

The morning after: Distinct benefits of Plan B

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In December advisers to the Food and Drug Administration recommended that a “morning-after pill,” previously available only by prescription, be made available to U.S. consumers over the counter. The pill, marketed as “Preven” and “Plan B,” is not the same as RU-486, the “abortion pill” that terminates development of a fertilized egg in the uterus. The morning-after pill is essentially a concentrated dose of the progestin and estrogen found in birth-control pills. Taken no more than 72 hours after intercourse (24 hours is best), the pills are 89 percent effective in preventing pregnancy.

The morning-after pills delay ovulation and interfere with fertilization. They may also prevent a fertilized egg from being implanted in the uterine wall. In some people’s eyes, this last effect constitutes abortion—so for hard-line foes of all abortion, the pills are objectionable.

What is welcome about the morning-after pill, however, is that it promises to reduce the overall number of abortions. A study done in 2000—when the pills were available only by prescription—found that 51,000 abortions had been prevented. Some observers believe that the morning-after pill will cut in half the 3 million unwanted pregnancies in this country. In doing so, it will also reduce the number of abortions (which now total over 800,000 a year).

Critics of the expected FDA action worry that the availability of the pill will negatively affect women’s health and sexual behavior. Will it encourage women to avoid doctors? Will it lead women to rely on an emergency dose of pills rather than a safer, modulated regimen of birth control? Will it promote casual sex and increase the transmission of sexual diseases?

These are valid questions. Much needs to be done to make sure that women understand the medical impact of their birth control choices. Much needs to be done to help women and men make sexual choices that have integrity, honor the body,

and respect the high calling of parenthood and marriage. These challenges could be heightened by the availability of a morning-after pill.

But the possible downside is offset by some distinct benefits. It seems to us a good idea to give women who wish to terminate a pregnancy the option of doing so at the very earliest—and morally preferable—stage rather than later. It's also a good idea to provide a method that reduces the total number of abortions.