeco-Roman, be it the Sinic, be it the Orthodox, be it the Mayan, during their last stages, abortion was as common as their daily bread.

Even at this late hour, it is not too late. It is high time that the personalities endowed with creative souls of our own Western World pluck up their courage stand up to lead the community. We have to stem this suicidal urge which is endangering the species. Political leaders, policy makers, opinion makers, medical doctors, healthcare professionals, legal experts, and religious shepherds to step forward to convince that it is both inhuman and self-defeating to abort the unborn. We must be guided by the maxim which says that *Caesar non supra grammaticos*. Nice words can never hide ugly deeds.

#### References:

Charlotte Lozier Institute. (2014). *New Studies Show All Emergency Contraceptives Can Cause Early Abortion - Charlotte Lozier Institute*. [online] Available at: <http://lozierinstitute.org/emergencycontraceptives> [Accessed 4 Jul. 2016].

Kahleborn, C., Stanford, J.B., Larimore, W.L. (2002). Postfertilisation effects of hormonal emergency contraception. *The Annals of Pharmacotherapy*, 36(3), pp.465-470.

Kahlenborn, C., Peck, R. and Severs, W. (2014). Mechanism of action of levonorgestrel emergency contraception. *The Linacre Quarterly*, 82(1), pp.18-33.

Mozzanega, B. and Cosmi, E. (2010). How do levonorgestrel-only emergency contraceptive pills prevent pregnancy? Some considerations. *Gynecological Endocrinology*, 27(6), pp.439-442.

Peck, R. and Vélez, J. (2013). The Postovulatory Mechanism of Action of Plan B. *The National Catholic Bioethics Quarterly*, 13(4), pp.677-716.

Morris, J. and van Wagenen, G. (1973). Interception: The use of postovulatory estrogens to prevent implantation. *American Journal of Obstetrics and Gynecology*, 115(1), pp.101-106.

Rabone, D. (1990). *Postcoital contraception-coping with the Morning After*. Current Therapeutics. p.46.

Stratton, P., Levens, E., Hartog, B., Piquion, J., Wei, Q., Merino, M. and Nieman, L. (2010). Endometrial effects of a single early luteal dose of the selective progesterone receptor modulator CDB-2914.

Sadler, T. and Langman, J. (2010). *Langman's medical embryology*. Philadelphia: Lippincott William & Wilkins.

O'Rahilly, R. and Müller, F. (1996). *Human embryology & teratology*. New York: Wiley-Liss.

Moore, K. and Persaud, T. (1993). *Before we are born*. Essentials of Embryology and Birth Defects. Philadelphia: Saunders.

Turlock Pregnancy Center. (2016). *The Morning-After Pill*. [online] Available at: <http://www.turlockphc.com/the-morning-after-pill.html> [Accessed 4 Jul. 2016].

Brache, V., Cochon, L., Deniaud, M. and Croxatto, H. (2013). Ulipristal acetate prevents ovulation more effectively than levonorgestrel: analysis of pooled data from three randomized trials of emergency contraception regimens. *Contraception*, 88(5), pp.611-618.

Moore, K., Herbst, M. and Thompson, M. (1988). *Essentials of human embryology*. Toronto: B.C. Decker.

Marjorie, A. (1996). *Life Before Birth*. England: Mosby - Wolfe.

Dox, Ida G. et al (1993). *The Harper Collins Illustrated Medical Dictionary*. New York: Harper Perennial.

Van Blerkom, J. (1994). *Expert witness on human embryology before the US NIH Human Embryo Research Panel*. Colorado: University of Colorado.

Larsen, W., Sherman, L., Potter, S. and Scott, W. (1997). *Human embryology*. New York: Churchill Livingstone.

Cloning Human Beings. (1997). [online] Rockville: US National Bioethics Advisory Commission, Appendix - 2. Available at:  
<https://bioethics.georgetown.edu/nbac/pubs/cloning1/cloning.pdf> [Accessed 4 Jul. 2016].

Carlson, B. (1996). *Patten's Foundations of embryology*. New York: McGraw-Hill.

European Molecular Biology Organisation, (2009). *Destroying unwanted embryos in research. Talking Point on morality and human embryo research*. EMBO Reports. Talking Points. [online] EMBO, pp.307 - 312. Available at:  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2672894/> [Accessed 4 Jul. 2016].

Information related to European Medicines Agency is online:<http://www.ema.europa.eu/ema/>

---

**Jean Pierre Fava Dip., B.Sc.(Hons.), M.Sc. Health Science and Environmental Health**