



Contraception

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Introduction

Contraception is a component of family planning and planning for the future. The topic is naturally closely associated with sexual behaviour and relationships. Our Church takes the view that emotional security and fulfilling sexuality can best be experienced in marriage.

Family planning and consequently also contraception is essentially at the sole discretion of the married couple. The Church offers help in the decision making process.

Family planning contributes to protecting parents from excessive physical, psychological and economic strain and helps to provide optimum care and support for the children.

Scope of this document

Our statements primarily refer to the way individual methods work. The safety and side effects are not examined in detail and need to be considered separately.

This information is no substitute for a personal consultation with a specialist physician, especially since contraceptive methods can also carry health risks in certain cases.

Diverse cultural and societal factors, which influence the choice of contraceptive methods, have also not been taken into consideration here. Moreover, we will be specifically reviewing contraceptive methods in conventional medicine. Methods without a scientific basis will not be discussed.

Hormonal methods of contraception usually work in several different ways and influence the natural, biological menstrual cycle at different points. (e.g. by preventing ovulation and by inhibiting implantation of the fertilised ovum)

All statements can only be made on the basis of currently available medical and biological knowledge and the results of scientific studies.

Ways in which methods of contraception work

Contraception can be done in different ways. By suppressing ovulation or by way of barrier methods fertilization of the ovum by the sperm can be prevented (A). Other methods (B) prevent the further development of the fertilized ovum. With some methods (C) the principal mode of action depends on the time of use.

The principal mode of action of a contraceptive method can be discussed with a specialist physician. For instance, the question could be asked, whether fertilization is prevented. Information on the way a contraceptive predominantly functions can also be found in the product information and the patient information leaflet by the manufacturer.

A. Fertilization of the ovum by the sperm is prevented

A.1 Suppressing ovulation

By administering specific sex hormones (e.g. in the form of the pill, as a patch or devices which are inserted into the cervix (coil)) the body's own hormone regulation is changed in such a way that ovulation is not triggered.

So-called combined contraceptives, containing oestrogen and progesterone, as well as some which only contain progesterone work in this way.

Besides primarily suppressing ovulation hormonal contraceptive methods also produce additional secondary effects, like the formation of a mucous plug in the cervix, suppressing the motility of the cilia (tiny hairs) in the fallopian tube and changing the endometrial lining, thus making implantation of the fertilized ovum potentially more difficult.

Important note:

Hormonal contraceptive products are very reliable in terms of preventing pregnancy as long as they are used correctly and other disruptive factors, which could reduce or impede efficacy are excluded, e.g. interaction with other drugs, gastro-intestinal malabsorption or accelerated breakdown by the liver.

Note on breastfeeding:

Breastfeeding also changes the body's own hormone regulation in such a way as to reduce ovulation. As this effect is very unreliable, however, it can hardly be considered a method of contraception.

A.2 Barrier between sperm and ovum

Precautionary measures, which prevent sperm and ovum to come together are called barrier methods. Worthwhile conventional practices are:

- The condom for men or for women, which also provides excellent protection from sexually transmitted diseases.
- The cervical cap or diaphragm (silicone cup covering the cervix)
- Sterilization of the woman (ligation of the fallopian tubes) or
- Sterilization of the man (vasectomy)

A.3 Inactivating sperm cells

Vaginal creams, suppositories or douches whose ingredients are intended to kill sperm in the vagina after ejaculation are commonly used forms of contraception. (Note: A very unreliable method which is at best recommended in combination with condoms!)

A.4 Time and space difference between ejaculation and ovulation

After ovulation the ovum can only be fertilized within the next 12 (to 24) hours. This phase can be calculated using various methods:

- Calendar-based method (also called Knaus-Ogino Method, establishing ovulation by way of a menstrual cycle calculator)
- Temperature method (establishing ovulation by measuring body temperature)
- Billings Ovulation Method (establishing ovulation by monitoring vaginal discharge)
- Symptothermal method (combination of temperature and Billings method)
- Interrupted intercourse (coitus interruptus): The penis is withdrawn from the vagina prior to ejaculation (note: very unreliable!)

This type of contraception is often also called natural contraception. Either the couple remains abstinent during the calculated period of fertility or they use condoms, for example, to prevent conception during this period.

B. Further development of the fertilized ovum is prevented

B.1 Preventing the implantation of the fertilized ovum in the uterus

Fertilization, i.e. the fusion of sperm and ovum, takes place in the fallopian tube. It takes 5 days for the early embryo to migrate along the fallopian tube to the uterus. In order to be able to develop further the embryo needs to implant into the lining of the uterus. This is a highly complex process. It is not unusual for this to naturally result in a loss of the embryo. Some contraceptive methods prevent this implantation. As a result the embryo cannot develop further and dies.

These contraceptive methods include copper or gold intrauterine devices (IUDs), as well as all hormonal methods which are not primarily aimed at the suppression of ovulation.

B.2 Removal of the implanted embryo from the uterus

Even after successful implantation the further development of the embryo can be prevented by an abortion. The following methods are generally employed:

- Abortion with mifepristone¹ (inducing a miscarriage by anti-hormonal effect)
- Surgical abortion (removal of the embryo or foetus from the uterus by curettage)

¹ Mifeprex® (brand names can vary in different countries)

C. Methods of contraception that depend on time of use

At the beginning we established that hormonal contraceptives work in different ways. The principal mode of action of those contraceptives listed under (A) and (B) can be clearly determined. The way the methods listed below work depends on the time of use. We cannot safely assume that the suppression of ovulation is their only effect.

- 3-monthly contraceptive injection: progesterone injections are administered every 12 weeks. The fact that ovulation is only suppressed during the first 4-8 weeks of application gives rise to some concern. After that fertilization is possible, and at the same time implantation in the uterus can be inhibited.
- Emergency contraception (also known as morning-after pill): if taken prior to ovulation it is effectively delaying ovulation by several days so that fertilization cannot take place. Several medical societies regard this as the sole effect of the commonly used agents levonorgestrel² and ulipristal acetate³. If taken after ovulation has taken place, however, the 'morning-after pill' seems to be ineffective. Therefore the conclusion can be drawn that the implantation or further development of the fertilized ovum is not being influenced. The data volume which medical societies base these findings on is admittedly very small.

² Plan B® (brand names can vary in different countries)

³ EllaOne® (brand names can vary in different countries)

Evaluation

In line with the basic principle that no fertilized ovum should be killed, all methods which are primarily aimed at preventing fertilization of the ovum by the sperm (A.1 – A.4) can be used.

Methods which are primarily aimed at preventing the embryo's implantation in the uterus or such methods which are similar to an abortion should be rejected (B.1 and B.2).

Methods which essentially prevent (sometimes delayed) both the fertilization of the ovum as well as the further development of the fertilized ovum, must, at the very least, be examined critically. The emergency contraceptive 'the morning after pill' is evaluated very differently: Medical societies state that the only effect is a delay in ovulation, which makes its use unproblematic. Critics consider the available research as insufficient, however, and have reservations.

Postscript

1. In principle, the effects and side effects of individual methods and products should be discussed with the attending physicians. The above classification of common methods of contraception is intended to facilitate understanding of the matter and can form a basis for discussion with physicians.
2. Neither the hormone-releasing coil nor the hormone implant can prevent ovulation over the full duration of use. (5 and 3 years, respectively). Additional effects then result: the formation of a mucous plug in the cervix, suppression of the motility of the cilia (tiny hairs) in the fallopian tube, and also the possible prevention of implantation into the uterus.
3. A vital aspect concerning relationships and sexuality, apart from contraception, is the protection against infectious diseases, like for example AIDS. Since condoms protect against infection and constitute safe contraceptives, their significance should not be underestimated. Their use is particularly recommended in regions where HIV infections and sexually transmitted diseases are prevalent.

Position of the New Apostolic Church on contraception

Given the variety of cultures and individual situations, the New Apostolic Church cannot provide detailed recommendations on family planning.

The following are the general tenets of the Church:

- In principle, family planning (birth control) is at the sole discretion of the married couple.
- Sexuality in marriage is ordained by God as an expression of the married couple's love for each other. Human beings have an obligation to manage their sexuality in a responsible and sensible manner. This also includes the decision whether the couple would like children and if so, how many.
- Birth control can be implemented by using contraceptive drugs and devices.
- The Church does not object to contraceptives, which are primarily aimed at preventing fertilization of the ovum. The Church does, however, reject products and methods, which essentially prevent the further development of an already fertilized ovum or which kill it.
- The principal mode of action of a contraceptive method can be discussed with a specialist physician. Information on the way a contraceptive method predominantly works can also be found in the product information and the patient information leaflet by the manufacturer.
- The use of condoms as a means of birth control provides additional protection against infectious diseases like AIDS.

Short statement by the New Apostolic Church concerning contraception

The Church says "Yes" to life. Family planning is at the discretion of the married couple; however, the Church rejects contraceptive methods and products that are essentially aimed at killing fertilized ova. The further development of conceived life must not be inhibited.