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# **PREVEN, The Newly-Released “Emergency Pregnancy Kit” New Name – Same Old Stuff**

by

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For years, emergency departments of many hospitals have used “morning after” pills to “prevent” pregnancy as part of their rape protocol. These pills contain progesterone and estrogen compounds. Their indicated use was prevention of pregnancy, but their unlabeled use, in a much higher dosage, was as a postcoital contraceptive which spawned the moniker of “morning-after” pills. This method of emergency contraception, also known as the “Yuzpe” regimen, was named after the Canadian gynecologist who first described it.<sup>1</sup> The newly-released emergency pregnancy kit, PREVEN, is based on this regimen.

Before the late 1970s it was thought that the way this type of combined hormonal contraception worked was to suppress ovulation so that if given prior to ovulation this drug would principally have a contraceptive effect rather than an abortifacient one. It was then argued that if the drug was administered prior to the anticipated time of ovulation, both the moral intention and the chief effect of the drug would be to prevent fertilization. Studies tried to find a consistent hormonal effect of the medication that would be dependent on the timing of ovulation but were unsuccessful. Subsequent research, particularly the work of Rowlands<sup>2</sup>, Ling<sup>3</sup>, and van Santen<sup>4</sup> has led most researchers and clinicians to suggest

that the major effect of this drug is at the endometrial level creating an environment that is inhospitable to implantation.

The only way it could be stated with perfect certainty that “contraceptive” drugs are not abortifacient, that is not allowing the embryo to implant, would be if they could completely abolish ovulation in every woman user during every cycle. This is clearly not the case. Clinical evidence indicates no hormonal “contraceptive” under typical in-use conditions can claim to cease ovulation absolutely in every instance. Breakthrough pregnancies (albeit sometimes low) appear to occur even during “perfect” usage, i.e., even when women do not forget to take their next dose or do not become ill.<sup>5</sup> Since one of the stated mechanisms of action of oral contraceptives is “The rendering of the endometrium unreceptive to implantation”, this fact can’t be ignored when considering the ethics and morality of the various oral contraceptives.

### FDA Approval

Last fall the FDA approved PREVEN, the “emergency contraception kit” which is marketed by Gynetics, Inc. of Somerville, NJ. The ingredients of these pills, according to the government agency, are identical to birth control pills already on the market. It’s just a new name for packaging the same old chemicals used in the “Yuzpe” method.

Within 72 hours of “unprotected” sex or if there’s concern about contraceptive failure, a woman can obtain a prescription for the “kit” from her doctor or other health care provider. The first two pills must be taken within a 72-hour time frame, and two more are taken 12 hours later. The FDA says PREVEN is about 75% effective in preventing pregnancy when used this way. A urine pregnancy test is included in the kit so that a woman can detect if she is already pregnant from an earlier intercourse. If a baby is already growing in the womb, the “treatment” doesn’t work since the action of the medication takes place before implantation, not after.

Some physicians, pharmacists, researchers and others in the field of reproductive medicine are arguing that “emergency contraception” should be easily obtainable for women – even available as over-the-counter medicine! Dr. Felicia H. Stewart of the Kaiser Family Foundation was quoted as saying that the control of them (by prescription) was “paternalistic.” Twenty-two states not willing to wait for over-the-counter approval have pharmacy-practice acts in place that include a provision for collaborative drug therapy agreements. These agreements, which were developed by a joint effort of physicians and pharmacists, allow women to obtain emergency contraceptive pills directly from the pharmacist. After a continuing education program, pharmacists are authorized to prescribe and

dispense emergency contraceptives, as well as counseling and referring women for follow-up care as needed.<sup>6</sup>

The manufacturer of PREVEN states its side effects are the same as that of combination oral contraceptives (COCs) which include nausea and vomiting, menstrual cycle disturbance, breast tenderness, headaches, abdominal pain/cramps and dizziness. Serious risks, which can be life threatening, include blood clots, strokes, and heart attacks. The risks are higher if the patient smokes cigarettes. It is not known yet, according to Gynetics Inc., whether these risks also apply to the PREVEN regimen. However, we do know that PREVEN uses an extremely high dosage of the artificial hormones which are found in COCs.

Consider this: A woman who doesn't want to get pregnant has "unprotected" sexual relations. She uses the PREVEN kit trying to make sure she doesn't have an unwanted baby. What if it happens to be the wrong time in her menstrual cycle for her to ovulate? If that's the case, she wouldn't get pregnant anyway, but will have introduced powerful steroid hormones needlessly into her body. Though it's not recommended, what if she finds herself doing this rather frequently? What will be the long-term effect on her body of taking so many high dosage hormones? Or what will be the effect if she's already using a COC and she adds the powerful PREVEN because she missed some dosages of regular strength? There are no studies available on the long-term effects as yet.<sup>7</sup>

In 1996 when the FDA was reviewing the pills, the Family Research Council sent Gracie Hsu to testify against them. She testified that the product works as an abortifacient, incurs serious side effects, allows men to manipulate women in sexual relationships, encourages irresponsible sex, and helps shift any legal liability from physicians to individuals.

Fr. Richard Welch, CSsR, president of Human Life International, has strong words to describe the moral aspects of PREVEN: "With the release of these home abortion kits," he said, "the Clinton administration is escalating its drive to pull the American public down the slope of moral depravity to the same level of the White House. Not only will the actions of the FDA result in more and earlier chemical abortions, but the promotion of these so-called 'morning after' pills will contribute toward further erosion of morality throughout the world."

When a woman goes in for a surgical abortion, perhaps she knows what she is really doing, or perhaps she doesn't. Since there is no requirement for informed consent there could be a chance she doesn't understand all the implications, such as fetal development and the potential medical and psychological complications of the procedure. However, in a chemical abortion, as could happen with PREVEN, will a woman be informed that if a baby is conceived, she may actually be causing it to

abort? Will the woman be told of the potential risks? There has not been a lot of candor about the surgical abortion procedure. Can we expect there will be more if the abortion takes place silently as it does in chemical abortion?

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