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The Natural Methods for the Regulation of Fertility: the Authentic Alternative

by

Thomas W. Hilgers

The following is an address presented to a summit meeting on natural family planning sponsored by the Pontifical Council for the Family in December, 1992

I am honored and privileged to have this opportunity to be with all of you at this summit meeting on natural family planning. I wish to thank Alfonso Cardinal Lopez Trujillo for his invitation and all of the members of the Pontifical Council for their generosity and hospitality.

I have been asked to discuss with you what has become known as the Creighton Model Natural Family Planning System. This system obtained its name from my personal association, in its early days of development, with Creighton University School of Medicine in Omaha, Nebraska. This discussion will be, by its very nature, a summary of work that has been done and work that is currently ongoing.

The Creighton Model is referred to as a "model" as opposed to a "method" because it is an *integrated* education, research and service oriented system which meets the demands of the *allied health and medical professions* in the field of natural family planning. This system was specifically built to accomplish *accountability* and *competency* through a strong professional *infra-structure*. At the same time, it has been built within the context of a *Catholic ethical and moral service delivery framework*. It uses a standardized modification of the Billings' Ovulation Method in accomplishing these goals.

I personally became involved in natural family planning with a research project I did as a senior medical student in 1968. As I investigated the salivary albumin concentrations in women during the course of their menstrual cycles, I was looking for a reported decrease in albumin around the time of ovulation. Unfortunately, a project which I had no doubt would solve the problems related to natural family planning (sic), proved to be not a very good idea.

When I was first introduced to Dr. John Billings in 1972, I was also introduced to a new method of natural family planning called the Ovulation Method. I was

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intrigued by this new concept in natural family planning mainly because of its *versatility*. It was a method which could be used by couples of any reproductive background. As a physician, and especially as an obstetrician-gynecologist, versatility ranked high on my list of primary service delivery goals.

As I completed my training in obstetrics and gynecology, I was able to establish a natural family planning research center at St. Louis University School of Medicine. This began in 1976 under a grant from the Missouri Department of Health. It was at the St. Louis University Natural Family Planning Center that we received a research grant from the National Institutes of Health to investigate the various hormonal correlates to the observation of the Peak day. It was also here that the beginning concepts of standardization were developed with special reference to our development of a standardized observational system for the cervical mucus and the development of a Picture Dictionary for use in teaching.

At the beginning of this work in 1976, a research team was put together which included K. Diane Daly, RN, CNFPE, Ann. M. Prebil, BSN, RN, CNFPE and Susan K. Hilgers, BS, CNFPE. This team has been together since 1976 in its work with the Creighton Model.

We first trained natural family planning teachers in 1978 and first described the Creighton Model in 1980. By this time, our work had moved to the Creighton University Natural Family Planning Education and Research Center, a full division within the Department of Obstetrics and Gynecology at Creighton University School of Medicine (a Jesuit institution).

In September 1985, in response to the call from Pope Paul VI, in his encyclical letter *Humanae Vitae* to "men of science", we ventured out into the development of the Pope Paul VI Institute for the Study of Human Reproduction. This Institute is a comprehensive, full-fledged Institute for the Study of Human Reproduction with its own *radioimmunoassay laboratory* for the study of reproductive hormones, a dedicated *reproductive ultrasound center* and an extensive, nationally oriented *patient care center*.

The Creighton Model has been built upon the foundation of *standardization*. Standardization is a recognized medical concept which has been applied to a variety of various scientific and medical endeavors. A good example of standardization which many people would easily understand is the work that has been done over the years in the field of cytopathology. While it was Dr. George Papanicolou who was responsible for the development of the "Pap" smear (a name which was given to this cancer screening test because of Dr. Papanicolou's work), it was left to later investigators to standardize the cytopathologic criteria upon which this test could be used on a widespread basis and could be read — not by physicians, but by allied health professionals.

It has not been often that standardization concepts have been applied to an educational system. All too often, such approaches have been viewed as rigid and too structured to be of value. However, in our work with natural family planning, we began to see the value of standardization because it gave us a much improved ability to approach the management of easy and difficult cases. In our hands, in other words, it actually made the teaching and the use of natural family planning easier.

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Creighton Model standardization concepts allow for a *uniform* and *measurable* teaching and use of natural family planning to be accomplished. It assures that *accurate transfer* of information and knowledge takes place so that the client couples *all* are subject to a sound educational system.

At the same time, and very important, it assures *equal-access* to use related information and knowledge provided in an orderly and progressive fashion. Because of standardization, *advancement in our understanding* of natural family planning can more easily be made because a variety of different intangibles can be controlled for.

In order to accomplish standardization in an educational setting, there were a number of tools or teaching aids that were developed. These involved the use of a standardized *introductory presentation*, an *introductory booklet*, a *follow-up form* which is used from one follow-up to another (to produce a unifrom and consistent transfer of information which can also be properly documented), *individual follow-up*, the use of a scientifically developed *Picture Dictionary* which allows for a presentation of the basic terminology which is used in recording the mucus observations and, finally, there was developed a standardized *Vaginal Discharge Recording System* (VDRS) which not only simplified the overall recording of observations but also made them significantly more accurate. Other teaching aids that were involved in the standardization process included the charting system, various assessment forms which are used to measure learning capacity, pregnancy evaluation forms and so forth. In effect, a completely new educational technology in natural family planning was developed.

One of the unique features of the Creighton Model is its *case management* approach. This approach was introduced as a result of Creighton Model research. It is a *comprehensive* and *prioritized* approach to the management of difficult cases. It is a benefit of standardization and allows for *complex problem solving* to occur. In addition, it allows for a very holistic approach to be taken to the client couples and instead of the teaching system being rigid, helps it to become liberating.

The Creighton Model is an integrated allied health and medical education system for natural family planning. The *basic natural family planning teacher* is the Natural Family Planning Practitioner (NFPP.). *Curriculum management* is accomplished through advanced level Natural Family Planning Educators (NFPE) and Supervisors (NFPS). *Curriculum support* is provided by Natural Family Planning Medical Consultants (NFPMC) and Clergy and Religious who may also be trained through the Creighton Model System.

Most recently, an advanced level *reproductive medicine fellowship* for obstetricians and gynecologists has been implemented. This program integrates advanced medical skills in *laser surgery, microsurgery, reproductive ultrasound, high risk pregnancy management, transcervical tubal catherization* and *reproductive endocrinology* with the principles of Creighton Model Natural Family Planning. The only program of the Creighton Model, devised in 1980, that has not yet been fully developed is the *Natural Family Planning Nurse Practitioner* (NFPNP) Program which is still in the developmental stages.

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The Creighton Model education curriculum concepts are based upon an allied health model in which there are *theoretical* and *clincial phases* of education. The Natural Family Planning Practitioner is exposed to a 13 month core curriculum in which there are two theoretical phases, nine and seven days in duration. These phases are based upon a *total immersion education concept* in which the individual student is literally immersed in natural family planning for these two periods of time.

After the completion of each phase, the student is exposed to a *supervised* practicum of which there are two. These are five and eight months in duration. These practica are *clinical experiences* in which the student is actually teaching natural family planning under direct — although usually long distance — supervision by a trained Natural Family Planning Educator or Supervisor.

At about nine or ten months into the program, the supervisory person conducts an *on-site visitation* of the individual students at their home location so that they can view their natural family planning teaching in person. At the conclusion of this 13 month period, the student completes a criterion referenced certification examination which covers the entire year's work.

It might be helpful to point out that our students are exposed to all of the different methods of natural family planning during the course of their training. We feel it is extremely important for our Natural Family Planning Practitioners to have a solid foundation upon which their understanding of natural family planning is built. Thus, they are instructed in the various Sympto-Thermal methodologies as well as calendar methods and whatever is known in the light of the various technological systems.

The natural family planning curriculum is managed, directed and carried out by advanced level Natural Family Planning Educators. These are individuals who are trained Natural Family Planning Practitioners, have the equivalent of a bachelors degree or are registered nurses, have one year of teaching experience beyond their practitioner year and have undergone an additional 13 month training program as a Natural Family Planning Educator.

Since we began training teachers in 1978, we have trained 434 natural planning teachers. In addition, we have trained 46 Natural Family Planning Supervisors and Educators, 41 Medical Consultants, 11 Clergy and Religious and two people have completed our reproductive medicine fellowship with a third person currently in that fellowship and two additional physicians about to enter the program. Four additional off-campus Creighton Model NFP education programs are currently operational.

The Creighton Model Research and Development Program involves a comprehensive program of research as one of its foundations. These programs are currently ongoing at the Pope Paul VI Institute.

In the basic science areas, we have been involved in various hormone correlation studies with specific reference and interests in ovulation and the ovulatory event. Correlation studies between the endocervical mucus secretions and vulvar mucus observations have also been done, along with various use-effectiveness studies and, more recently, the discovery of the *empty follicle syndrome* — a syndrome in infertility which is detected with the use of very

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carefully performed transvaginal ultrasound.

Much of our effort over the last twelve years has gone into curriculum development and implementation along with the implementation of objective and measurable standards of performance. This has allowed for professional *certification, accreditation* and *service program approval* to be accomplished. The vehicle for accomplishing this is the *American Academy of Natural Family Planning.*

Our research is ongoing in clinical areas with development of a new reproductive science called NaProTechnology.

What we have been working on in the Creighton Model Research Program over the last 16 years has been the development of a strong *infrastructure* for the future development of natural family planning in an American environment. To accomplish this it was necessary to have a standardized natural family planning system to work with. In addition to that, because natural family planning is generally weak in the area of its own research methods, some rather considerable effort has gone into the development of various research methods that are specific to the evolving science which is natural family planning.

In order to assess competency in teachers and education programs, it was necessary to develop objective, measurable and professional standards for competency assurance. This project took about eight years to its final completion.

In addition, the development of the American Academy of Natural Family Planning, which was first organized in 1981, has been a major task to put together an organization which would meet the demands of the allied health professions.

Finally let me just summarize our current work. A new science has been developed at the Pope Paul VI Institute as the result of its work with the standardized modification of the Billings' Ovulation Method. This new science has been called *NaProTechnology* because it is the study of the natural procreative systems and how one can work medically in a *cooperative fashion* with them. It is a means through which we can encourage greater physician involvement in natural family planning and expand NFP's ability to serve women and couples.

Over the last 30 years, medicine has been involved in various artificial reproductive technologies which effectively *destroy* and *suppress* the procreative potential. With our interest in the gynecologic and reproductive components of ovulation and the menstrual cycle, we have slowly, over the past twelve years, been able to develop, to a sufficient degree, a medical science which allows for the evaluation and treatment of women who have a variety of gynecologic and reproductive disorders in a way which cooperates with their normally existing fertility. We can also medically normalize difficult cases where the difficulty might arise as the result of a physiological abnormality.

NaPro Technology is a cooperative evaluation and treatment concept. Instead of suppressing or destroying the natural procreative potential, it cooperates with it, enhances it and allows human fertilty to be protected and maintained. Progress has been made at the evaluation and treatment of various reproductive problems, ovarian cysts, unusual bleeding, premenstrual syndrome, chronic discharges and the dating of the beginning of pregnancy. In addition, natural family planning has

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become a very helpful tool in furthering our understanding of *acute* and *chronic* stress.

In the future, we expect that the Creighton Model will further extend the applications of natural family planning within the context of NaPro Technology. It will do this by developing *pre-crisis intervention systems* where individuals can receive help *prior* to experiencing an abortion trauma, *prior to* a considered tubal sterilization, *prior to* their encountering marital difficulties, etc. In other words, many of these, it is hoped, could be prevented with a well developed pre-crisis program built upon a NaPro Technological system of pre-crisis *identification* of problems.

At the same time, progress is being made in the post-crisis detection, intervention and assistance of a variety of other complicated areas which the close individual follow-up of the Creighton Model and its standardization allows to bring to the surface. We are beginning, more and more, to see and recognize women who have been sexually abused as children. Before too long, more specific identification criteria should be available to assist us in improving our detection ability. With detection we should then be able to obtain the appropriate degree of assistance for that person so that she can be helped to overcome the psychological and spiritual difficulties which this poses. Alcoholism is another area in which this may be helpful.

We believe that natural family planning is more than simply a method of avoiding pregnancy. We strongly believe that natural famiy planning is a system of knowing and understanding one's fertility and infertility so that the couple can make decisions with regard to the use of those days to *either* achieve or avoid pregnancy according to their own wishes. However, at the same time, a good understanding and knowledge of these natural sequences of fertility and infertility gives us insight and information into a whole variety of physiologic, pathophysiologic, psychologic and spiritual disorders that, with further research, refinement and education should allow natural family planning the opportunity to not only provide natural family planning services but also provide comprehensive services to couples affording them the opportunity to go beyond family planning to improved reproductive and gynecologic health along with enhancement and enrichment of their marriage relationships.

The Creighton Model has served to help us delve into many areas. It is a yet unfinished model and only recently has the infrastructure of the model been completed so that future expansion of services can occur, Speaking on behalf of our research and education team, I can tell you that we are enthusiastically looking forward to these challenges.

Once again, I wish to thank the organizers of this meeting for allowing me this opportunity to discuss the Creighton Model Natural Family Planning System.

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