An Ob-Gyn Takes a Second Look at Birth Control

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I have become a Catholic, and it's wonderful. I'm seeing many things in a new light. I'm questioning things I used to take for granted. I have a burning desire to live a holy life by God's grace. What does this mean for my practice as an Ob-Gyn? I'm discovering that all along I've had some concerns about certain aspects of my practice, but I rationalized them away consistently and assuaged my conscience thoroughly so that I remained comfortable in my medical practice . . . until recently.

I've stopped prescribing artificial birth control! How radical is that? This was really uncomfortable for me. My eyes were opened to things I could not see or did not want to see before. Now I find myself wanting to change. So, last winter I made a phone call to a very fine Catholic Ob-Gyn physician, Dr. Les Ruppertsberger, who spent hours advising and guiding me. Soon thereafter, I'd taken a good hard look at the world around me and reached some conclusions. As you'll see, I now respect and am influenced by Church teaching. However, the insights that have affected my thinking most profoundly have come not only from Dr. Ruppertsberger and the Church but from Catholic women. The two big areas of thought which influenced me concern: (1) causes of early abortion, and (2) effects on our culture, how men and women behave. Certainly, other issues come into play, such as medical risks associated with birth control methods, but I'm going to focus on the two biggest issues (for me) which convinced me to change my practice.

Birth Control and Causes of Early Abortion

How closely are birth control and abortion linked? Birth control is supposed to prevent pregnancy. Most forms of birth control, pills, intrauterine devices

(IUDs), and implants have more than one possible mechanism of action. I've always had a concern, lingering in the back of my mind, that if birth control resulted in preventing implantation, then it was causing abortion. The popular thinking among physicians I've known has been that most forms of birth control prevent fertilization primarily, or most of the time, although when fertilization does occur, implantation might then be prevented by a secondary effect of the method. In some cases, I'm not so sure we can tell which is primary and which is secondary. But I figured that as long as most forms of birth control prevented fertilization most of the time, they were okay, and this allowed me to freely prescribe birth control throughout my career. It was fine. Seemingly, wide acceptance among physicians and Christian friends allowed me to bury any misgivings under layers of comforting, "it must be okay, everyone uses birth control."

But what about those instances, whether common or rare, when from time to time a conception occurs and then fails to implant due to the method? This thought has always haunted me. When I was a resident, I remember talking to a chief resident whom I greatly respected and telling him that IUDs might interfere with implantation. "So what?" was his reply, "The spontaneous loss rate is 50 to 80 percent anyway!"

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You find in the medical literature and in popular media quotes regarding early pregnancy loss (prior to menstruation—so early that the woman does not suspect she was pregnant) that can be as high as this. A 2004 article by Ronald Bailey on Reason.com was titled, “Is Heaven Populated Chiefly by the Souls of Embryos?” Abortion advocates would like us to feel silly for insisting that life begins at conception when so many conceptuses don’t even implant.

There seems to be an assumption that spontaneous early embryo loss is very common and that many of these early losses are implantation failures, and that some are early miscarriages just after implantation. Based on these figures of very high spontaneous embryo loss due to failed implantation, I calculated that as long as a birth control method, such as a birth control pill or an IUD, prevents most conceptions, then even if a few conceptions occur and embryo loss occurs due to failed implantation, the overall loss rate will be much less than the spontaneous loss rate; and so its use seemed justifiable. I think many physicians who otherwise have prolife values reason in this way.

The problem with my thinking was that it was based on some well-accepted but very bad data. Once I searched the literature, I found that no one knows how often healthy, naturally conceived embryos fail to implant in a healthy endometrium. Most of the literature on early pregnancy loss deals with in vitro fertilization (IVF) cycles or with small increases in human Chorionic Gonadotropin (hCG) which then subside to indicate early losses just after implantation. A classic paper by Hertig, Rock, and Adams (1956), in which embryos were found in hysterectomy specimens, seemed to indicate that most early losses involve abnormal embryos.

Where do estimates of extremely high rates of spontaneous implantation failure come from? I found numerous citations for a study published in the *Lancet* in 1975 by C. J. Roberts and C. R. Lowe. This seems to be the study whose data scholars and theorists have quoted and re-quoted over and over again. This two-page article in the *Lancet* titled, “Where Have All the Conceptions Gone?” consists of what the authors describe as, “some speculative arithmetic of our own.” The authors estimated how many conceptions occurred in England and Wales in 1971 among married women aged twenty to twenty-nine, assuming they all had intercourse twice weekly, and one in four sexual encounters involved no birth control and that these women paid no attention to what phase of their menstrual cycle they were in. They assumed that half of these resulted in fertilization. From this, they calculated how many babies ought

to have been born and compared to how many babies were actually born. They proclaimed a 78 percent loss rate. In the discussion, the authors compare their discovery to the discovery that the world is round, not flat, saying, “If Nature resorts to abortion to maintain genetic stability by discarding as many as 3 in every 4 conceptions, it will be difficult for anti-abortionists to oppose abortion on moral and ethical grounds” (Roberts and Lowe 1975, p. 499).

It’s hard to believe so many have made so much of such a bad piece of speculative math. Some of the authors’ assumptions are without basis, and their bias is clear from the worldview they present in their discussion. A detailed analysis by Gavin Jarvis of the Roberts and Lowe data in 2017 concluded that the article was “widely cited but has no practical quantitative value.” He said of the Hertig, Rock, and Adams paper: “estimates for fertilization rate and early embryo loss are highly imprecise and casts doubt on the validity of his numerical analysis” (Jarvis 2016).

Except for IVF failures, which I don’t believe replicate the natural in vivo environment very well, no one knows how often healthy embryos fail to implant because we are unable to detect these instances. If we don’t know how often healthy embryos fail to implant, then we are left with the conclusion that with IUDs, Depo Provera, birth control pills, and Nexplanon, we might be preventing a significant number of healthy embryos from implanting, embryos that would otherwise have developed into normal, healthy children. We cannot know. Even if a method prevents most fertilizations, as I believe is the case with Paragard, it may allow a few and cause them to be lost through failed implantation. We just don’t know. There is too much that we just don’t know. This made me pause and ask, “How can I keep prescribing these things?” I had rationalized and ignored this question for years, but it wouldn’t go away.

As I read embryology, my soul is filled with awe, my mind is filled with wonder, and my spirit quakes. It’s like I’m confronting some mystical secret thing that is just, well, inexplicable in materialist or human terms: Gametes merge, chromatids combine, and cellular elements of two individuals become one living being. Then, this single-cell, individual human being’s cellular machinery goes to work, beginning an eloquent dance that directs cell division and differentiation, organogenesis, and development of a living person. And so a man and woman become one flesh to produce a new life. Through science, we get to see and sort of understand some of the mechanics of conception and embryology . . . but that such a

richly encoded blueprint is translated into complex, intricate, multitudinous, and multifunctional mirocomachines that build a human being . . . Wow! . . . that it happens at all is, well, a miracle! Life incarnate! Now the words “human dignity” take on a new and deeper meaning. Now I want even more to respect the dignity of God’s plan, of procreation, and of God’s temple, whatever that means for my practice. But there are yet other considerations.

Exploitation of Women: Pope Paul VI, *Humanae Vitae*

Imagine a world where women are honored and respected in all walks of life, not as sex objects but as intelligent, dignified, magnificent, strong, and capable human beings. This is the world that the Church dreams of.

In 1968, Pope Paul VI wrote *Humanae vitae*, warning of the dangers we face in separating, via birth control, the unitive from the procreative aspects of sexual union. It came at a time when the sexual revolution was in full swing. Until 1930, all of Christendom forbade birth control medications and devices. By 1968, only the Catholic Church maintained its teaching that birth control was wrong; and there was a huge push for the Church to relax its standards. Realizing the dangers of cleaving the unitive and procreative aspects of sex, Pope Paul VI, in *Humanae vitae*, warned that if contraceptives become widely available, then women would be seen more and more as mere sexual objects, marital fidelity would become more problematic, moral standards would decline, and the government would get involved in dictating who should use contraception and how it should be used.

So, here we are at the beginning of 2018, fifty years later. Now, in the minds of Westerners, especially our youth, having sex and making babies are very different things. We have truly separated the unitive and procreative aspects of the sexual act. But strangely enough, sexual relationships usually, eventually, somehow, one day, *do* end up creating a pregnancy despite birth control usage. It happens over and over again, to the great surprise of at least one of the partners who engaged in intercourse. But we all seem to believe that if one is “protected,” there is nothing to worry about. I acknowledge the feeling among many women that this has allowed them to pursue education or succeed in the workplace without having to have their career interrupted by pregnancy. But there is another aspect: Men can much more easily have their sexual desires

fulfilled when women are “protected.” There is no need for commitment. More and more, men see women as a source of entertainment. Young women (and older women too) are made to feel, through pressure by peers, boys, and images of pop singers and movie stars, that they are not normal unless they are having sex with their boyfriends. And they are buying into it, even at the age of twelve or thirteen. Parents seem to expect that this is out of their control, and teenage sex is going to happen anyway. Birth control feeds these delusions, and we, through state-funded family planning, make it even easier for very young women to feel mature and protected and more willing to give in to these societal pressures.

As Glenn Stanton wrote in a 2010 article for Focus on the Family:

Even though women long knew how to limit their fertility, the Pill made (along with corresponding legal and cultural developments) the separation between sexuality and the possibility of babies nearly an inalienable right. The fact that a woman could be sexually active and virtually guaranteed (by medical science no less!) of not becoming pregnant had the effect of making her feel cheated when an unexpected pregnancy did happen.

The further we distance sex from procreation, the more we abandon sexual responsibility which means parental responsibility; and this brings very bad consequences, just as Paul VI warned. Divorcing sex from procreation frees men who are so inclined to see women as sex objects, and so we think about women in those terms, desiring more and more those sexual experiences with attractive women, searching for them; and then, because we think this way, it becomes an addiction, and we feed millions into the pornography industry, and in extreme cases, human trafficking. Treating women this way spreads disease, brokenness, spiritual poverty, and degradation. And you know what? It even affects relationships in marriage. Again, from *Humanae vitae*, “the man who becomes used to contraceptive practices, may in the end lose respect for his wife, and no longer caring about her physical and psychological well-being, will come to the point of considering her a mere instrument of selfish enjoyment, and no longer his respected and beloved companion” (Paul VI 1968, no. 17). So, even married men can expect too much from their wives, using them over and over as sexual objects without attending to their needs or restraining their own passions.

Men Are Relieved of Responsibility

This is the age of “self.” To be immersed in postmodern culture means to be adrift in philosophic naturalism and moral relativism, whether one realizes it or not. In this worldview, the only meaning men derive from life is what brings them pleasure, and sex certainly does that. The problem is that our culture, as I have said, now has divorced sex from procreation and men are only asked to engage in “responsible sex.” That means to make sure she is taking a birth control pill. Or, if a school nurse is really on her game, to advise the wearing of a condom. Because young women encounter so much pressure to be “normal,” to be sexually active, men don’t have to work very hard to win their hearts. I think with every sexual encounter, a young woman believes it will be something very, very special, deepening a kind of spiritual bond with her partner. Sorry girls, for him it is something wild and fun, a total blast, a “kick in the pants,” but rarely anything more. Nowadays, young men don’t have to look very hard to find a willing partner, they aren’t required to respect their female partner, and the expectations for performance on her part are high. Expectations for commitment on his part? Nonexistent. Could this be why some young men don’t seem to mature? Why they seem satisfied to live with their parents, play games, use drugs, enjoy pornography, indulge themselves with girls? In our postmodern culture, where are all the gallant men of courage? Maybe they are skydiving or deep-sea fishing? One thing is for sure: They are pursuing the love of “self.”

Risk Compensation

Booth’s rule #2: The safer skydiving gear becomes, the more chances skydivers will take, in order to keep the fatality rate constant. (Wikipedia 2018)

Helen M. Alvaré, professor at George Mason Law School, in her 2012 book, *Breaking Through*, uses the term “risk compensation” to describe the increased risk both men and women seem willing to take knowing that they practice “protected” or “safe” sex. In *Humanae vitae*, Pope Paul VI wrote that we should consider “how wide and easy a road would thus be opened to conjugal infidelity and to a general lowering of morality” (Paul VI 1968, no. 17). This idea is so accepted in our culture that we

really don’t even think about it. “Unprotected sex” is said to be irresponsible, but hardly a thought is given to the fact that birth control methods have, in practical usage, substantial failure rates. Also left in disregard is the possibility that one’s partner, especially if that partner is hardly known to the one whose passions are drawing them to the sexual act (what my generation called “a one-night stand”) might not even be using birth control, or might have forgotten his condom, or may secretly be hoping for a pregnancy that will draw a commitment from the other. These are left unconsidered because ideas of sex and ideas of children and parenthood exist in different universes. They were cleaved by the sexual revolution, and that was made possible by birth control . . . and abortion. Now we, in our Western culture, don’t see any need for commitment in order to enjoy sex. Multiple partners? Have a fling in Vegas? Why not? If tempted to have an affair . . . well, she’s protected (by birth control) so who will know? This is risk compensation, and it results in broken homes, divorce, sexually transmitted disease, broken hearts, and worst of all, children raised in poverty and in single-parent households. Single-parent households: Let’s really come to grips with this.

Single Motherhood

Now that we see how separating the sexual act from creating babies results in lack of commitment and single-parent households, let’s be clear about how serious this problem is. About 40 percent of babies are born to single moms (Chamie 2017). Of course, not all single moms are without a partner. Maybe a more meaningful statistic is this one: according to 2016 data, 23 percent of America’s children under the age of 18 are being raised by single mothers (US Census Bureau 2016). Women outnumber men as sole providers in single-parent households by 9 to 1 (Alvaré 2012, 143). *9 to 1!* Where are the men? They are gone, their masculinity wasted on pornography, drugs, and video games. They have inseminated women, using them for entertainment and were never taught or given any expectation for consequence or responsibility. Sex has been divorced from procreation.

I have read that poverty, crime, and abuse often result when children are raised in broken homes with only one parent. Sociologists, and even government agencies, agree with the Church in this assessment. However, I did not really understand the gravity of the problem until I met Tim (that is not his real name).

As a Teen Challenge volunteer, I met an angry young man named Tim who one day told me his story, and I just held my head in my hands and said, “Tim, I had no idea . . . I had no idea. . . .” Tim had brothers and sisters by different fathers. He almost never saw his dad, who spent many years in prison. When his dad did come, he would say, “See you next week!” and then he would not come back for a year or more. His mother held two jobs and was almost never home. When she did come home, she frequently had a different male partner with her. His elder brothers violently beat him repeatedly so that he frequently had to run away to find any peace. His brothers introduced him to drugs, sex, and violence. At age thirteen, his brother pressed a knife into his throat, saying, “Is that sharp? I’m going to kill you with this.” His escape was methamphetamine. One day I asked Tim, “Who do you love most in life?” and he answered, “I don’t know love . . . I have never loved anyone . . . Oh wait, I had a dog once . . . I did love that dog very much.” Tim’s parents themselves came from broken homes. The cycle continues.

Justifying Abortion

Again, from Glenn Stanton’s (2010) article:

This “iron curtain” between sex and the possibility of babies had the unintended consequence of dramatically boosting the rate of abortion, which spiked dramatically around 1968–70, well before 1973’s *Roe v. Wade*. This was because of the growing sense of having a “right not to be pregnant” if a sexually active woman didn’t want to be. She could also face pressure toward abortion from her partner who didn’t want his sexual partner hampered by pregnancy.

There is this idea that I have heard expressed in my clinic: “I was using birth control, I shouldn’t be pregnant!” Although I’ve found most women, even those who feel this way, still don’t want to have an abortion, the feeling of unfairness, of “this shouldn’t be,” can make them more vulnerable to coercion by a boyfriend or family member to have an abortion. This is an aspect of birth control which I think most of us don’t think about, but we should. Again, it results from, as Glenn Stanton (2010) writes, an “iron curtain between sex and the possibility of babies.” An “iron curtain” that only exists in the mind . . . thanks to birth control.

Church Teaching

Prior to 1930, all of Christendom condemned birth control medications and devices. Now only the Catholic Church stands against artificial birth control. After reading *Theology of the Body*, by Pope John Paul II (1997), and *Humane Vitae*, I came to see that we humans should try to see conjugal union as God sees it. It’s something very special, the uniting of two persons and the joining of their beings to bring pleasure and a closer communion, a very special oneness, that cannot and should not be divorced from the life-giving power that is intended by God Himself. Contrary to our culture’s view of sex as a mere instrument of physical pleasurable sensations, it is actually something deeply spiritual. As I appreciate more and more the Church’s teaching on morality and moral law, I feel strongly that we in the Catholic Church have an important message for everyone else caught up in postmodern Western culture. From what we have seen on the dignity of the human person, marriage, sexual union, and procreation, and all the ill effects we face in flouting God’s very special design by cleaving the unitive and procreative aspects of sex, we can spare ourselves many miseries. We can be an example to the world by the way we live our lives.

A Word about Natural Family Planning

Recently, after hearing a remarkable conference speech by a prolife doctor, I noticed him sitting in the lobby of our hotel late at night chatting with a group of fellow ob doctors. I joined the discussion, and then just at a moment when the subject seemed to change, he looked right at me and said, “You know, two of my sons are Catholic, and their wives just adore them. Their wives see them as knights in shining armor. I think there is something to this bond that is created by natural family planning!” I don’t know why he was looking at me, I had not asked him about it, and I don’t know how we got onto that conversation, but it really made me think: I’ve heard that before! Yes! I’ve heard other testimonies to this effect: involving the male in the family planning process creates a closer, stronger union. I became completely convinced of this after reading Rachel Fay’s amazing 1998 article, “That Celibate Bachelor Was Right!” on the Catholic Answers website. This was the first time I really came to grips with the fact that compassionate self-control is crucial for a trusting, healthy relationship and can be a tremendous blessing to one’s wife! Then, I learned of a 2007 study

from Germany (Frank-Hermann et al. 2007) showing a 99.6 percent effectiveness with the symptothermal method. That is just about as reliable as any other form of birth control out there. Lastly, *Humanae vitae* so clearly articulates the many ways in which natural family planning enriches and deepens a marital relationship. I thought, wow, people should know about this. And so now you know.

The Answer to Our Dilemma

We have to teach that sex comes with moral obligations, especially a moral duty for the man to stand by and protect the woman and her children in the sacrament of marriage, and for both to nurture the child both before and after birth. We should never think of sex outside of that context. We should extol the virtues of marriage. We should tell young people that to engage in the sexual act must be preceded by: “I commit my life to you, to stay with you, to have children with you, and to provide for them and for you.” For men it means commitment, right down to the act of buying a ring, getting on one knee, and begging her father for her hand in marriage. For the woman it means, “I’m ready to be a mother, and I’ve found the man who has committed himself to providing for us” and “I’m going to be smart: I’m not going to raise my children without a loving father.” We must stop looking to birth control as the medical miracle that will save us. We all must reject the prevailing attitude that “kids will do it anyway, so we need to teach them safe sex.”

I think we can appeal to a young man’s sense of the heroic, of his manhood, his pride in doing what is right. We can encourage and appeal to moral virtue. We can teach boys that a real man protects a woman always. The best way to protect the one you care about is not to expose her to disease, heartbreak, poverty, and single parenthood. I think we can show young women that they deserve a whole lot better than what they are getting and that ultimately they have control over when they become sexually involved with a man. They can learn to wait for a marital commitment because they deserve it. Again, we can point to this as a moral virtue worth honoring. Women are special and must be honored and protected by men.

Birth control, along with abortion have, as the Church has warned us, far-reaching adverse effects on our culture because both aim at preventing babies, divorcing sex from babies (the “iron curtain”), or one could say, separating the unitive from the procreative aspects of sexual union. What I have not yet mentioned is that this same line of thinking, in which

human animals struggling for survival in a meaningless world search for easy, secular answers to societal ills, leads to consideration of infanticide and euthanasia. Taken together, these adverse cultural effects have been summed as “the culture of death.” I don’t think I or any physician should have to contribute to that cultural landslide. Instead, if we just follow the guidance given us by the Holy Spirit through the Church’s magisterium and live our lives and practice medicine with a clear conscience, we can be salt and light (images used by Jesus in the Sermon on the Mount; Mt 5:13–16) in a world that is otherwise becoming very dark indeed.

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