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Accepted version. *The National Catholic Bioethics Quarterly*, Vol. 9, No. 2 (Summer 2009): 305-323.

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The Catholic Physician and Natural Family Planning:
Helping to Build a Culture of Life

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"The Church is grateful to those who, with personal sacrifice and often unacknowledged dedication, devote themselves to the study and spread of these methods, as well to the promotion of education in the moral values which they presuppose." John Paul II, Evangelium Vitae"97.

Introduction

I teach an online theory course in natural family planning (NFP) for health professionals (i.e., professional nurses, advanced practice nurses, physicians, and physician assistants) at a Catholic, Jesuit university college of nursing. The course is part of a 6 credit teacher training program designed for health professionals to learn how to provide NFP services. In the first week of the training program, students are asked to introduce themselves and briefly to indicate why they are interested in providing NFP services. The comments from the students are usually fascinating, at times inspiring, and frequently hopeful. This semester one student's comments struck me more than usual. This student is an advanced practice nurse who works in labor and delivery at a Catholic hospital in Milwaukee, Wisconsin. She said:

I am married to my high school sweetheart. We met when I was 15 and he was 16, and dated all through high school—then through college. We were confirmed together when we were freshmen. I was raised Catholic, but fell away from the Church when I was a teenager because my parents left the Church. My husband had been baptized Catholic, but his family never practiced. We felt a calling back to the Church when we came to Marquette. We were married in 2001 and at that time were contracepting. We had received some bad counsel that the "no birth control" rule was an old-fashioned teaching and that nobody followed that anymore. One day, at work, one of the OB/Gyn's I work with (I was a labor and delivery nurse at the time) got into a conversation about birth control and he explained the Church's teachings in a way nobody ever had before. The next day, in my mailbox, he had left me "Contraception, Why Not" a cassette tape of a lecture by Janet E. Smith. After listening to the lecture, my husband and I signed up for a course in NFP offered at my hospital. We began practicing the Marquette model of NFP initially with the idea of postponing pregnancy. I was very fortunate that I began charting at this time, because I found out that I was not ovulating—this finally explained

why I had always had very irregular cycles! After a short workup, I found out I had PCOS and a hypoactive thyroid. If I hadn't ever charted, I might never have known these things. Because I found these things out, I was able to start taking metformin and synthroid, and now I ovulate every cycle.

I have now been informally educating my friends and family (and anyone who will listen) about NFP. I truly feel that every woman, regardless of her moral beliefs regarding contraception, should be taught to observe her fertility signs—it's an important women's health issue! I look forward to becoming an expert in educating women and couples about NFP/fertility awareness.

This statement illustrates how a Catholic physician took time to witness and explain the Church's teaching on family planning. It also shows that his efforts made a big difference in the life of one Catholic nurse and her spouse. This is just one example of how Catholic physicians and Catholic health care professionals can help build a culture of life, i.e., by witnessing and gently explaining the truth.

This paper is based on an answer to a question from Theresa Notare, Ph.D., director of the Natural Family Planning Program of the United States Conference of Catholic Bishops (USCCB). She asked me and Kathleen Raviele, M.D., the president of the Catholic Medical Association at that time, what Catholic scientists and physicians can do to promote natural family planning and what could the Catholic Church in the United States do to help physicians and health professionals promote NFP. This paper is essentially my answer to Dr. Notare, but instead of just listing some of my ideas, I framed the answer in the context provided by former Popes, and especially John Paul II and his call to help build a culture of life in his encyclical *Evangelium Vitae*.¹ This paper reviews the Church's historical call to health professionals to study and teach natural family planning methods, briefly analyzes the current state of NFP in Catholic health care, and provides an answer to Dr. Notare from the perspectives of research, education, and practice.

The Church's call to Health Professionals

The Catholic Church, particularly in its papal teachings, has slowly developed its understanding of NFP over the past 75 years – from a tentative approval of its usage to recommending NFP as a tool for advancing a culture of life. Although the question of abstaining from intercourse during the estimated fertile phase of the menstrual cycle as a means to avoid pregnancy was addressed by the Sacred Penitentiary in the 1800s (1853 and 1880), it was not until Pius XI proclaimed the encyclical *Casti Cannubii* (On Christian Marriage) on December 31, 1931, that the Catholic Church formally approved the use of periodic abstinence during the fertile phase.² He declared “nor must married people be considered to act against the order of nature, if they make use of their rights according to sound and natural reason, even though no new life can thence arise on account of circumstances of time or the existence of some defect.” Although the intent of this document was to condemn the use of contraception as a response to the Lambeth conference (in which the Anglican Church or Church of England for the first time allowed the use of contraception for serious reasons within marriage) the Pope also saw the developing need for a natural method of family planning and for viewing the marriage act as more than just for procreation. He stated “there are secondary ends, such as mutual aid, the cultivation of mutual love, and the quieting of concupiscence which husband and wife are not forbidden to consider so long as they are subordinated to the primary and so long as the intrinsic nature of the act is preserved.”³

About the same time that *Casti Cannubii* was proclaimed, the first effective calendar-based methods of natural birth regulation were being researched, presented at medical conferences, and made known to the European, Japanese, and United States populations.⁴ Pope Pius XI most likely was informed about the developing reproductive science and the first

evidenced based (calendar) methods of NFP that were just emerging into the world of medicine and applied to large groups of couples. However, there was much skepticism concerning the various theories about the infertile time of the menstrual cycle -- so too many clergy were still advocating inaccurate methods of avoiding the fertile phase of the menstrual cycle.⁵

There was little support for the promotion and development of natural methods in the early 1930s within the medical profession and the Church. One of the early Catholic physicians (Dr. Leo Latz, M.D.) who wrote about and promoted the first calendar-based method in the United States was dismissed from his position at Loyola University Medical School. At this time, priests were not encouraged to promote natural methods of family planning, but, rather, only to suggest their use in the confessional when there were grave reasons for their use. There was much doubt among Catholic physicians whether these methods actually worked and whether they were moral.⁶ However, there was a great need for these methods among the Catholic and the general population. Latz wrote and was able to sell thousands of a small blue book titled “The Rhythm of the Fertility and Sterility of Women” to couples and health care professionals throughout the US during the 1930s and 40s.⁷ His book stimulated the use of the word “rhythm” as the one word term for the calendar method of NFP and provided very simple instructions and formulas on how to avoid pregnancy naturally. His book gave direct knowledge of his simple method to health professionals and couples alike.

It was not until 1951, when Pope Pius XII gave an address to the Italian Catholic Union of Obstetrical Nurses that the use of NFP was elevated to something more than to be mentioned quietly in the confessional.⁸ The pope not only provided a mandate to these nurses that it was their duty to learn about natural methods of birth regulation, but also to “know and defend the moral law.” Therefore, there is a dual duty for Catholic healthcare providers, not only to

understand and provide natural methods, but also to know and defend the moral law. In the same address he stated that these methods are to be used for serious reasons only. Later that year, Pius XII gave an address to a congress on large families.⁹ At that congress he stated that he hoped scientists would provide a secure base for the natural methods of birth regulation, that Catholic scientists should “bend their backs” to this problem, and that Catholic medical and research faculties should do all they can to meet this need and in doing so, be eager to serve the Lord.

During the 1950s advancements in NFP occurred with the development of single indexed methods (i.e., utilizing cervical mucus observations as the sole estimator of the fertile phase of the menstrual cycle) and multiple indexed methods or symptom-thermal methods of NFP (i.e., utilizing basal body temperature measurements along with cervical mucus observations and calendar formulas to estimate the fertile window). At the same time that the newer methods of NFP were being developed and tested, other reproductive scientists were developing and refining the first hormonal contraceptive pill. One of the physicians responsible for the development and clinical research on the pill was John Rock, a Harvard trained Catholic physician who advocated for the Church to change its teaching on contraception and, as a result, stimulated confusion on the morality of the hormonal contraceptive pill.¹⁰ In response to the development of the new anovulant progestational pill, Pope Pius XII in a 1958 address to the Italian Congress of Hematologists stated that the use of such pills would be against the natural law and would be illicit.¹¹ However, he did say that it would be licit to use these drugs to treat serious organic disorders.

Pius XII died in 1958, and the new “caretaker” pope, John XXIII, determined that the Catholic Church, in order to address the concerns in the modern world, needed to convene an international ecumenical council. Originally, one of the documents to be addressed in the

general sessions of the council was a document on the transmission of human life.¹² However, Archbishop (and later Cardinal) Leo Joseph Suenens from Belgium persuaded Pope John to take the document out of the general council and to have a special commission of theologians and scientists discuss this important issue. What we now call the Papal Birth Control Commission grew from six members to over seventy-five members and met over a three year time period.¹³ In 1966 they completed their task by submitting a majority and a minority report to Pope Paul VI. The majority report recommended that the Church needed to change its teaching on contraception. Reasons given for the change were that some of the members felt “rhythm” was harmful to marriage, and that, as long as couples were generally open to life, contraception could be used in good conscience. They also expressed a need to emphasize a more “personalistic” view of marriage.¹⁴ The report was not to be shared with others outside of the commission and was meant only for use by the Pope. However, some members of the commission felt compelled to leak the report to the press.¹⁵ The result was great expectations that the Church would change its teachings on contraception.

It should be pointed out that, although the document on marriage was pulled from the general assembly, the Pope and the council were not silent on the matter of the proper transmission of human life within marriage. In 1964, in an address to the Cardinals of the Church, Paul VI mentioned that “the problem on everyone’s lips goes by the name of birth control”... but it was clear “no one should arrogate to himself the right to take a stand differing from the norm now in force.”¹⁶ Nor were the fathers of the Vatican Council silent on the matter. In the 1965 Vatican II document *Gaudium et Spes* (Church in the Modern World), the authors were very clear in the section on marriage and married life that the faithful are “forbidden to use methods (of birth regulation) disapproved of by the teaching authority of the Church in its

interpretation of the divine law.” The references provided for this statement were the encyclical *Casti Conubii* and Pope Pius XII allocution to the Italian nurse midwives.¹⁷ Further in the document, the authors again call on Catholic experts in this area, particularly in universities, to study the problem and pursue their research in this area. The section ends stating that people should be informed of the scientific advances in methods of natural birth regulation “whenever the value of these methods has been thoroughly proved and their conformity with the moral order established.”

In response to advances in hormonal contraception, to international concerns about problems of world population, to the confusion about the hormonal pill, and to the majority report of the papal birth control commission, Pope Paul VI issued his encyclical *Humanae Vitae* on July 25, 1968.¹⁸ In that document he not only lists the illicit means of family planning (i.e., contraception, sterilization, and abortion) but also called on scientists to develop natural methods of birth regulation and for health care professionals to acquire all of the knowledge on the topic of reproductive health. He saw that the proper role of physicians (and other health care professionals) was to give to those married persons who consult them wise counsel and healthy direction. To his brother priests he was clear that their first task is to expound the church’s teaching on marriage without ambiguity. However, he also said that these teachings must be accompanied by patience and goodness. To bishops he was emphatic that this mission was one of their most urgent at that time. Unfortunately, the encyclical was not received well by those various groups from whom the Pope asked for help in spreading and supporting his encyclical, i.e., Catholic physicians, priests, and bishops. This caused the Pope great anguish.

In a speech given in 1974 to the Secretary General of the United Nations in regards to world over-population concerns, Paul VI said that solutions to these problems must take into

account the demands of social justice with respect for the divine laws governing life, the dignity of the human person as well the freedom of peoples, the primary role of the family as well as the responsibility proper to married couples.¹⁹ These basic human values are even more relevant in today's world. That same year he gave an address to the 25th General Assembly of Pharmacology and again invited health professionals to deepen and broaden their knowledge about the Church's teaching on the grave question which, at the deepest level, concerns the concept of man.²⁰ Towards the end of his pontificate in 1977, in an allocution to the Congress of the International Federation of Family Life Promotion, he stated the importance of the knowledge of the biological laws of human fertility which can enhance a healthy regulation of births by natural methods and he stressed the need for more scientific research in this area by stating that "scientific research be intensified in this area."²¹ He also iterated that the scientific work should be coordinated and supported with funds which are proportionate to the issue in question and to the services rendered.

It was Pope John Paul II who elevated Church teaching on NFP to a new level through his development of the theology of the body, in addresses to promoters of NFP and to midwives, in the document *Familiaris Consortio* and, in particular, in the encyclical *Evangelium Vitae* (EV).²² Early in his Pontificate (November 3, 1979), he provided encouragement to the growing number of physicians and scientists addressing NFP "since at stake is the welfare of families and of societies in their legitimate concern to harmonize human fertility with their capabilities."²³ A few months later (January 26, 1980) in an address to midwives, he mentioned the important contribution they make in providing advice and practical guidance to couples wishing to carry out responsible procreation.²⁴

In *Familiaris Consortio*, he asked that scholars explicate the moral and anthropologic differences between contraception and natural birth regulation.²⁵ In *EV* he mentioned that the moral law obliges couples in every case to control the impulse of instinct and passion, and to respect the biological laws inscribed in their person.²⁶ He said that it is precisely this respect which makes legitimate, at the service of responsible procreation, the use of natural methods of regulating fertility. He also mentioned the effectiveness of NFP methods when he stated that an “honest appraisal” of their effectiveness should dispel certain prejudices which are still widely held, and should convince married couples, as well as health care and social workers, of the importance of proper training in this area.

A main concern of the Pope’s in this encyclical was the desire to build a culture of life that involves the implementation of long-term practical projects and initiatives inspired by the Gospel. He gave direction to this effort by saying that “at the first stage of life, centers for natural methods of regulating fertility should be promoted as a valuable help to responsible parenthood, in which all individuals, and in the first place the child, are recognized and respected in their own right.”²⁷ He also stated that a unique responsibility belongs to health care personnel: doctors, pharmacist, nurses, chaplains, men and women religious, administrators and volunteers. Further on in the encyclical, he stated that the work of education in the service of life involves the training of married couples in responsible procreation.²⁸ He also called on intellectuals to build a new culture, with a special challenge to Catholic intellectuals, who are called to be present and active in the leading centers where culture is formed, in schools and universities. A specific contribution will have to come from universities, particularly from Catholic universities, centers and institutes.

In summary, the Church's charge for Catholic health care professionals includes: 1) to continue to develop and research secure NFP methods for couples; 2) to learn about these methods, 3) to help couples to learn how to use them; 4) to develop centers of natural birth regulation; and 5) to utilize scholars and intellectuals at Catholic universities to understand, advance, and refine these methods. But in this endeavor the dignity of the human person, the divine law, the primary role of the family and the responsibility to married couples must be the guiding force.

State of NFP in the United States

Use of NFP among Women and Married Couples

In 1950, approximately 60% of married Catholic women used a natural form of birth control, by 1960 this number decreased to 32%, and by 1973 to only 3%.²⁹ The ever use of natural methods of family planning among married Catholic women in the U.S seems to have leveled off to around 2-3%. This is reflective of the national trend which shows that 3.9% of married U.S. women ever used a natural method in 1982, and about 2.0% in 1988, 1995, and 2002.³⁰ According to the 2002 statistics from the National Survey of Family Growth, there are only about 124,000 (0.2%) of women between the ages of 15-44 that are currently utilizing modern NFP methods (i.e., the temperature or cervical mucus methods) and about 0.4% of Catholic women.³¹ All of these 124,000 women are married.³²

In 2002, the three most common methods of contraception in order of frequency among Catholic women and among all women between the ages of 15 and 44 were sterilization (male and female combined), oral hormonal contraception (i.e., the pill), and the male condom.³³ Probably the most startling (and embarrassing) trend in contraceptive use among Catholic women between the ages of 15 and 44 is the rate of sterilization.³⁴ The use of sterilization

increases dramatically among Catholic couples after having 1-2 children and reaching the age of 40. These trends in contraceptive use among Catholic women reflect the national trend.

Of concern and interest is the increase in the percentage of Catholic Hispanic women using contraception. In 1988 the Hispanic group represented 18% of the total of Catholic women using some form of contraception and by 1995 this group had increased to over 33%. Another trend of importance is that Catholic women (of all ethnic and racial groups) who have one child or are childless use the pill as their most frequent method of contraception.³⁵ However, fifty-sixty percent of those Catholic women with two or more children who use contraception turn to sterilization. Sterilization is also used more frequently among formerly married, less educated, and poorer Catholic women, i.e., as compared to those Catholic women who are married, have more than a high school education, and who are at least 300% above the Federal poverty level in income.

Use of NFP among Catholic Physicians and Health Care Professionals

In 1968 (the year that the encyclical *Humanae Vitae* was released) there were approximately 10,000 members in the National Federation of Catholic Physician's Guilds (now called the Catholic Medical Association), but by 1969 this number had decreased to less than 1,000.³⁶ There was a dramatic decrease in membership after the release of *Humanae Vitae* in 1968, partly in response to the use of the pill and disagreement over the official stance of the organization. Today there are about 1,000 members in the CMA, a small number compared to the numbers in 1968, but the good news is that the numbers are growing, and these physicians are faithful to the teachings of the Catholic Church on contraception. There seems to be a renewed interest in integrating faith with the practice of medicine among these CMA members.

According to One More Soul (an organization that keeps track of NFP-only physicians), there are about 500 NFP-only physicians throughout the United States.³⁷

A number of studies have documented the lack of knowledge and use of NFP by health care professionals. German researchers interviewed 229 general practitioners and 237 gynecologists and discovered that only 6% prescribed NFP, and only 10% recommended the NFP method.³⁸ Italian researchers surveyed 121 Italian family practice physicians and found that more than 50% of the physicians knew little about NFP methods, 91.8% never or rarely recommended them, and only 8% would prescribe NFP for their patients.³⁹ Stanford, Thurman, and Lemaire surveyed family practice, general practice, internal medicine physicians, and obstetrician-gynecologists from the State of Missouri and found that only 10% of them offered NFP as a viable option to patients.⁴⁰

I have personally investigated the knowledge and use of NFP among professional nurses. In 1995 I surveyed 118 perinatal nurses and 48 physicians about their knowledge and use of NFP.⁴¹ Fifty-three percent of the nurses and 44% of the physicians responded that they would not advise the use of NFP to avoid pregnancy. The average amount of time that nurses and physicians were provided information about NFP in nursing or medical school was less than 1 hour. In 2001, I co-authored a study to determine the knowledge and use of NFP among a nationally randomized sample of 514 certified nurse midwives (CNMs) and found that the CNMs ranked NFP as one of the least effective family planning methods used in their practice, and that 92% of the respondents felt minimally prepared by their educational program to provide NFP services.⁴²

After reviewing health care providers' lack of preparation, I recommended that professional natural family planning teacher training programs be offered in nursing and medical

schools. Natural family planning teacher training fits well with professional nursing education in that NFP is holistic, behavioral, and educational in nature. Furthermore, researchers have demonstrated that when NFP is presented in a positive light to women patients by health care providers, as many as 43% of those patients express some interest in using NFP to avoid or achieve pregnancy.⁴³ A recent study with Mexican Americans indicated that at least 60% would be interested in such methods.⁴⁴

NFP Education for Health Professionals

There are few programs that exist specifically for physician and other health care professionals to learn how to provide NFP methods. There are a number of programs that exist to obtain NFP teacher training in the US for the general public that can be and are often taken by health professionals.⁴⁵ These programs utilize a number of educational approaches, including short 1-4 day workshops, and extensive continuing education training programs that include a supervised practice. The USCCB currently lists 18 local regional and national NFP teacher training programs that are not necessarily specific for health professionals and often include non-professional participants.

Three Catholic Universities in the United States offer training programs in NFP for health professionals. The Georgetown University Institute for Reproductive Health offers a short 2-3 hour online training program in what they call the Standard Days Method of NFP – a fixed day calendar method. After completing a short test, the participants receive an online certificate of completion from the University. Marquette University offers a 6 credit NFP teacher training program for health professionals, the training program includes a 3 credit NFP theory course and a 3 credit practice course. Both of these courses are offered only online. Saint Louis University School of Nursing also has an online NFP program for health professionals offered in a

continuing education format. Both the Marquette and Saint Louis University programs have USCCB approval.

The American Academy of Fertility Care Professionals is an organization that accredits teacher training in what is called the Creighton Model system of natural family planning. This organization lists 7 educational programs in the United States that have met academy accreditation standards. The largest of these is the Pope Paul VI Institute for the Study of Human Reproduction program. It is noteworthy that the Pope Paul VI program provides medical continuing education units through the Creighton University School of Medicine. The Couple to Couple League International (CCL) is a family oriented support organization that provides workshops on NFP for health professionals. The program introduces the participant to the Sympto-thermal approach to NFP and how the method can be applied to women's health. CCL does offer NFP teacher training in person or through distance education. However, only married couples are trained as CCL teachers. The Billings Ovulation Method – America organization provides NFP teacher-training programs for those interested in providing the Billings Ovulation Method. Other larger teacher training programs include the Family of the Americas Foundation (for the ovulation method) and Northwest Family Services (for the sympto-thermal method).

The Pope Paul VI Institute for the Study of Human Reproduction in affiliation with Creighton University School of Medicine Division of Continuing Medical Education provides one of the most extensive NFP teacher training programs. This program includes two intensive in-person educational phases and two supervised practica. Physicians, nurse practitioners, pharmacists, and nurse midwives can also integrate a medical consultant program into this course work. The Pope Paul VI program teaches the components of the Creighton Model (CrM) system of NFP -- a standardized form of the ovulation method of NFP.⁴⁶ The CrM medical consultants

are taught how to integrate NFP with women's health problems, which is called natural procreative technology or NaProTechnology. A recent study reported on the efficacy of NaProTechnology in helping sub-fertile women achieve pregnancy.⁴⁷

Research in NFP

There have been few new methods of NFP since the 1960s – over 40 years ago. There have been new methods that have been developed that are not practical (such as measuring expiratory CO₂ levels) or methods that are not very accurate, (such as visualizing salivary ferning with a miniature microscope) or methods that have not been widely used, (such as the Marquette Method of NFP that uses an electronic hormonal fertility monitor). There have been new developments in rules and methods of observing and charting existing indicators and the development of electronic aids to observations and charting fertility indicators and better training curriculums but no new methods. Even the Standard Days Method, recently developed by the Georgetown University Institute for Reproductive Health, is not a new method in that similar fixed day calendar systems of NFP existed in the 1950s and were tested in India.⁴⁸

Effectiveness of NFP methods are also being questioned and re-appraised. In 2004, a systematic review was reported in the medical and scientific literature on the efficacy of NFP methods.⁴⁹ The review found only two randomized clinical trials (the gold standard for determining effectiveness of medical interventions) that compared methods of NFP, and those studies were not of good quality. Another recent article mentioned that NFP was not effective for avoiding pregnancy, and that twenty-five women out of one hundred will achieve an unintended pregnancy with use over twelve months.⁵⁰ Physicians (whether or not they are Catholic and supportive of NFP) are not going to recommend methods that do not work well.

A recent letter from a Catholic and NFP sympathetic physician reflected this attitude when he stated in a recent issue of *Ethics and Medics* that “this is a serious issue. If one is going to promote NFP methods as a clinician and teacher, one must be ready to back them up with good-quality research, especially in academic circles.”⁵¹ Furthermore, he said that “ultimately the well-being of our patients and couples is at the center of our work. Therefore it is for them that we should strive to provide the best evidence in our recommendations.”

As an aside, I recently attended an international human fertility conference along with German physician/scientist from the University of Heidelberg. She mentioned to me that some years earlier as a member of a Vatican committee, she had met and discussed NFP with Cardinal Joseph Ratzinger and discussed with him NFP.⁵² The German bishops had at one time funded a European research group investigating NFP with the goal of providing the best methods for couples. The German bishops subsequently ceased their funding, apparently under the impression that our knowledge about NFP is complete. Cardinal Ratzinger reportedly remarked that the bishops decision would be like telling theologians that our knowledge about theology is complete and we should stop further scholarship.

Although there are a relatively few scientists interested in NFP methods, there are some very good research studies being conducted on the topic of NFP. The staff at the Institute for Reproductive Health at Georgetown University have developed two simplified forms of NFP: a fixed day calendar based method and a cervical secretions monitoring method and have tested the efficacy of both in multiple developing countries.⁵³ The European study Group on NFP (the one previously funded in part by the German bishops) has developed and tested the Double check method of NFP and found the typical use unintended pregnancy rate among European women to be on par with the use of the hormonal pill, i.e., only about eight un-intended

pregnancies per one hundred women over twelve months of use.⁵⁵ Scientists from the United States and Europe have been estimating the true fertile window and the day specific probabilities of pregnancy during the fertile window.⁵⁵ They have discovered that pregnancy can occur only during a six day interval (the day of ovulation and the five preceding days), that the two most fertile days are the two days before the day of ovulation, and that almost every day of the menstrual cycle has some probability of pregnancy.⁵⁶

One of the major advances in the science of reproductive cycle monitoring has been the development of simple urine tests for female reproductive hormones. Women now can measure metabolites of estrogen and luteinizing hormone in their urine to estimate the fertile window with greater accuracy.⁵⁷ Hand-held electronic hormonal fertility monitors are now available. In Europe they are used for avoiding pregnancy, but in the US they are used to monitor fertility for achieving pregnancy.⁵⁸ Randomized control trials are still needed to investigate the efficacy of these electronic devices for achieving and avoiding pregnancy. A recent clinical trial among women trying to achieve pregnancy with use of a hormonal electronic fertility monitor in comparison to a control group of women using random acts of intercourse showed a significant increase in cumulative pregnancy rates among the fertility monitor users over 3 cycles of use.⁵⁹

At Marquette University we have developed a method of NFP that integrates the use of an electronic hormonal fertility monitor. So far we have conducted 3 efficacy studies, (a prospective study, a retrospective study, and one comparison study).⁶⁰ The use of the monitor seems to bring objectivity, accuracy in identifying the fertile phase, and greater efficacy in helping couples to avoid pregnancy. We also have developed a protocol with use of the monitor for women who are not ovulating during breastfeeding and wish to avoid pregnancy.⁶¹ The transition from not ovulating to ovulating during breastfeeding and the subsequent

commencement of menstrual cycles is often a time when women become unintentionally pregnant. We are now conducting a randomized clinical trial to compare the use of the electronic hormonal fertility monitor to cervical mucus monitoring. The study participants access information on the methods online and utilize an online electronic charting system that automatically calculates their fertility phase. The participants have access to online discussion forums and online consultation with professional nurses, physicians, and a bioethicist.

Recommendations for the future

Research and Scholarship

One obvious direction for NFP research is to conduct randomized control trials on methods of NFP, i.e., clinical trials that compare one method of NFP with another. (To randomly compare NFP methods with contraceptive methods would be immoral for Catholic researchers.) Physicians and other evidenced based health professionals are not going to recommend or trust NFP methods unless there is solid evidence for their effectiveness. There is a need for NFP methods that are easier for the couple to use and easier for the instructors to teach.⁶² Currently, NFP methods, for the most part, are very teaching intensive and do not fit well into health care practices. Dr. Leo Latz in the 1930s developed a simple method that could be taught in a 12 minute session. The Georgetown IRH group has developed two simplified methods that can be easily taught and integrated into health care systems. Another way of reducing the time to teach NFP methods is by integrating NFP education with new technology, including teaching methods on the internet, use of pod casting, online chat rooms, and other types of educational technology. We also need research that investigates the efficacy and user satisfaction of Internet-based and other electronic and digital technology integrated with NFP services. Another important research area is the effects of NFP on marital dynamics. Are NFP methods harmful to the

marital bond (as postulated by the majority decision of the Papal Birth Control Commission) or does NFP help strengthen marriage (as NFP advocates claim). The little research we have on marital dynamics and the use of NFP indicates that, far from harming marriage, it actually supports marriage.⁶³ There is little good research on the psychological, social and spiritual aspects of using NFP.

Just as the German bishop's conference funded research in NFP, it would serve US Catholics well if the Catholic bishops or Catholic foundations were to provide research funding for such efforts in the United States. At present, research efforts are being made only on an individual or small group level by physicians and scientists. In order to make a bigger impact, groups of qualified scientists and clinicians should work together in order to pool diverse talents and areas of knowledge (e.g., biochemistry, bioengineering, reproductive endocrinology, bioinformatics, medicine, nursing, etc.) in order to make an impact, to avoid bias, and to effect larger studies. Such groups would also be more likely to attract larger grant money to implement such projects. John Paul II advised researchers and clinicians that represent the various NFP methods to work together to share their expertise. In the United States there is, unfortunately, a tendency for the various NFP groups to have an unhealthy mistrust of each other.

Scholars and scientists interested in the topic of NFP should have formal settings in which to share and report their latest findings. The science of NFP should be presented at academic scholarly conferences in which studies can be critically and fairly analyzed based on scientific standards. Marquette University in cooperation with the USCCB and other Catholic universities has offered two such scholarly conferences and subsequently published the proceedings.⁶⁴ We hope to offer more of these conferences in the future and to include more Catholic institutions of higher learning. Although there are other avenues to present academic research in NFP such as

professional conferences, there relatively few individuals interested in this topic. Several years ago, I was invited to give a presentation at a major women's health conference for health professionals on scientific research in NFP, and not one person attended my session. A professional organization comprised of Catholic intellectuals and scientists along with those of other faiths that could regularly gather to discuss and present on NFP methods and related topics is a continued need.

Education

I would like to see NFP teacher training integrated into Catholic medical and nursing programs. At a minimum there needs to be more lecture time devoted to these methods as opposed merely to having a student in a clinical session on the topic of contraception give a five minute presentation on NFP and have the methods equated with contraception, and dismissed as being ineffective. I would like to see NFP teacher training programs integrated into women's health, maternal/child health, family health, and midwifery advanced practice programs and especially the required doctorate for advanced nursing practice. Furthermore, NFP should be integrated into all Catholic based family medicine and obstetrics and gynecology residency training programs. Residency programs sponsored by Catholic hospital or Catholic medical school based obstetrics and gynecology residency programs or family medicine programs should necessarily include NFP education. There have been some very successful efforts in integrating NFP training into medical education in Catholic medical schools in Spain.⁶⁵ We, in the United States, should learn from their efforts.

However, for such training programs there must be some type of minimal content and minimal standards for provision of NFP services. I would like to see a Society of Natural Family Planning for scientists, scholars, bio-ethicists, and health care professionals. This organization

could be involved with providing standards for professional NFP services by health professionals, developing curricula for medical and nursing educational programs, and providing a forum for the presentation and review of scientific research related to NFP. A similar organization exists for health professionals that provide contraceptive services and conduct contraceptive research, i.e., the Society of Family Planning.

Hiring faithful Catholic health professionals in our health care systems (especially in leadership levels) and Catholic educators and scientists in our Catholic systems of higher education is another way of ensuring that NFP services and NFP education will take place. Even only a few faithful Catholics (and non-Catholics that are supportive of the mission) can make a big difference in Catholic health care facilities and educational institutions. I recently was the chair of faculty recruitment for our college. I have found that having one or two additional tenured professors can change the atmosphere of a department or a college. One benefit of this is that students and junior faculty members who wish to learn about NFP and who do not wish to prescribe contraception would have support of role models.

NFP Services

In 1995 Dr. Carl Warner and I conducted a study to determine the amount of NFP services that are provided by Catholic health care institutions.⁶⁶ We found that only about 33% of Catholic hospitals offered some type of services in NFP and that the services provided were minimal. I suspect this amount is even less today. Although many of these institutions offer women's health services and obstetric services, yet the staff and administration are likely to include NFP as part of these services. Some of these same institutions – in spite of their claimed Catholic affiliation -- certainly go out of their way to figure out how to provide contraceptive (and even sterilization) services. Integrating NFP services into Catholic health care systems is

important. It is a sad state of affairs when the leading Catholic health care institutions have no services in NFP. I wish the US bishops could put quiet pressure on these institutions to do so. But until there are enough couples that request NFP services and until enough health professionals are prepared and willing to provide these services and health care administrators see these services as important, this will not likely happen.

Catholic hospitals could also be involved with services that are related to NFP and which the integration of NFP could be integral to their success. For example, infertility services that follow the teaching of the Church often involve monitoring the menstrual cycle to help the couple target the most fertile days for intercourse and for the physician to time diagnostic tests, to time treatments, and to assess for abnormalities. Hospitals could also sponsor teen chastity based programs that integrate fertility appreciation as a means for decreasing teen pregnancies and sexually transmitted infections. Pope Benedict XVI recently expressed gratitude to NFP researchers working on ways to combat sterility and said scientists "are to be encouraged to continue their research with the aim of preventing the causes of sterility and of being able to remedy them, so that sterile couples will be able to procreate in full respect for their own personal dignity and that of the child to be born.⁶⁷

Catholic physicians and health care providers should be involved in helping to integrate NFP services into marriage preparation. I believe that health care providers, and in particular physicians and professional nurses, are appropriate persons for providing information to young couples on NFP. When Catholic physicians provide presentations on NFP as part of marriage preparation courses or other situations, they lend credibility for NFP methods. The physicians of the Milwaukee guild of the Catholic Medical Association provide a generic NFP presentation to

all marriage preparation days provided by the Archdiocese of Milwaukee. These presentations have generally been well received – even though many of the engaged couples are already sexually active and using contraception. A generic digital slide presentation on NFP (authored by me and Kathleen Raviele, MD) is now available free to members of the Catholic Medical Association.

Health professionals can also be active in promoting NFP in Catholic parishes, especially in helping with marriage preparation. John Paul II mentioned in an address to Italian NFP providers that there should be NFP teachers in all parishes to help couples learn NFP methods and to help prepare those seeking marriage.⁶⁸ He said in 1997 to the faculty of the Sacred Heart Medical School that “the moment has come for every parish and every structure of consultation and assistance to the family and to the defense of life to have personnel available who can teach married couples how to use the natural methods.” Physicians could be involved with individual couple preparation or with group presentations on NFP, and supporting the parish priest in the area of NFP and human sexuality. Parish nurses, who are users or supporters of NFP methods, could be pivotal in helping to integrate the provision of NFP services in a parish. The parish nurse could organize NFP introductory session, teach NFP to couples, organize couple support groups, and organize presentations by physicians on topics of women’s health related to NFP. The parish nurse could also be instrumental in providing chastity education, integrating information about fertility awareness for adolescents and their parents. Parish nurses could host panels on NFP at the parish that would include the priest, an NFP only physician, professional nurse NFP teacher, and a witness couple.

Conclusion

Natural family planning fits well into health care. It is integrative, respectful of the person, and helps to build marriage and family life. Contraception, sterilization, abortion are destructive not integrative and have no place within Catholic health care other than possibly for legitimate therapeutic means. Catholic physicians, professional nurses, and scientists have been consistently called by the Church to help develop secure methods of natural family planning and to provide NFP services to couples. Relatively few physicians and health professionals have answered this call. Those who have need continued prayer and fortitude to exist in systems (Catholic or not) that at best pay little attention and give little support to these efforts. Let us make every effort to ensure that Catholic health care is life giving, ethical, trustful, integrative, and family oriented.

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