

# OVERVIEW OF THE PILL

## THE BEGINNINGS OF THE PILL

---

In 1916, Margaret Sanger, the founder of Planned Parenthood Federation of America (PPFA), opened the first birth control clinic in the United States with the goal of providing all women with the means to control their reproductive health. In 1950, Sanger and philanthropist Katharine Dexter McCormick began underwriting research for an oral contraceptive made from progestin and estrogen. McCormick, who like Sanger was in her 70s, provided the lion's share of the funding for the pill's research.

The major breakthrough in the research for the pill came from a traditional form of contraception: the Barbasco root. A researcher named Russell Marker discovered that generations of Mexican women had been eating this plant — a type of wild yam — for contraception. From these yams, Marker was able to extract the progestin that the scientists working on the pill were able to combine with estrogen to formulate the first birth control pill.

## BRINGING THE PILL TO MARKET

---

Once a formula was developed for the pill, production of the pill and the process for approval quickly started to fall into place. In 1956, the pill went to clinical trials, and in 1957, the U.S. Food and Drug Administration (FDA) approved it for women to use to regulate their periods. During this time many women took the pill for its well-known contraceptive “side-effects.” Eventually, on May 9, 1960, the Advisory Committee of the FDA approved the use of this drug — called Enovid — for contraceptive purposes. Full approval by the FDA followed on June 23.

However, use of the pill for contraception in all 48 states did not occur until 1965, when the U.S. Supreme Court found in favor of Estelle Griswold, executive director of the Planned Parenthood League of Connecticut, in *Griswold v. Connecticut*, which protected the Constitutional right of married couples to use birth control without government interference.

## IMPROVING SAFETY AND ACCESS

---

The late 1960s and early 1970s saw controversy about the safety of the pill, with some arguing that side effects from use of the pill did not warrant its use. In 1970, Senator Gaylord Nelson (D-WI) convened hearings to explore whether the pill was dangerous for the human body and whether or not women who used the pill had enough information about possible risks and side effects to make informed decisions about taking it. Feminists of the day demonstrated against Nelson's hearings because no women were asked to speak about their experiences with the pill. The hearings did contribute, however, to the FDA's eventual decision

that pill packaging must contain an insert with information about possible risks and side effects. Over time, formulations of the pill improved with significant reductions in amount of hormones, and the kinds of information about the pill that the FDA demanded be made available was similar to the kinds of information the FDA later insisted upon regarding other medications.

Despite controversies around the pill, President Richard M. Nixon signed into law Title X of the Public Health Services Act in 1970, which provided federal support and funding for family planning services. Working with Title X grants, Planned Parenthood was able to provide access to the pill to hundreds of thousands of low-income women across America, who previously did not have access to the pill.

The U.S. Supreme Court's 1972 decision in *Eisenstadt v. Baird* gave Planned Parenthood the green light to provide all women — not just married women — an effective way to prevent unintended pregnancy. Planned Parenthood's outreach to young women in the '70s and '80s made the final decades of the sexual revolution a safer experience.

## THE PILL IN PRESENT DAY

---

Today the pill remains the most popular reversible method of contraception in America. Nearly 19 percent of all women between 15 and 44 use the pill, which is nearly 30 percent of all women who use birth control. Despite the availability of the pill and other safe and effective forms of contraception, too many women still cannot afford to pay for family planning. Millions of women lack health insurance and many of them cannot pay the full cost on their own. The historic health care reform bill, which was signed into law by President Obama in March 2010 has the potential of extending coverage for family planning to many millions of women as part of the Women's Health Act — which would provide preventive care to women at no or low-cost. Planned Parenthood is working to ensure that the pill and other forms of contraception that women decide are best for them are included as elements of preventive care as the administration writes new rules and regulations to implement health care reform.

The approval of the birth control pill in the United States changed the lives of women and men around the globe. In May 2010 — the 50th anniversary of the approval of the pill in the United States — Planned Parenthood leaders spoke out about the incredible contributions of the pill in ongoing advancements in women's health. The pill has played a key role in the decline of unplanned pregnancies, fostering improved health, lower maternal and infant mortality, and improved education and employment among women worldwide.