

A BIBLICAL VIEW ON
**THE
ABORTION PILL**



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THE ABORTION PILL



Thirty-nine percent of all abortions that happened in the US in 2017 were medical abortions, according to the Guttmacher Institute, a pro-choice abortion research organization. In the last 20 years, medical abortions, also called medication abortions, chemical abortions, or the “abortion pill,” have steadily become more common—they accounted for only five percent

of all abortions in 2001—even as the total number of US abortions has declined.

So what is the “abortion pill?” How does it work? Is it different than emergency contraception? And most importantly, what’s the biblical view on using medication to end an unborn life?

As pro-life believers, we need to make sure we understand these issues as we converse with others, vote on abortion-related policies, and minister to women who may be considering abortion.

What is a Medical Abortion?

A medical abortion is a two-medicine combination approved by the FDA in the year 2000. It’s meant for the first 10 weeks of pregnancy, after which time the effectiveness decreases and risk of complications for the mother increases.

The first medicine is mifepristone (sold under the brand name Mifeprex; the medication is also known as RU-486). It blocks the release of progesterone, the hormone required for the continuation of pregnancy. By blocking progesterone, this medicine ends the new life that has begun to grow inside the mother's uterus.

The second medicine is called misoprostol, which causes the body to expel the contents of the uterus through contractions and bleeding. It's taken one or two days after mifepristone. This combination ends a pregnancy over 90 percent of the time.

A medical abortion can also be achieved by taking misoprostol by itself, though it is not always as effective.

“Try This at Home”

In the United States these medica-

tions require a prescription and are subject to REMS (Risk Evaluation and Mitigation Strategy), a regulation the FDA places on more dangerous medications. The REMS protocol requires that a woman be evaluated before receiving the abortion pills.

Exact regulations surrounding the prescription of medical abortions vary by state. According to the Guttmacher Institute, 32 states require a physician to administer the pills. In 19 states, the clinician who administers the pills must be present during the process. In other states, the pills can be prescribed through telemedicine instead of in-person evaluation.

You might think that when it comes to prescription medication—especially the kind subject to REMS—people across the ideological spectrum would agree with the warning, “Don’t try this at home.” But the message being broadcast by many

abortion activists is just the opposite.

Multiple pro-abortion organizations in the US and worldwide are devising systems to help women obtain abortion pills by mail, even illegally.

If you go to PlanCPills.org, for instance, you'll be greeted with this message: "A safe, at-home abortion is here." According to its website, Plan C is "laying the groundwork for over-the-counter access to abortion pills."

In the meantime, the website offers guidance on finding the pills both legally and illegally. In its FAQ section under "Do I need a prescription?" the site claims "Yes, and no. Abortion pills are prescription medications in the US.... We also know that many people are buying abortion pills through online pharmacies without a prescription. Some people also find the pills in bodegas or across the border in Mexico."

Obtaining and taking the pills without a prescription is called a “self-managed” abortion, and can include getting pills online, in a bodega (a small spanish grocery store), or from another country without a prescription. Plan C claims these “self-managed” abortions are completely safe aside from potential legal risks.

Women Help Women (Abortion-PillInfo.org) is another organization dedicated to helping women obtain abortion pills for at-home use. Begun in 2017, the group is based in the Netherlands and was particularly concerned with helping women obtain at-home abortions during the Trump administration.

In April of 2021, the FDA temporarily lifted restrictions on medical abortion, citing COVID-19—a major victory for abortion advocates who have been trying to lift or help women work around such restrictions for

years. Now pro-life medical experts are sounding the alarm about the risks to women of lifting such restrictions.

The Ugly Truth

In response to the FDA's decision, Students for Life partnered with Heartbeat International and producer Charlotte Pence Bond in 2021 to publish a documentary series on medical abortion (watch the series at ThisIsChemicalAbortion.com).

In one episode, OB/GYN Dr. Brent Boles takes issue with the misinformation many women are fed regarding the abortion pills.

"I've seen one abortion center website promising a painless process, and that's simply not true. That is a statement that is unsupportable and indefensible," he said, continuing:

"[My patients] didn't expect the bathroom to look like a slaughter-

house from all the bleeding. They didn't expect to see a deformed baby in the toilet. They didn't expect it to feel like they were in labor for a full day with no epidural. And that's not every woman's experience, but it's common enough that it is manifestly unfair for an abortion provider to tell the patient that she's just going to have a little bleeding and cramping that's no worse than a period, because that's what they're usually told."

In 2017, I interviewed Dr. Sandy Christiansen for *The Stream* on the dangers of self-administered medical abortions. Christiansen is an OB/GYN and the National Medical Consultant for Care Net, a pro-life organization that supports a network of pregnancy centers.

"Relying solely upon a telephone/video call interview to date a woman's

pregnancy before prescribing an abortion is malpractice, in my opinion,” Dr. Christiansen told me. She said it would be impossible to know for certain over phone or video whether a woman is experiencing an ectopic pregnancy, which can be deadly. And despite assurances of websites like Plan C and Women Help Women, there are significant risks of complications associated with medical abortion. (The American Association of Pro-Life Obstetricians and Gynecologists, AAPLOG for short, claims that medical abortion is 4 times more likely to cause complications than surgical abortion.¹)

Christiansen also raised concerns about the mental and emotional toll at-home medical abortions may take:

“A fetus that is 10 weeks LMP [since last menstrual period] has a fully recognizable human structure with arms, legs, hands, and toes. Data are lacking about the

psychological impact of ‘giving yourself’ an abortion and seeing baby parts in the toilet. How can anyone say this is good medicine?”

The ability to obtain a medical abortion online or without an in-person evaluation also increases the risk that women may be forced to take the pills by someone who poses as them—for instance, abusive partners or sex traffickers.

What’s the Difference?

Emergency contraceptives (sometimes called “morning after” pills) such as Plan B are often confused with the abortion pill. Unlike mifepristone and misoprostol, certain emergency contraceptives are available over the counter at pharmacies.

Because emergency contraceptives can be taken days after intercourse, many people assume they primarily function as abortifacients.

This isn't always the case; the function of the pill depends on the kind.

Plan B, for instance, works by blocking or delaying ovulation, similar to many hormonal birth control methods. Because sperm can live in a woman's body for about five days, there is a six-day window in which she can get pregnant. This includes the five days before she ovulates and 24 hours post-ovulation. If ovulation has already occurred, Plan B is most likely ineffective in preventing a pregnancy—but not always.

FDA labeling says Plan B could possibly prevent implantation, which is when the fertilized egg (embryo) attaches to a woman's uterus, usually about seven days after fertilization. The medical community defines implantation as the beginning of pregnancy, even though an embryo is a genetically unique life prior to implantation.

More recent research shows that Plan B may not stop ovulation consistently after all. When Plan B is taken prior to ovulation and ovulation occurs anyway, clinical pregnancies are often still prevented. This led authors of a 2015 study to conclude that Plan B can potentially cause “the death of the embryo in the fallopian tube, in utero, or after implantation.”²

There are other forms of emergency contraception. Ella is classified as an emergency contraceptive, but differs from Plan B in a few ways. It requires a prescription, and it blocks progesterone like mifepristone. It’s meant to stop ovulation, but because it blocks progesterone, it is also more likely to adversely affect an existing embryo.

An AAPLOG paper from 2020 concluded, “the dose of Ella sold as ‘emergency contraception’ is capable of producing enough progesterone blockade to kill an early embryo who

has already implanted. This dose is also sufficient to prevent the embryo from implanting.”³

When Life Begins

What’s the biblical view on medical abortions? Is there a moral difference between a surgical abortion, when the unborn baby is forcefully and violently extracted from his mother’s womb, and a medical abortion that simply alters a woman’s hormones in the earliest stages of pregnancy?

To understand a Christian perspective on this, we need to know exactly when life begins. A definition of “life” found at Dictionary.com is “the condition that distinguishes organisms from inorganic objects and dead organisms.” It is “manifested by growth through metabolism, reproduction, and the power of adaption to environment through changes originating

internally.” The fertilized egg fits that definition.

At fertilization, the single-celled embryo that results begins dividing into multiple cells on the way to the uterus. Even before implantation, that embryo has a unique set of DNA that will determine everything from its sex to its eye color.

So even at its most microscopic stage, the embryo that forms at fertilization is a genetically distinct, living human being. This is why many in the pro-life community consider fertilization to be the beginning of pregnancy, as it marks the beginning of a new life.

Moreover, that embryo is rapidly growing. Ultrasounds can detect a heartbeat as early as 6 or 8 weeks LMP—well within the timeline that medical abortions are offered.

What the Bible Says

The Bible teaches that all human beings are created in God's own image. God clearly values human life, and there is no cut-off age given in the Bible for when that value ends or begins. What we can find in the Bible are multiple passages about unborn life.

In Psalm 139 the psalmist describes God "knitting" him together in utero, having a future planned out for him. In Jeremiah 1, God tells the prophet Jeremiah, "Before I formed you in the womb I knew you, and before you were born I consecrated you," suggesting that God's divine purpose for individuals is set before they are born. In the New Testament we read about John the Baptist leaping for joy inside his mother's womb (Luke 1:41-44), which seems to indicate both value and personhood for humans yet preborn.

Other verses throughout the Bible

describe a God who decides matters of life and death, hates innocent bloodshed, and cares about children and the vulnerable. The unborn child, completely dependent upon its mother despite being a distinct person from its earliest form, is arguably the most vulnerable among us.

If we value what God values, we must protect and cherish human life even in its earliest stages. And since medical abortion intentionally ends an innocent human life, we have a moral obligation to oppose it just as we oppose other forms of abortion.

As pro-life Christians, we should also exercise wisdom when it comes to contraception, avoiding methods of birth control that may end a new life after it is begun.

How We Can Help

While we have a responsibility to protect the unborn, as Christians we

also have a responsibility to love and support women in difficult situations, including those who are considering abortion or are post-abortive. There are multiple organizations and hundreds of resource centers around the nation dedicated to this (see the resource list at the end of this booklet).

Get familiar with the pregnancy centers in your area so you can point women to them when the opportunity arises. Local pregnancy centers are also frequently in need of financial support, material donations, and volunteers.

Another important resource to know is AbortionPillReversal.com and its 24/7 hotline (877) 558-0333. For women who have taken mifepristone, the first step in a medical abortion, abortion pill reversal offers significant hope that the process can be reversed and her unborn child saved.

Abortion pill reversal is a safe regimen consisting of progesterone doses to counter the progesterone blocking function in mifepristone. According to AbortionPillReversal.com, the reversal method has a 64-68 percent rate of success.

By calling the abortion pill reversal hotline, a woman can get connected to a local provider that can prescribe the abortion pill reversal.

Additional Resources

“2019 AAPLOG Position Statement on Abortion Pill Reversal.” <https://aaplog.org/wp-content/uploads/2019/02/2019-AAPLOG-Statement-on-Abortion-Pill-Reversal.pdf>.

AbortionPillReversal.com

Care-Net.org/what-is-a-pregnancy-center

HeartbeatInternational.org/our-work/apr

HumanCoalition.org/get-involved/

Professional Ethics Committee of AAPLOG.

“Embryocidal Potential of Modern Contraceptives.” <https://aaplog.org/wp-content/uploads/2020/01/FINAL-CO-7-Embryocidal-Potential-of-Modern-Contraception-1.20.20.pdf>.

StudentsForLife.org

ThisIsChemicalAbortion.com/video-series

End Notes

¹ Professional Ethics Committee of AAPLOG. "Embryocidal Potential of Modern Contraceptives." <https://aaplog.org/wp-content/uploads/2020/01/FINAL-CO-7-Embryocidal-Potential-of-Modern-Contraception-1.20.20.pdf>.

² Kahlenborn, Chris; Peck, Rebecca; Severs, Walter B. "Mechanism of action of levonorgestrel emergency contraception." *The Linacre Quarterly*, 82(1): 18–33, Sage Publishing, February, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4313438/>.

³ Professional Ethics Committee of AAPLOG. "Embryocidal Potential of Modern Contraceptives." <https://aaplog.org/wp-content/uploads/2020/01/FINAL-CO-7-Embryocidal-Potential-of-Modern-Contraception-1.20.20.pdf>.



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