

TALKING POINTS on STATE LEGISLATION

“Personhood” Measures: Impact on Contraception

So-called “personhood” measures would establish fertilized eggs as separate legal persons under the laws of a state. These measures have qualified for the ballot in only two states—Colorado in 2008 and 2010, and Mississippi in 2011. All three failed by wide margins.

These measures erode women’s right to privacy and bodily integrity, deny women access to the full spectrum of preventive health care including contraception, and undermine the doctor-patient relationship.

As acknowledged by proponents, these measures would not only outlaw abortion but also embryonic stem cell research, infertility treatments, cancer treatments, and popular methods of birth control.

Talking Points

Passage of these measures would limit or eliminate contraceptive options.

- Some of the most effective and reliable forms of contraception — oral contraceptives, intrauterine devices, and other forms of FDA-approved contraceptives — could be banned in states that adopt ‘personhood’ measures¹.

Almost all American women would be affected by outlawing birth control.

- 99% of women aged 15-44 who have ever had sexual intercourse have used at least one contraceptive method².
- 7 in 10 women are sexually active, do not want to become pregnant, and could become pregnant without birth control².
- Without birth control, unintended pregnancy and abortion rates would more than double³.

An increase in unintended pregnancies threatens maternal and child health.

- Contraception gives women an opportunity to prepare for pregnancy. The consequences of unintended pregnancy can be detrimental to health.⁴

- Coexisting medical conditions — including heart disease, high blood pressure, diabetes and lupus — can worsen and threaten the health and life of pregnant women.
- Short pregnancy intervals are associated with low birth weight, prematurity, and small for gestational age infants.
- Unintended pregnancy is associated with a lack of prenatal care and more smoking, alcohol use, depression, and domestic violence during pregnancy.

Women who use birth control to protect their health would be denied treatment.

By far, the most common medical reason for contraceptive use is for its primary purpose, pregnancy prevention: 95% of birth control pill users cite birth control as their reason for use⁵.

- More than half of pill users also identify other health benefits as additional reasons for use⁵.
- 1.5 million US women use the pill solely for non-contraceptive reasons⁵.
- Non-contraceptive benefits of hormonal contraception include: ⁶

▪ Menstrual cycle regularity	▪ Decrease in risk of endometrial, ovarian, and colorectal cancer
▪ Treatment of menorrhagia	▪ Treatment of acne or hirsutism
▪ Treatment of dysmenorrhea	▪ Improved bone mineral density
▪ Treatment of premenstrual syndrome	▪ Treatment of bleeding due to leiomyomas
▪ Prevention of menstrual migraines	▪ Treatment of pelvic pain due to endometriosis

Medical evidence is clear about how contraception works.

- Contraception prevents pregnancy by preventing fertilization or implantation of a fertilized egg⁷.
- No birth control method disrupts a pregnancy.⁸⁻¹¹

References:

1. ACOG Statement on “Personhood” Measures, Feb 10, 2012.
2. Mosher WD and Jones J. Use of contraception in the United States: 1982–2008. Vital Health Stats. 2010; Series 23, No. 29.
3. Gold RB et al., Next steps for America’s family planning program: Leveraging the potential of Medicaid and Title X in an evolving health care system. New York: Guttmacher Institute, 2009.
4. Institute of Medicine. Clinical preventive services for women: Closing the gaps. 2011.
5. Jones RK. Beyond birth control: The overlooked benefits of oral contraceptive pills. New York: Guttmacher Institute, 2011.
6. Noncontraceptive uses of hormonal contraceptives. Practice Bulletin No 110. American College of Obstetricians and Gynecologists. Obstet Gynecol 2010; 115: 206-218.
7. ACOG Statement on Contraceptive Methods (*This 1998 statement is being updated.*)
8. Segal SJ, Alvarez-Sanchez F, Adejuwon CA, Brache de Mejia V, Leon P, Faundes A. Absence of chorionic gonadotropin in sera of women who use intrauterine devices. Fertil Steril. 1985;44(2):214-8.
9. Videla-Rivero L, Etchepareborda JJ, Kessler E. Early chorionic activity in women bearing inert IUD, copper IUD and levonorgestrel-releasing IUD. Contraception. 1987;36(2):217-26.
10. Wilcox AJ, Weinberg CR, Armstrong EG, Canfield RE. Urinary human chorionic gonadotropin among intrauterine device users: detection with a highly specific and sensitive assay. Fertil Steril. 1987;47(2):265-9.
11. Alvarez F, Brache V, Fernandez E, Guerrero B, Guiloff E, Hess R, et al. New insights on the mode of action of intrauterine contraceptive devices in women. Fertil Steril. 1988;49(5):768-73.