

Reproductive Control
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“The control of reproductive capacity is at the heart of women’s self governance and moral personhood”

Amicus Brief
Planned Parenthood v Casey
Supreme Court 1991

What is CHOICE

Do we really have CHOICE

Is it really choice when you only have.....choices that suck?

Reproductive Control
The personal is political

When you do not have a choice

Power and Control
Whose in power
Who is in control

Reproductive Justice

Ability to choose if, when, how to have children regardless of race, class, gender, nation status, ability

Viewpoint that considers structural abuses of power over entire communities and not just individuals

Stratified Reproduction

Access and services based on socio-economic position

Wealthy utilizing assistive reproductive technologies to get pregnant

Poor women critiqued for having ‘too many children’

Contraception

61 million women in US ages 15-44

Average US woman plans 2 children...so would need ~30 years of birth control

10% of women who do not wish to become pregnant are not using any method but are having sex

50% of pregnancies in the US are unplanned

Types of Birth Control

Abstinence

Hormonal Methods (Ring, DEPO (shot), Pill, and Patch)

Intra-Uterine Contraception (IUC)

Implants
Barrier Methods
Sterilization

“The Pill”

“Combined Hormonal Contraception” (CHCs)

History of the Pill: Activism at Work

First available early 1960s (Enovid)

Margaret Sanger, activist 1910's-1960's

“Personal is Political.”

Controversial: Eugenics (improve “hereditary” traits through social policy) and anti-choice.

Founder of American Birth Control League in 1921 (later to become Planned Parenthood).

Risks and Benefits

Decreased Risk of some types of cancer

Reduction of painful periods

Control over cycles

Improved acne

Cancer

Unwanted side effects that are “nuisance” factors

Break through bleeding

Nausea

Weight Gain

Mood changes

Blood Clots

The Ring”

“The Shot”

Natural Family Planning

Calendar Method

Fertility awareness

Components

Calculation of “risk” days

Cervical mucus

Basal Body Temp

Lactation Amenorrhea

LARCs: Long Acting Reversible Contraceptives

LARCs effectiveness

Colorado study (2014)

Low income young women age 15-24

Had increased access to LARC products

Decreased pregnancy rates (29% in 15-19yo, 14% in 20-24yo)
Decreased abortion rates (34% in 15-19yo, 18% in 20-24yo)

Cost of contraception?

IUC- \$800-1300 insertion
Implant \$500-800
Pills \$15-80/month
Female condoms \$2 each
Male condoms \$1 each

Insurance coverage!!

Emergency Contraception:

if emergency contraception was widely used.....

Unintended pregnancy would be reduced by about 1.5 million per year

Abortion would be reduced by about 700,000 per year
Regular contraceptives used in a different way
Prevent pregnancy after intercourse
Inhibit ovulation, fertilization, or implantation

Emergency Options in the United States

Progestrone pills- Plan B
Ella
Emergency Copper-T IUD insertion
Copper-T IUD (ParaGard)
Insertion within 5 days after unprotected intercourse
10 more years of highly effective contraception
Much more effective than ECPs

How MIGHT ECPs Work?

Inhibit ovulation
Trap sperm in thickened cervical mucus
Inhibit tubal transport of egg or sperm
Interfere with fertilization, early cell division, or transport of embryo
Prevent implantation by disrupting the uterine lining

Emergency Contraceptives (*cont*)

Do not cause abortion: Not to be confused with RU486

Will not interrupt or harm an established pregnancy

Definition of Pregnancy

NIH/FDA

“Pregnancy encompasses the period of time from confirmation of implantation until expulsion or extraction of the fetus.”

ACOG

“Pregnancy is the state of a female after conception and until termination of the gestation.”

“Conception is the implantation of the blastocyst. It is not synonymous with fertilization; synonym: implantation.”

Timeline of Plan B approval

1990-FDA approved for prescription use.

2003-scientific advisory committee approve for OTC use.

2003-2006 lots of Plan B political chaos

August 2006: Plan B approved for 18+ OTC

March 23, 2009, in *Tummino v. Torti*, Federal judge Edward R. Korman ordered the FDA to approve "Plan B" emergency contraception for over-the-counter distribution to women age 17 and older. *Tummino v. Torti*, 603 F. Supp. 2d 519 (E.D.N.Y. 2009).

December 2011: Director Health and Human Services overrides FDA recommendation to have plan B available OTC for <17year olds.

April 2013 Judge orders FDA to make single pill EC available without age restriction or point of sale, June FDA approves

Goal: planned and desired pregnancies

Unintended Pregnancy

45% of pregnancies are unintended

Almost 3 million per year

Unplanned is not equal to undesired

How to reduce unintended pregnancy rates

Reduce the number of women/individuals having sexual intercourse without a contraceptive method

Increase correct and consistent use

Improve the methods available to reduce failure rates and increase user acceptance of the methods

How common are abortions?

1/4-1/3 of all women in the U.S. will have at least one abortion in their lifetime.

If this is true, why are people not talking about it?

A common and safe surgical procedure in the United States.

Roe v Wade

Supreme Court Case in 1973.

Determined a woman along with the physician has the right to choose whether or not to terminate a pregnancy.

Gave power to states to determine legality of third trimester abortions, except in cases where life of women at risk.

Ruled unconstitutional in Dobbs v Jackson Women's Health Organization June 24, 2022

Legal status transferred back to the state laws

Abortion Care and Rights

"Barriers" or "Safety"

Trimester?

52% of all abortions occur before the 9th week of pregnancy.

90% of all abortions occur within the first trimester.

Hyde Amendment - A legislative provision barring the use of federal funds to pay for abortion except to save the life of the woman (1976), or if the pregnancy arises from incest or rape (1993).

Mexico City Policy

Global Gag Rule"

1994 – Ronald Reagan, United Nations International Conference on Population and Development

Any Non Governmental Organization that receives US AID funds cannot be directly, or indirectly, involved with abortion

Two court rulings contributed to the policy being use only against foreign NGOs, not US NGOs

Planned parenthood and Title X

"Defunding" Planned Parenthood

41% of Title X patients are seen at Planned Parenthood

Only provide unsolicited information on abstinence and natural family planning

Provide list of resources for prenatal care to all pregnant people

Michigan Legislation

Required 24 hour consent (PA 133).

Under 18 require parental consent or judicial bypass (PA 211).

Gestational age no greater than 24 weeks (PA 135).

Medicaid cannot pay for pregnancy termination (PA 59).

Required abortion reporting to the State (PA 368).

Clinics/health care professionals are not required to discuss all pregnancy options-including abortion (PA 368).

Abortion may not be taught as a method of reproductive health in public schools (PA 226).

Priority of Family Planning Budget given to non-abortion clinics; PP provides 1/3 of services in state (PA 360).

Michigan Summer- Fall 2022

1931 abortion law: Any person who shall wilfully administer to any pregnant woman any medicine, drug, substance or thing whatever, or shall employ any instrument or other means whatever, with intent thereby to procure the miscarriage of any such woman, unless the same shall have been necessary to preserve the life of such woman, shall be guilty of a felony.

Michigan Court of Claims blocks enforcement (may 2022)

Aug back and forth legal rulings

Sept 6 Mi Court of Claims 'permanently' ruled that 1931 law is unconstitutional

Michigan November- Proposal 3

“Every individual has a fundamental right to reproductive freedom, which entails the right to make and effectuate decisions about all matters relating to pregnancy, including but not limited to prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care.”

Promote Women's Agency

Women should have control over their bodies, including their eggs, embryos or conceptuses.

Reproduction should not be inappropriately medicalized

Women should not be physically or financially exploited or coerced in any of the facets of traditional or non-traditional reproduction.

No clinic, legislature or court should be able to screen out people who want to use new reproductive methods and technologies by claiming they would be unfit parents or that their family arrangements were unsuitable.

Women should not be blamed or criticized for choosing how, if and when to reproduce

Financial or family status should not determine a women's ability to control the timing of reproduction.

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