

Truth about morning after pill

ST / 21-08-2016 (95C)



Margaret Spiteri

Margaret Spiteri is a consultant gynaecologist.

Embyonic life starts after the male sperm fertilises the female egg or ovum to form a zygote. Everyone who has some common sense knows this.

Sperm transport through the cervix is affected by endocrine, immunological and psychological factors. Around the time of ovulation, sperm reaches the site of fertilisation in the tubes within two to 10 minutes. Emergency contraception sometimes acts by delaying ovulation.

Nevertheless, statistical evidence effectiveness (62 to 85 per cent) of these medications suggest that if the regimen is as effective as claimed, it must have a mechanism of action other than delaying or preventing ovulation. This is the grey area.

Most medical authorities, including FIGO, the United States Food and Drug Administration/National Institutes of Health and several colleges of obstetricians and gynaecologists, today conveniently define the beginning of life as the time when the embryo implants in the womb after having made it through the fallopian tube. Justifying experimenting and interfering with human embryos in the first two weeks of life then becomes easy.

The decision to authorise emergency contraception in Malta has been left to a panel of parliamentary representatives who

should currently be analysing the data provided by different groups of relevant people.

On July 20, Prof. Mark Brincat and Prof. Anthony Serracino Inglott were given ample time to make their case for agreeing to authorise these drugs. A week later, a few organisations presented data which show why the drugs should not be authorised in Malta as they are abortifacient.

Following some of the presentations, one of the doctors in the panel said it was evident that these drugs were definitely not abortifacient, ignoring what had just been presented.

None among the panel and no professors or otherwise among those presenting this or the previous week's presentation are experts in this area. To critically analyse such data properly, one must be a true expert.

Prof. James Trussell PhD, from Princeton University, published a 35-page review article only last month. He is a seasoned expert as his recent research has been focused in three areas: emergency contraception, contraceptive failure and the cost-effectiveness of contraception. He has actively promoted making emergency contraception more widely available as an important step in helping women reduce their risk of unintended pregnancy.

Yet, in this review article he concludes that "interference with implantation is likely not an inevitable effect of emergency contraception. To make an informed choice, women must know that emergency contraception prevents pregnancy primarily by delaying or inhibiting ovulation and fertilisation but it is not scientifically possible to definitively rule out that a method may inhibit implantation of a fertilised egg in the endometrium".

In simple language, emergency contraception works by delaying ovulation as well as interfering with survival of an embryo, and therefore can be abortifacient. Coming from such a staunch supporter of emergency contraception, this should make us ponder!

Some argue that other tablets and intrauterine devices can also be abortifacient and are readily available in Malta. Thus, adding emergency contraception to the list is not a big deal. However, the sole reason for taking emergency contraception is to specifically interrupt an imminent pregnancy.

These drugs have only been available since 2009. There are other adverse effects of emergency contraception on society. Randomised trials suggest that easier access to them has increased the frequency of having sex, which potentially leads to more pregnancies.

Women who like taking emergency contraception report that they did not want to use either condoms or another contraceptive method. Besides leading to more pregnancies, this would defeat the point of educating daring young girls and boys to wear condoms and prevent sexually transmitted disease. Trussell concludes that only one of 15 published studies has demonstrated that increasing access to emergency contraception can reduce pregnancy or abortion rates.

Women can make a habit of taking it repeatedly. Emergency contraception has a high dose of hormones affecting progesterone, which has a great effect on the development of breast cancer, and it is early days to see the full effect of these drugs.

The rate of abortion, sexually transmitted disease, the need to take children from parents and foster them, as well as the rate of divorce all over the western world have been on a constant rise over the last few decades, even if women have increasing armamentarium to prevent pregnancies.

One wonders if we dare take this same route in Malta or dare be different and take a different approach to life. Our ancestors had the courage to pass on many life principles to this generation. It seems however, that this generation prefers to follow in the steps of 'developed' countries, leading to increasing family disharmony.

“

In simple language, emergency contraception works by delaying ovulation as well as interfering with survival of an embryo, and therefore can be abortifacient

”