



Women's

REPRODUCTIVE HEALTH

Resource Book

*Scientific research on
contraception and
family planning.*



table of CONTENTS

CONTRACEPTION

Page 4-5

EMERGENCY CONTRACEPTION

Page 6-7

CANCER RISKS

Page 8-9

THE NATURAL WAY

Page 10-11



Compiled by Pulse Life Advocates
www.Pulseforlife.org

*You decide after
learning the facts!*

You owe it to yourself.

CONTRACEPTION

What is contraception?

Some dictionaries simply define contraception as ‘birth control.’ Planned Parenthood’s website says “birth control is how you prevent pregnancy before it begins,” which is certainly not accurate. As you’ll discover, some contraception methods end a human life after your child is conceived.

This booklet may be the most important information you ever read. Your health, even your life, and especially the life of your future child, depends on your willingness to be informed on what you put in your body.

This information is based on far-ranging scientific studies, for which we provide attribution. In other words, the real risk contraception poses to your health and life isn’t based on opinion. It is based on science.

KINDS OF HORMONAL CONTRACEPTION

- Combined estrogen/progestin: These formulations use two types of artificial hormones, estrogen and progestin, to disrupt the normal healthy functioning of a woman’s fertility cycle. The most common forms of these preparations are orally ingested pills taken daily, such as Lo Ovral, Loestrin, Yaz®, and Seasonique; patches changed weekly such as Ortho Evra; and vaginal rings worn 3 weeks, then out for 1 week, such as NuvaRing®.
- Progestin only: These formulations do not contain any estrogen. Rather, they have only one of several types of progestin, which can be taken either orally; by injection; via implants worn under the skin for three years, such as Implanon; or via an intrauterine device worn up to three years, such as Mirena®.

HOW CONTRACEPTION WORKS

Hormonal contraceptives disrupt your fertility using three recognized mechanisms, according to FDA labeling for Mirena®, NuvaRing®, Ortho Evra, Ortho-Cyclen, and Seasonique:

- They prevent ovulation, which is the release of an egg from the ovary into the fallopian tube.
- They cause mucus in the cervix to change so that if sperm reaches the cervix, it is more difficult for them to enter.
- They thin the lining of the uterus so that if the first two actions fail and a new human being is created, the baby will die before he/she can attach to the lining of the uterus.

IS IT SAFE?

- The World Health Organization (WHO) has classified combined hormonal contraceptives as Group 1 carcinogens.
- Side effects include susceptibility to the AIDS virus since the Pill weakens your immune system.
- WHO research also identifies an increased risk of cervical/breast cancers, stroke, blood clots, death, heart attack, liver cancer, ectopic pregnancy, and infertility for women using hormonal contraceptives.
- It provides no protection against sexually-transmitted diseases (STDs).

Types of hormonal contraception:

- Pill
- NuvaRing®
- Depo-Provera
- Seasonique
- Implanon
- Ortho Evra
- IUD
- Longterm intrauterine devices (Mirena®)



STUDIES

- Women who started hormonal contraception before age 18 have a 90% increased risk for breast cancer and a 370% increased risk for “triple negative” breast cancer.¹
- Women who use hormonal contraceptives before their 1st birth have a 44% increased risk of breast cancer.²
- Women who use contraceptives 11 years or longer are at a 210% increased risk of breast cancer. (By contrast, smoking ‘only’ increases the risk of breast cancer by 25%.)³

DEFINITIONS

FERTILIZATION is when a unique human life begins. This ‘conception’ process begins when a sperm penetrates an oocyte, creating a brand new human life.

IMPLANTATION is the attachment process of the now 5 to 7 day old baby to the lining of his/her mother’s uterus.

Science states that human life begins at fertilization. The pill prevents this developing human from implanting in the lining of the uterus, effectively aborting your child’s life.

IS THE PILL EFFECTIVE?

No. It is important for you to understand its significant failure rate.

Planned Parenthood’s website describes the Pill’s effectiveness this way:

“When used perfectly, the pill is 99% effective. But when it comes to real life, the pill is about 91% effective because it can be hard to be perfect.”

As reported in the New York Times, for typical use, 61 out of 100 women who use the pill become pregnant within a decade. The Times’ cited research by James Trussell, a professor of economics and public affairs at Princeton’s Office of Population Research. He described ‘typical use’ like this:

“This is the norm, reflecting the effectiveness of each method for the average couple who do not always use it correctly or consistently.”

Projecting this lack of effectiveness over time, the fail rate hits 38% by year five before ballooning to 61% by year ten.

Can you count on the Pill to do what it says it will do? You be the judge. Are you perfect?

The Pill Failure Rate

Out of every 100 women on the pill, here is how many will have an unplanned pregnancy over a given number of years for typical use:

Year One:	9
Year Two:	17
Year Three:	25
Year Four:	31
Year Five:	38
Year Six:	43
Year Seven:	48
Year Eight:	53
Year Nine:	57
Year Ten:	61

The World Health Organization (WHO) has classified combined hormonal contraceptives as Group 1 carcinogens.

EMERGENCY CONTRACEPTION

WHAT IS THE “MORNING AFTER PILL” (MAP)?

The Morning After Pill contains a high dosage of the hormone progestin, and when used as directed, prevents or ends pregnancy. It is marketed as an “emergency contraceptive.” It is also known as Plan B.

HOW IS MAP TAKEN?

It is designed to be taken in two doses. The first pill is supposed to be taken within the first 72 hours after intercourse, followed by the second pill 12 hours later.

HOW DOES MAP WORK?

Here is what it does to your body:

- Suppresses ovulation (female egg production in the ovary).
- Thickens mucus in your cervix which blocks sperm passage.
- Irritates your uterus lining, making it hostile to implantation, resulting in abortion.

SO, IS MAP CONTRACEPTION OR ABORTION?

Yes. You’re never sure, because MAP works as a contraceptive by suppressing ovulation. However, if you have conceived, it effectively ends the life of your child, as described above. That’s why the chemicals in morning-after pills (high-dosages of the hormone progestin) are properly identified as “abortifacients.”

Hold on, the FDA and Planned Parenthood say that MAP is not an abortifacient. WHAT GIVES?

When does human life begin? Check out highly regarded textbooks on embryology.^{4,5,6} They say it is when the sperm and ovum, neither of which can sustain life or direct growth by itself, come together at fertilization. For the first time the new life has all 46 chromosomes and all the directions (DNA) it needs for the rest of life. The sex of the baby, the color of the hair, everything is already fixed.

The FDA and Planned Parenthood simply redefined the beginning of life from fertilization to implantation, which occurs about a week after conception. This redefinition of when human life begins was based on political and economic considerations, not biological or ethical ones.

WHAT ARE THE HEALTH RISKS OF MAP?

When conception has taken place, MAP is typically fatal to your child. However, in the rush to make the morning after pill available, studies to determine the risks of long term and repeated use of heavy doses of progestin to YOUR body were not carried out. As pointed out previously in this Resource Book for Women, even low doses present health risks to women, according to the United Nation’s World Health Organization.

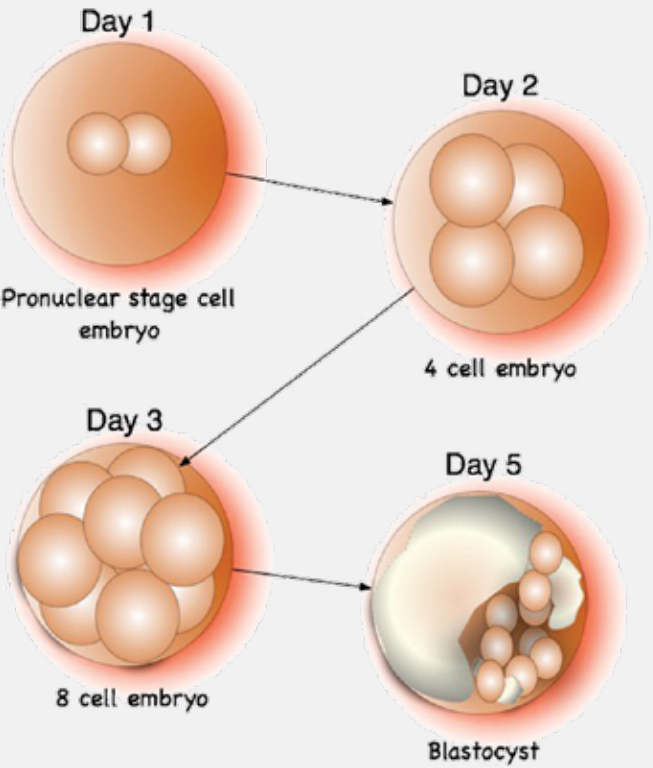
In addition, you may experience these additional side effects:

- Heavier menstrual bleeding
- Nausea
- Fatigue
- Headache
- Dizziness

WILL MAP PROTECT ME FROM SEXUALLY TRANSMITTED DISEASES (STDS)?

No.

Then & Now



THE LINK BETWEEN BREAST CANCER, ABORTION & CONTRACEPTION

DOES THE PILL CAUSE BREAST CANCER?

Scientific medical studies have identified a link between the use of artificial hormones and breast cancer. In 2005, the World Health Organization classified oral contraceptives as a Group 1 carcinogen, along with tobacco, arsenic, and asbestos, the most dangerous classification known.⁷

Likewise, a comprehensive meta-analysis⁸ published in the Mayo Clinic Proceedings in October 2006 found that 21 out of 23 retrospective studies done since 1980 showed that women who took oral contraceptives prior to the birth of their first child sustained a 44% average increased risk of developing pre-menopausal breast cancer. This risk rose to 52% for women who took the Pill for at least four years prior to the birth of their first child.

HOW COULD THE PILL INCREASE MY RISK OF BREAST CANCER?

Birth control pills are made from synthetic estrogens and/or progestins. Experiments have shown that these hormones cause women's breast cells to divide more rapidly.⁹ Cells that divide more rapidly are more prone to develop into cancer cells.

Teenage girls are especially vulnerable to breast cancer risk since their breasts are growing. Most have not yet developed cancer-resistant Type 3 lobules through a full-term pregnancy, making them especially susceptible to the cancer-causing potential of contraceptive steroids (birth control pills).

THE PILL IS A STEROID?

Yes. Steroids are banned for professional athletes because they're dangerous to their health.

The dangerous performance enhancing steroids taken by athletes are male steroid hormonal drugs that build muscle. According to the National Institute on Drug Abuse, National Institutes of Health, and the U.S. Department of Health and Human Services, risks associated with their use include liver cancer, kidney disease, enlarged heart, high blood pressure, and increased risk of stroke and heart attack, even in the young.

Similarly, female steroid hormonal drugs build breast tissue. Like male steroid hormonal drugs, the risks are serious and include increased danger of breast cancer (see above), and even liver and cervical cancers.

An article in Scientific American¹⁰ reports on studies that birth control pills even appear to remodel brain structure in women.

*Partial list of Class 1 carcinogens according to the International Agency for Research on Cancer**

- Arsenic
- Asbestos
- Gamma radiation
- Estrogen-progestogen oral contraceptives
- Plutonium
- Radium-226 and its decay products
- Thorium -232
- Tobacco smoking
- Vinyl chloride

**IARC is a part of the United Nation's World Health Organization*

HOW SERIOUS A PROBLEM IS BREAST CANCER?

Breast cancer is the most common cause of cancer death in the United States in women between the ages of 20-59. One in eight women will develop breast cancer at some point in her life. The risk increases for women who have undergone an induced abortion, hormone treatment (such as estrogen supplementation), or have a family history of breast cancer.

DO SOME CONTRACEPTIVES INCREASE MY RISK FOR BREAST CANCER MORE THAN OTHERS?

Yes. Research studies show that breast cancer risk almost triples for women who use Depo-Provera for 3 years or more before age 25.¹¹

ARE THERE ANY OTHER RISKS FROM CONTRACEPTIVES I SHOULD KNOW ABOUT?

Yes. Well known side effects of the Pill include an increased frequency of blood clots, high blood pressure, and heart attacks, as well as migraines, depression, loss of libido, and a variety of other disorders. Less well know is that oral contraceptives and injectable progestins (such as Depo-Provera) significantly increase the risk of contracting and transmitting HIV (the AIDS virus).^{12, 13}

DO WOMEN WHO HAVE AN ABORTION INCREASE THEIR RISK OF BREAST CANCER?

Here's some interesting background. Did you know breast cancer is the only major cancer that is on the rise in the U.S.? In 1970, breast cancer only occurred in one out of twelve women. Since Roe v. Wade legalized human abortion in 1973, we've witnessed a dramatic increase in breast cancer, its incidence increasing to one out of seven women. Since Roe, invasive breast cancer has increased by 40% and non-invasive (in situ) by 400%.

Coincidence? Since 1957, there have been 67 studies done concerning induced abortion and breast cancer risk. Of these, 51 showed a positive association and 30 were statistically significant.¹⁴

Proven Risks and Side Effects of Contraceptives

- Increased frequency of blood clots
- Increased frequency of high blood pressure
- Increased frequency of migraines
- Increased frequency of depression
- Increased frequency of breast cancer
- Increased frequency of contracting and transmitting HIV
- Loss of libido

About 252,710 new cases of invasive breast cancer will be diagnosed in women this year, according to the American Cancer Society.

NATURAL FAMILY PLANNING

This is NOT the Rhythm Method!



WHAT IS THE ALTERNATIVE?

Since chemical contraception presents health risks to women and unreliable contraceptive results, what is the alternative?

Natural Family Planning. NFP is based on an awareness of a woman's fertility. Couples learn how to interpret certain signs in the woman's body that indicate her fertile and infertile times.

I THOUGHT NFP DIDN'T WORK. HOW EFFECTIVE IS IT REALLY?

99% effective. Several published clinical trials demonstrate NFP is 99% effective in postponing pregnancy, the same effectiveness range as hormonal methods and more effective than devices, creams, and other unnatural methods.¹⁵

NFP offers this exceptional effectiveness rate while being 100% safe with no health risks. It involves no potentially harmful unnatural birth control drugs or devices.

HOW DOES NFP WORK?

You are taught how to chart changes in both temperature and cervical mucus. Using this information, you are able to predict ovulation (when your eggs are released). Then you and your partner can abstain from unprotected sex during the fertile period when you are most likely to become pregnant.

Under the guidance of a trained instructor, you will learn how to evaluate your body's signals to determine your fertility cycle.

How much does contraception cost?¹⁶

NFP	\$0/yr
The Pill	\$160 to \$600/yr
Birth Control Patch.....	\$160 to \$600/yr
Cervical Cap.....	\$35 to \$60/yr
Condoms (twice a week use)	\$150/yr
Diaphragm	\$15 to \$75 for the diaphragm itself, which lasts up to two yrs, plus a doctor's exam (\$20 to \$200) plus \$60/yr in spermicide.
IUDs	\$500 to \$1000 (lasts up to 12 yrs)
Depo-Provera Shot.....	\$220 to \$460/yr
Vaginal Ring.....	\$160 to \$600/yr
Vaginal Sponge.....	\$500/yr

NFP costs less; works better than most other forms of unnatural contraception; and is better for your health.

ARE THERE DIFFERENT NATURAL FAMILY PLANNING METHODS?

Yes. They fall under three basic categories: The Sympto-Thermal Method (most effective); Cervical Mucus Method; and the Basal Temperature Method.

WHAT IS NaProTECHNOLOGY?

Natural Family Planning allows you to easily and objectively monitor several different biological markers, which are essential to understanding your health and fertility. Since these biomarkers reflect various hormone events of the menstrual and fertility cycles, monitoring the biomarkers indicates times of fertility and infertility and telegraphs abnormalities in a woman's health.

NaPro is a comprehensive technology that enhances every aspect of a woman's reproductive health. It produces valid information that you can interpret along with a physician trained in this system. Because of its accuracy in monitoring reproductive health, NaProTECHNOLOGY can find real solutions to a wide spectrum of women's health problems, including infertility, menstrual cramps, premenstrual syndrome, and many more. From a natural family planning perspective, it is 99.5% effective with perfect use and 96.8% effective with typical use, which exceeds the Pill and most other methods of unnatural contraception.

WHEN DOES NFP WORK BEST?

Natural Family Planning requires mutual commitment from both partners and should be used within a marriage. As its name implies, NFP should not be considered birth control, even though it is at least as effective as unnatural methods of contraception that may be harmful to your health, and even your marriage. Rather, it is about planning, accompanied by an openness to the possibility of life. NFP works within the biological designs of a woman's body, NOT against it.

HOW DOES NFP AFFECT A MARRIAGE?

The divorce rate of couples using NFP is shockingly low, less than 5%, according to Professor Janet Smith, who holds the Father Michael J. McGivney Chair of Life Ethics at Sacred Heart Major Seminary in Detroit. On the other hand, a demographer at the University of Stanford, Robert Michael, conducted research that showed that the national divorce rate doubled from 25% to 50% with the introduction of the Pill into American society between 1965 and 1975.

NFP cultivates commitment and communication in couples just as artificial birth control weakens it.

HOW DO I LEARN HOW TO USE NFP?

NFP takes a little time to learn, and is worth it. The best way is to attend a class that is taught by a qualified instructor or home classes that are taught by certified couples. You can also use a home study course or workbooks available at bookstores.

To find an NFP class or receive more information, contact:

- The Couple to Couple League • www.ccli.org • 1-800-745-8252 • Renee McGuire • (515)278-1623
- The USCCB Natural Family Planning Program • www.usccb.org • 1-202-541-3040
- For NaPro Technology info: www.naprotechnology.com
- Creighton Model Fertility Care System • creightonmodel.com • Dr. McKernan • (515) 225-3261
- Billings Ovulation Method • boma-usa.org • Betty McGehe, ARNP, FNP-C • 515-240-2751
- Northwest Family Services: Sympto-Thermal Method • symptopro.lmscheckout.com/Course/index
- Marquette Model System • nfp.marquette.edu/charting_video_select.php



This Women's Reproductive Health Resource Book was
compiled by Pulse Life Advocates
www.Pulseforlife.org
515.255.4113

Pulse Life Advocates is a non-profit organization dedicated to protecting human life by informing, educating, and inspiring society to value the sanctity of all human life from its conception to natural death.

ACKNOWLEDGMENT:

Pulse Life Advocates thanks the following organizations for contributing to this Women's Reproductive Health Resource Book. This content was distilled from resources provided by the following:

American Life League | www.all.org

The Breast Cancer Prevention Institute | www.bcpinstitute.org

The Couple to Couple League | www.ccli.org

FertilityCare™ Care Professionals | www.aafcp.net

Focus on the Family | www.family.org

Heritage House '76 | www.hh76.com

One More Soul | www.OMSoul.com

Pope Paul VI Institute | www.popepaulvi.com

FOOTNOTES:

¹Dolle, J.M., et.al, "Risk Factors for Triple-Negative Breast Cancer in Women under the Age of 45 Years" (Cancer Epid. Bismarck Prev. 2009, 18(4): 1157-1166.

²Kahlenborn, C. et.al. "Oral Contraceptive Use as a Risk Factor for Premenopausal Breast Cancer: a meta-analysis" (Mayo Clin. Proc. 2006, 81(10):1290-1302).

³Croghan, I.T., et.al. "The Role of Smoking in Breast Cancer Development: An Analysis of a moo Clinie Cohort" (Breast J. 2009, 15(5): 489-495).

⁴O'Rahilly R and Müller F, Human Embryology and Teratology (new York: Wiley-Liss, 1994).

⁵William J. Larsen, Human Embryology (New York: Churchill Livingstone, 1997).

⁶Carlson B, Human Embryology and Developmental Biology (St. Louis, MO: Mosby, 1994.)

⁷World Health Organization International Agency for Research on Cancer. IARC Monographs. July 29, 2005.

⁸Kahlenborn C, Modugno FM, et al. Oral contraceptive use as a risk factor for pre-menopausal breast cancer: a meta-analysis. Mayo Clin Proc. 2006; 81(10): 1290-1302.

⁹Anderson T. Battersby S, et al. Oral contraceptive use influences resting breast proliferation. Hum Pathol. 1989; 20: 1139-1144.

¹⁰Kinsley, Craig H., and Meyer, Elizabeth A. Women's Brains on Steroids, Scientific American, September 28, 2010.

¹¹Skegg DCG, Noonan EA, et al. Depot medroxyprogesterone acetate and breast cancer [A pooled analysis of the World Health Organization and New Zealand studies]. JAMA. 1995: 799-804.

¹²Ungchusak, et al. Determinants of HiV infection among female commercial sex workers in norther Thailand: results from a longitudinal study. J Ac Immune Defic Syn Hum Retro. 1996. 12: 500-507.

¹³Mostad SB, et al. Hormonal contraception, vitamin A deficiency and other risk factors for shedding HIV-1 infected cells from the cervix and the vagina. The Lancet 1997, 350: 922-927.

¹⁴Daling J, et al. Risk of breast cancer among young women: relationship to induced abortion. J Natl Cancer Inst 1994; 86: 1584-92.

¹⁵P. Frank-Herrmann, et al. The effectiveness of a fertility awareness based method to avoid pregnancy in relation to a couple's sexual behavior during the fertile time: a prospective longitudinal study. Human Reproduction Vol. 22, No. 5 pp. 1310-1319, 2007.

¹⁶Palmer, Kimberly. The Real Cost of Birth Control. U.S. News and World Report, August 27, 2010.