

Resolution 6-10: Guidance on Contraceptive Methods



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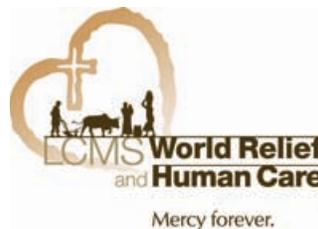
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Preface

The need for a study on the issues of contraception within Christian marriage was expressed in Resolution 6-10 placed before the 2004 convention of The Lutheran Church—Missouri Synod. This resolution, referred to the Board for Human Care Ministries, requested a study from the LCMS Sanctity of Human Life Committee, which had been recently formed. The committee is organized and conducted under the auspices of The Lutheran Church Missouri-Synod World Relief and Human Care department.¹

The Sanctity of Human Life Committee recognized that there is a question in Lutheran circles whether contraceptive use of any kind under certain circumstances may be ethically and scripturally considered by married Christians. While some are re-examining this issue in light the historical practice of the church, the committee felt that a comprehensive study of this broader topic was outside of its immediate prevue. Resolution 6-10 called only for an opinion and guidance concerning the possible abortifacient properties of various types of contraceptive methods. It should be noted that in an attempt to answer the questions raised in Resolution 6-10, the committee found that some of the language of the resolution concerning hormonal contraceptive methods might be scientifically presumptive.

Understanding Fertility

Before we proceed into a discussion of birth control methods, we would be wise to briefly review how our sexual organs work and how the conception of new life happens. This examination will also provide a deeper understanding of how different methods of birth control affect the human body.

Male System for Procreation

The testes have two distinct components: tubules that produce sperm and the Leydig cells (sources of the hormone testosterone). The function of these two components is regulated by hormones made by the pituitary gland at the base of the brain. It takes approximately 74 days to produce a mature sperm. Male sperm are stored inside a man's body in the epididymis. Here they undergo a process of maturation before they are capable of progressive motility and fertilization. Semen is composed of sperm and secretions from the prostate gland, the vas deferens, and the seminal vesicles.

Female System for Procreation

Female ovaries are composed of hundreds of thousands of follicles. A follicle is made up of a fluid-filled cavity, which contains the egg (ovum or oocyte) surrounded by layers of hormone producing cells. The gonadotropins, follicle stimulating hormone (FSH) and lutenizing hormone (LH), produced by the pituitary gland regulate the activity of the ovaries. The ovaries have two primary functions: 1. the production of the hormones, estrogen and progesterone and 2. the growth and maturation of a single ovum leading to ovulation. The ovarian hormones (estrogen and progesterone), in turn, affect the lining of the uterus (or the endometrium), preparing it to receive and nourish the newly fertilized egg now a called a zygote.

¹ Resolution 6-10; To Call upon the Board for Human Care Ministries to Review Birth-Control Products: Whereas, God is the creator and giver of all life; and Whereas, Life begins at conception; and Whereas, We are not to take the life of another but, rather, to leave that in God's hands; and Whereas, Some abortifacients which destroy the embryo or prevent its implantation in the uterine wall have been mislabeled as contraceptives; and Whereas, Some birth-control pills thin the uterine wall so that if conception does take place the embryo will not be able to implant, resulting in an early abortion; and Whereas, Contraception is commonly practiced, but its workings are not well understood by many; therefore be it Resolved, That the Board for Human Care Ministries review the various birth control products, clarifying which ones act sometimes or all the time as abortifacients; and be it further Resolved, That this information be made available to pastors and laypeople of the LCMS.

Menstrual Cycle

With this basic background overview, let's look a little closer at some of the details of a woman's menstrual cycle.

Follicular Phase

Each new cycle begins when a group of follicles within the ovaries is stimulated by pituitary hormones to produce estrogen and also causes an immature egg within the follicle to mature. The estrogen then stimulates growth or thickening of the endometrium. Rising estrogen levels also increase the amount and fluidity of the mucus within a woman's cervix.

Ovulation

When the estrogen level peaks, it stimulates a surge of LH from the pituitary gland, which is the essential trigger for ovulation. The oocyte is released from the follicle at the surface of the ovary approximately 36 hours after the LH surge. The egg is then "picked up" by the ends of the Fallopian tube to begin its travel down the tube toward the uterine cavity.

Luteal Phase

The empty follicle in the ovary is transformed into the corpus luteum and begins production of progesterone and continues to produce estrogen. Progesterone causes the glands within the thickened endometrium to undergo additional changes, which make them more nutrient rich. As progesterone levels increase, the mucus within the cervix becomes thick and sticky. If fertilization of the egg does not occur, the corpus luteum will cease its production of progesterone and estrogen. The decline in progesterone causes a decrease in the blood supply to the uterine lining, resulting in sloughing and menses (or a woman's period). Then the whole process starts all over again.

Fertilization (Conception)

During most of a woman's cycle, the cervix is closed by thick, sticky mucus, which helps protect her from infection and prevent sperm from entering the uterus during sex. Sperm that are forced to remain in the vagina have a very short life span because of its hostile acidic environment. However, close to ovulation, the cervical mucus undergoes a significant change, and it now provides the ideal environment for sperm. This mucus provides nourishment for the sperm, keeping them alive for up to three to five days. It also filters the seminal fluid so that abnormal sperm are eliminated and provides fluid channels through which the remaining sperm enter the woman's uterine cavity and then her Fallopian tubes. Of the millions of sperm to enter the vagina, only a few hundred will actually reach the Fallopian tubes and only one will penetrate and unite with the woman's egg.

If the egg is not fertilized within 12 to 24 hours after ovulation, it begins to disintegrate. Conception occurs as the sperm penetrates the egg. Instantly, a kind of electrical/chemical change is set up around the egg preventing any other sperm from entering. The chromosomes unite, and this is the point at which new human life begins!

Within 24 hours this single cell, called a zygote, will divide into two cells. Over the next two to three days, the Fallopian tube periodically squeezes and pushes this tiny-growing embryo toward the uterine cavity as it continues to divide.

Implantation in the uterus (burrowing into the nutrient-rich endometrium) begins approximately six to ten days after fertilization, when the embryo is at the blastocyst stage. The early embryo now begins to make human chorionic gonadotropin (HCG), which maintains the corpus luteum and its progesterone production. This hormone is used to test for pregnancy. As long as progesterone levels remain high, the endometrium will not slough off, and the embryo will continue to grow and develop at a very rapid rate. It is only approximately two weeks after conception that a woman can become aware that she is pregnant because she has "missed her period."

Methods of Birth Control

To make a proper ethical decision about contraception, knowledge of the facts is vital. That is why this section is devoted to the particulars of how each category of birth control devices works. Armed with this knowledge, we can then apply confessional and biblical truths to this difficult ethical issue.

As stated previously, an understanding of when life begins is important when discussing birth control, as some methods work by preventing fertilization and others may prevent an already conceived embryo from surviving. We believe that God is the creator and giver of all life and that life begins at fertilization or conception (the union of sperm and egg). We also believe that we are not to take the life of another, but leave life and death in God's hands.²

Confusion has arisen when alternative meanings are given to the beginning of individual human life. The National Institutes of Health, the Food and Drug Administration, and the American College of Obstetricians and Gynecologists are using "implantation" (the embedding of the embryo into the lining of the uterus), which occurs approximately seven days after conception, as the criterion for the beginning of pregnancy. If one were to use this last definition, then anything that prevents implantation would be considered a "contraceptive." Unfortunately, this non-traditional and inaccurate meaning is implied when the term "contraception" is used in much of society and in the medical community. For purposes of this discussion, we will be using the following terms and definitions:

Abortifacient - an agent that produces abortion.

Abortion - spontaneous or induced premature expulsion of an embryo (baby) from the mother's uterus ending the life the baby. This can occur through failure of the embryo to implant in the uterus, before the mother even knows she is pregnant, or by causing the loss of a baby who has already survived implantation in the uterus.

Birth control - methods to prevent pregnancy or control population growth, which include both contraceptives and abortive methods.

Contraception - an agent for the prevention of conception.

Pregnancy - the state of a female after conception until the birth of the baby.

It is important to know how various forms of birth control work in order to decide which method we may, or may not, ethically use. With a basic understanding of the anatomical and physiological events that lead to the beginning of a human person, let us review the various options available to prevent pregnancy. For purposes of this discussion, we will focus on how each one of the methods of birth control works. We will explore whether a particular method acts as a true contraceptive or may have potential post-fertilization effects (acts in an abortive manner). Your doctor or pharmacist is best able to answer your specific questions concerning types of birth control and their impact on your health.

1. Non-abortive Contraceptive Methods

Many of today's methods include a variety of contraceptive products, which work by preventing conception from occurring and clearly do not cause an abortion. These methods may be correctly termed true "contraceptives." Some examples are barrier methods such as the diaphragm and condom, spermicidal creams, and abstinence (or natural family planning). These are not considered abortifacients.

² (Luther, The Ten Commandments 1991) The Fifth Commandment: "You shall not murder. *What does this mean?* We should fear and love God so that we do not hurt or harm our neighbor in his body, but help and support him in every physical need."

Spermicide methods

Spermicides prevent pregnancy by killing sperm so that none can reach and fertilize the egg. These methods usually have an effectiveness rate of anywhere between 50 to 95 percent. Correct timing and placement are crucial.

Barrier Methods

Male condoms have been in use since ancient times. They prevent pregnancy by trapping the semen as it exits the penis and before it enters the vagina. When used correctly and consistently by married couples, condoms can be very effective.

Other types of barrier methods can be used by women. These include the diaphragm, cervical cap, and contraceptive sponge. They work in two ways, by providing a barrier to the semen and by using a spermicide. The reliability of these methods varies greatly depending upon the user. They also provide considerable protection from some sexually transmitted diseases and certain pre-cancerous conditions of the cervix.³

Natural Family Planning Methods

Natural Family Planning (NFP) – the safest and least expensive of all methods of contraception – is often completely omitted as a valid and effective method of pregnancy prevention.⁴ Natural Family Planning contraceptive methods include the calendar or rhythm method, ovulation or mucus method, the standard day's method, sympto-thermal methods, and newer techniques such as fertility computers. Intercourse is avoided during those times when a woman is fertile, preventing conception. Advantages of these methods include ease of use, low cost, and lack of side effects and health risks. With perfect use, these methods are around 95 percent effective, but more typical results render these methods about 88 percent effective.

A highly effective, temporary method of contraception is called the Lactational Amenorrhea Method (LAM) and sometimes referred to as “ecological breastfeeding,” which can be used by women who are breastfeeding their babies. However, this method is only an effective contraceptive if the woman nurses 10 or more times a day and has introduced no other foods into her baby's diet. Pregnant women and new mothers should consult a trained counselor before initiating LAM.

For more information on Natural Family Planning methods, go to www.contracept.info or www.epigee.org.

Permanent Methods

Female sterilization (tubal ligation) is accomplished by tying, cutting, clamping or blocking the Fallopian tubes. This serves to prevent the sperm from joining the unfertilized egg. Many women are under the mistaken impression that sterilization can be easily undone. Sterilization should be considered permanent. One in three sterilized women regret their decision at some point in their lives.⁵ This procedure requires outpatient surgery and general anesthesia, which carry health risks and are normally not recommended for young, healthy women.

³ For many STD's, other than HIV, a protective effect has been demonstrated when using the diaphragm and sponge. See Hatcher, Robert A. et al., *Contraceptive Technology*, 18th Revised Edition., Ardent Media, New York, 2004, p. 372

⁴ (Williams n.d.)

⁵ (Hatcher et al 2004, p. 576-7) 43-88 percent of reversals are successful, but this number only includes women who could afford the expensive procedure and whom doctors felt had a good chance. Most doctors will not even attempt reversals in women who are poor candidates.)

Male sterilization (vasectomy) involves severing the vas (the tubes that deliver the sperm from the testes to the penis) through an incision in the scrotum. It is usually done with local anesthesia and normally is a short office procedure. It may take several months for the operation to be effective. Men may regret their decision to be sterilized and should remember that this procedure is considered permanent. Reversals are expensive and not always effective.

2. Controversial Contraceptive Methods (Methods of contraception which involve multiple actions, having the potential for both pre- and post-fertilization effects.)

Unfortunately, there are situations where current scientific knowledge cannot definitely answer the question of whether, or how often, a method may negatively affect the very early stages of life. Some birth control methods fall into this controversial area.

Birth control measures falling into this ambiguous category include: types of hormonal methods (such as “the pill,” emergency contraception, and long-term hormonal injections) and intrauterine devices.

Hormonal Methods

Hormonal methods of contraception appear in many different forms and are extremely popular due to their ease of use and efficacy. It should be noted that hormonal contraceptives have some less common, albeit serious, health risks associated with their use, which increase among women smokers. Medical risks include abnormal blood clotting, heart attacks, cancer, and gallbladder disease.⁶

Combination hormonal contraception

This category includes both progestin and estrogen components and is the method most frequently prescribed. The oral route of administration is the most common (“the pill”) and is referred to as combined oral contraception (COC). *Monophasic combinations* deliver a constant level of both hormones and *multiphasic combinations* deliver increasing concentrations of progestin and/or estrogen throughout the monthly cycle. Most pills are taken in a 28-day cycle (21 active pills/seven-day inert pills). A variation of this 28-day cycle is the 24 active pill pack (24 active pills/four inert pills). In addition, extended-cycle regimens have recently been introduced (Seasonale, Seasonique, Lybrel), which are taken for longer periods without a break.

Alternative routes of administration of combined hormonal contraception offer different ways of receiving the medications. These offer patients increased convenience and compliance. These formulations, which release a sustained low-dose combination of estrogen and progestin, include weekly transdermal patches (Ortho-Evra) and the three-week vaginal ring (Nuva Ring). (Note: Lunelle, a combination progestin/estrogen injectable contraceptive medication formulated for monthly injection, was recalled in October 2002 and is no longer available in the United States.)

Combined hormonal contraceptives primarily work by acting before fertilization. Their progestin component acts in the following ways:

- Blocks the LH surge, thus inhibiting ovulation (release of the egg).
- Thickens cervical mucus, which prevents sperm from entering the uterine cavity.
- Reduces the activity of the cilia in the Fallopian tubes, which inhibits egg transport and fertilization and may affect sperm migration and activity.⁷

⁶ In addition, recent studies have alluded to a possible association of hormonal contraception use with a buildup of plaque in arteries in the neck and legs. However, scientists point out that this study only followed women who used the first generation of the contraceptive, the type that combined higher levels of the two hormones estrogen and progesterone. The findings by researchers from Ghent University in Belgium were reported at the American Heart Association meeting in Orlando in November 2007.

⁷ (Frye 2006)

- Inhibits capacitation of the sperm, which impairs the sperm's ability to fertilize the egg.

The estrogen component is thought to boost the contraceptive efficacy of combined hormonal contraceptives by:

- Decreasing FSH release, which suppresses follicle (egg) development in the ovary.
- Further suppressing the LH surge, thus blocking ovulation.⁸

The primary action of combined hormonal contraceptives is the suppression of gonadotropins (LH and FSH), which prevents ovulation. Progestins can also alter the environment that is needed for the ongoing growth of an embryo (which would be an abortifacient effect) by:

- Disrupting transport of the fertilized egg (embryo).
- Altering the endometrium, making implantation of a fertilized egg less likely.

Among women who use combined hormonal contraception correctly and consistently (following instructions perfectly) only one in 1000 (0.3 percent) are expected to become pregnant within the first year. The first year failure rates among typical users, as observed in real world use, however, are estimated to be 8 percent.⁹

Progestin-only hormonal contraception

A less commonly used form of hormonal contraception is called progestin-only contraception. This type of contraception contains only progestin and no estrogen. This category includes oral pills (sometimes referred to as the “mini pill” or POP), long-acting injection of Depo-Provera, and subdermal implants (Norplant and Implanon). These formulations are available for women who cannot tolerate estrogen (such as those with a history of cardiovascular disease, hematologic disorders, or a family history of breast cancer). In addition, they might be recommended by a physician for lactating women because these formulations have not shown an adverse effect on breast milk volume.¹⁰

The mechanism of action for progestin-only methods include thickening of the cervical mucus, alteration of the endometrium, and blocking the LH surge to prevent ovulation. The mini pill is less effective at blocking the LH surge and it is estimated that as many as 40 percent of women users may ovulate normally. For this reason, the contraceptive actions of the mini pill depend more upon the cervical or endometrial changes.¹¹ In addition, there is greater risk of ectopic pregnancy with POP users. “This makes POPs more risky in terms of possible pregnancy or an abortifacient action.”¹²

Interestingly, the efficacy of implants and injectable progestin methods is equal to that of sterilization and more effective than that of oral methods because of their constant and sustained hormonal delivery system.¹³

⁸ (Hatcher et al 2004, p. 392)

⁹ (Hatcher et al 2004, p. 395)

¹⁰ (Scott and Gabbe 2007, p. 430-1, 434)

¹¹ (Kronenberg, et al. 2008 edition, p. 623, 628)

¹² (Cutrer and Glahn 2005)

¹³ (Kronenberg, et al. 2008 edition, p. 629)

Concluding Remarks on hormonal contraception

Insofar as no hormonal contraceptive can suppress ovulation all the time, there is some risk, whether great or small, of breakthrough ovulation, thus creating a scenario in which the egg may or may not be fertilized. If fertilized (which would lead to a pregnancy), it may or may not be able to successfully implant in an altered endometrium (which would either lead to a pregnancy or a chemical abortion).

The LCMS has historically determined that human life begins at conception. This position is firmly grounded on the science of embryology and on Holy Scripture.¹⁴ Because of this confession on human life, some people have ethical concerns about the use of hormonal contraception. Some pro-life medical organizations have not taken a stance against hormonal contraception.^{15,16} Other pro-life medical organizations emphasize “that the pill and similar birth control products act, part of the time, by design, to prevent implantation of an already created human being. These products clearly cause an early abortion and are – despite the semantic gymnastics of their ardent apologists – abortifacient.”¹⁷ Nearly all scientists and medical professionals agree that this is a possible action of the pill; however, scientific data does not exist to state with certainty how frequently such events occur. Therefore, the scientific data does not allow one to state definitively that hormonal contraceptive methods are abortifacients, but the possibility that this can occur must be acknowledged.

There are also some pro-life health care providers and theologians who believe that “the pill” works solely by preventing ovulation.^{18,19}

The LCMS Sanctity of Human Life Committee, following the mandate given to it by the Synod in convention, cannot state definitively that hormonal contraception does not at least some of the time cause a chemical abortion. The medical and scientific community acknowledges this possibility, but cannot state how frequently or if, in fact, this does occur. In light of this, some Christian couples may have concerns about hormonal contraception. Rather than defaulting immediately to “the pill” or other hormonal methods, they should keep an open mind and make themselves aware of all forms of contraception, including natural family planning, barrier methods, and sterilization in certain exceptionally difficult situations.

Hormonal “Emergency” Contraception (“Morning After” Pills)

The Emergency Contraceptive Pill (ECP), commonly called the “morning after pill,” or marketed as “Plan B,” is actually a large dose of oral contraception taken after intercourse has occurred. The FDA recommends this oral contraceptive for emergency use when a woman has had unprotected intercourse within the previous 72 hours. Many hospitals administer this method to rape victims. ECPs are thought to be effective for up to 120 hours (five days) after intercourse.

ECPs work by both inhibiting the movement of sperm and by suppressing or blunting a woman’s LH surge in which ovulation does not occur. In this instance, findings show that ova released after a delayed or partially suppressed surge are more resistant to fertilization.²⁰

¹⁴ Specifically Psalm 51:5 and the teaching of the incarnation of our Lord.

¹⁵ (Board of Trustees 1998)

¹⁶ See Christian Medical and Dental Society <http://www.cmda.org>; American Association of Pro-life Obstetricians and Gynecologists <http://www.aaplog.org/decook.htm>

¹⁷ <http://www.all.org/article.php?id=10678>

¹⁸ (Eyer 2003)

¹⁹ (Crockett, et al. 2000)

²⁰ (Davidoff and Trussell October 11, 2006)

How ECPs work is thought to parallel hormonal contraception and is further influenced by the timing of drug administration relative to the menstrual cycle and intercourse.²¹ “The primary activity is believed to be the prevention of ovulation.”²²

Charges that ECPs interfere with endometrial changes of the uterus and cause failure of the blastocyst to implant have been refuted by endometrial biopsies eight to nine days after ovulation (when implantation normally occurs). The endometrium revealed minimal or no difference in microscopic appearance or biochemical changes.²³

The LCMS Sanctity of Human Life Committee does not endorse the FDA’s decision to offer this method as an over-the-counter drug without prescription. As with “the pill,” the precise mechanism about how ECPs work is uncertain. We acknowledge serious health consequences to the accessibility of this powerful drug by those other than trained health professionals in a monitored situation (hospital emergency rooms, etc.). Potential side effects include those associated with any hormonal contraception. In addition, the assertion by some that ECPs are a reliable, safe alternative – potentially available to even under-age girls – is a misnomer and is thus likely to increase irresponsible and immoral sexual behavior.

Intrauterine Methods

The intrauterine device (IUD) is a small plastic or metal device placed inside a woman’s uterus by a doctor and is intended to remain in place for an extended length of time. There are two main types of IUDs in use, medicated and non-medicated.

Non-medicated IUDs are currently not being used in the U.S., but are available in other parts of the world. Currently available in the U.S. are two medicated IUDs: the copper IUD (hormone-free, commonly known as ParaGard) and a progestin-releasing IUD (commonly known as Mirena Intrauterine System).

Any IUD, medicated or non-medicated, will trigger an inflammatory response of the uterus to a foreign body. This foreign body reaction produces tissue injury of a minor degree, but sufficient enough to be toxic to sperm.²⁴ A variety of studies demonstrate that IUD use diminishes both the number of sperm reaching the Fallopian tube and the capacity of sperm to fertilize the egg.²⁵

In addition to the spermicidal effects caused by the foreign body reaction, the medicated IUDs have additional contraceptive actions.

For instance, the copper IUD (ParaGard) works by releasing copper and copper salts that enhance the inflammatory action within the endometrium and stimulate the production of prostaglandins, chemicals that affect the hormones needed to support a pregnancy. Some scientists now think that the metal of the traditional copper IUD may have an intrinsic spermicidal effect as well.^{26,27}

On the other hand, the progestin-releasing IUD (Mirena) thickens the cervical mucus creating a barrier to sperm and inhibits sperm capacitation, impairing its ability to fertilize the egg. Although it partially inhibits follicular development, thus interfering with ovulation, up to 85 percent of the cycles may be ovulatory.²⁸ Therefore, Mirena can stop ovulation, but this is not typically the way it works. In addition, it may cause

²¹ (McEvoy 2008, p. 3140)

²² (Frye 2006)

²³ (Frye 2006)

²⁴ (Speroff and Fritz 2005)

²⁵ (Sivin November/December 1989)

²⁶ (Dean and Goldberg April 10, 2007)

²⁷ (Duramed Pharmaceuticals, Inc. 2005)

²⁸ (Speroff and Fritz 2005, p. 980)

suppression of endometrial growth and hamper implantation.^{29,30} Scientists do not know which action is the primary method in which it operates. Most likely, all of them work together.³¹

It is clear that IUDs do not primarily work by preventing ovulation. There does seem to be a predominant spermicidal effect of IUDs, but we cannot dismiss that it may also interfere with implantation. It is due to this reason that use of the IUD as a method of birth control would give cause for concern to Christian couples.

Although newer types of IUDs are thought to be safer, many manufacturers have ceased production of the IUD in the past because of serious health risks, including infections and infertility. These health risks should be discussed with one's personal physician.

3. Abortive Methods

A few birth control methods clearly cause abortions. Examples of these include surgical abortion (done in a clinic or office) and the "abortion pill," also known as RU-486. The Bible is clearly opposed to the taking of a human life. The Fifth Commandment reads, "You shall not murder." Therefore, these should be avoided.

4. Non-Contraceptive Medical Uses of Hormonal Birth Control and IUD Products

Some physicians, in the best medical interest of their married or single patients, may prescribe hormonal contraceptives, the IUD, Misoprostol, or other birth control products. Reasons may include treatment of menstrual cramps, management of bleeding, treatment after a miscarriage, or to regulate a woman's menstrual cycle. In this way, these contraceptive methods are to be seen simply as indicated prescriptive medicine and present no more ethical concern than any other medical treatment for disease. While these products may have legitimate therapeutic use, some methods should not be considered for use as the patient's chosen form of contraception due to some concerns about their method of action. Married couples should consider choosing another form of contraception that clearly acts in a non-abortive manner.

Concluding Remarks

The Sanctity of Human Life Committee was not given the task to ask whether or not married, Christian couples should or should not use contraception. We believe that a broader discussion in the church regarding marriage and its purpose would be beneficial. We have sought to free the consciences of Christian couples struggling with the question of what types of contraception cause abortions. We hope that this document accomplishes that goal.

²⁹ (MacIsaac and Espey 2007, p. 93)

³⁰ (Kronenberg, et al. 2008 edition, p. 629)

³¹ (Mirena Patient Information Booklet n.d.)

Glossary

Abortifacient – an agent that produces abortion.

Abortion – giving birth to an embryo or fetus prior to the stage of viability, which is currently about 20 weeks of gestation when the fetus weighs less than 500 grams (a little more than a pound). The medical community uses this term in describing both “spontaneous” abortions (unintended miscarriages) and intentional surgical abortions.

Birth Control – methods to prevent pregnancy, control population growth (contraceptives and abortifacients).

Blastocyst – an early embryo at about five days of age, consisting of about 100 cells.

Capacitation – the cellular changes that ejaculated sperm must undergo in order to fertilize an egg.

Cervix – the muscular opening to the uterus.

Conception – the fertilization of the oocyte (ovum) by a sperm.

Contraception – an agent for the prevention of conception.

Corpus luteum – Latin for “yellow body.” The structure that appears on the ovary after ovulation takes place. It secretes the pregnancy hormone progesterone.

Chorionic gonadotropin – also called HCG. A pregnancy hormone first produced by the embryo after conception.

Vas deferens – the part of the male anatomy that conducts sperm from the testicle to the rest of the male’s reproductive organs. This duct is cut during a vasectomy.

Embryo – the developing human from conception until the end of the eighth week.

Endometrium – blood-rich lining of the uterus.

Epididymis – male organ where sperm are produced.

Estrogen – the female reproductive hormone associated with the menstrual period.

Fallopian tube – tube that leads from the ovary to the uterus and the place where normal fertilization occurs. This tube is cut during a tubal ligation sterilization procedure.

Fetus – the developing human from the end of the eighth week to the moment of birth.

Leydig cells – testicular cells that produce the male hormone testosterone.

Lutheran Confessions – documents that accurately state apostolic Christian doctrine as found in Holy Scripture.

Monophasic combinations (hormonal birth control) – oral contraceptive pills that deliver constant levels of hormones during the cycle.

Multiphasic combinations (hormonal birth control) – oral contraceptive pills that deliver varying amounts of hormones during the cycle.

Oocyte – egg, the female gamete, or germ cell, involved in reproduction.

Ovum – a mature oocyte that is ready for fertilization.

Pituitary gland – a small organ at the base of the brain that secretes many important reproductive hormones.

Pregnancy – the condition of a female after conception while carrying an unborn baby.

Progesterone – the female pregnancy hormone.

Prostate gland – a male reproductive organ that produces some of the fluid found in semen.

Seminal vesicles – a male reproductive organ that produces some of the fluid found in semen.

Sperm – the male gamete involved in reproduction.

Testosterone – the male reproductive hormone.

Tubal ligation – the surgical procedure that cuts the vas deferens and renders a male incapable of reproduction.

Uterus – the female reproductive organ that holds the developing baby.

Viable – capable of living outside the uterus with or without medical assistance.

Appendix

When contraceptive choices are being considered, a Christian husband and wife are confronted with a myriad of options and considerations. Married couples are encouraged to communicate openly with each other, make mutual decisions, and to inform themselves about these issues by consulting their pastor, their physician, and various forms of literature. Couples should remember, however, that all information sources contain some bias – especially information provided by a product manufacturer.

It is important to communicate with your physician about your contraceptive questions. Some questions to consider asking your doctor include:

- Does this method act as an abortifacient (work by causing a direct abortion or by preventing implantation of an embryo)?
- Does this method most likely work by preventing conception (the union of sperm and egg)?
- Can you explain to me how this method works to prevent conception?
- Are there any health risks, long-term effects, or medical reasons why we should not use this method?
- What are the side effects?
- How effective is this method with typical use?
- How likely are we to use it?
- How much does it cost?

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For More Information

Web Information:

American Association of Pro Life Obstetricians and Gynecologists:

<http://www.aaplog.org>

Epigee Women's Health Information and contraceptive information: <http://www.epigee.org/guide/index.html>

Lutherans For Life: www.lutheransforlife.org

Christian Life Resources: www.christianliferesources.com

Concordia Bioethics Institute: www.concordiabiethics.org

Natural Family Planning: <http://www.familyplanning.net/>

Contraception information: <http://www.contracept.info/>

Christian Medical and Dental Associations: <http://www.cmda.org>

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