

Natural Family Planning

Diocesan Activity Report



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Quality and Community

Quality" and "Community". These are two words which evoke positive images. For diocesan NFP ministers they easily speak to our desire to provide quality NFP instruction which fosters that special community called "family". Quality and community are indispensable to the diocesan NFP minister because we have the double responsibility to provide sound NFP methodology and to do so within the context of the Church's teaching on conjugal love.

Two events which speak of quality and community have occurred since our last issue of the **Diocesan Activity Report**, they are: 1) the publishing of the DDP's document, "**The National Standards**"; and 2) the "NFP International Conference," held in December 1990 at Georgetown. Both have a significance for diocesan NFP programs. The first can establish a national unity among the diocesan NFP programs. The second supports NFP as a viable method of family planning and may remove the old prejudices which often undermine the reliability of NFP. In this article I would like to share some information and offer reflections on these two events.

The **National Standards** are now ready for implementation. Published by the United States Catholic Conference, the **Standards** are a specialized document which articulate basic requirements for diocesan NFP programs. These requirements are different from NFP services offered by independent persons or organizations. They are different because they were written for NFP programs offered under the auspices of the Catholic Church in the set-

ting of the local Church (the diocese). This point cannot be overemphasized.

NFP delivery, channeled through the diocesan structure, is part and parcel of the Church's comprehensive ministry to married and engaged couples. As the **Standards** maintain, the diocesan NFP program must encourage its clients to develop a "Christian spirituality by integrating Catholic Church teachings on marriage and family life." (p.9) NFP, offered through a diocesan program is presented as more than a method of family planning; it is a lifestyle. NFP, used in this manner, can enable couples to deepen their relationship through accenting complete generosity in loving each other. For these reasons, diocesan NFP coordinators and teachers can say that they are fulfilling a vital ministry in family life in the Church.

The **Standards** are to be used as a guide to direct the diocesan NFP program. In this way they can also enable the diocesan NFP coordinator, and ultimately the bishop, to measure the quality of their program. The implementation of the **Standards** will be phase two of this project. Currently, the NFP National Advisory Board is completing the writing of the procedure for implementation. Demonstrations have been taking place in five of the dioceses represented by the Board to assist in evaluating the implementation process. When these have been completed, the procedure will be ready for all diocesan NFP programs. At the recommendation of the conference participants from our national meeting of 1989, special attention has been paid to the simplicity of the implementation procedure. The imple-

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of the **Diocesan Activity Report**, our task to offer quality NFP programs and our desire to foster family is highlighted through looking at two events: 1) the publishing of the DDP's document "**The National Standards**"; and 2) the December 1990 NFP International Conference, sponsored by the Institute for International Studies on NFP, held in Georgetown. Three columns uphold the unique concerns of diocesan NFP programs:

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mentation of the **Standards** will be the focus of our upcoming June '91 conference.

The **NFP International Conference** at Georgetown touched upon many of the facets which makes NFP rewarding work. The presentations given at the conference could be categorized under the topical umbrella of "family planning & health care" issues. There were sessions which provided an opportunity to share scientific information on fertility, NFP methodology, population concerns, and method effectiveness. Other sessions raised questions of governmental responsibility to support family planning; in our case that meant NFP research and training. Program issues such as service development, culturally sensitive client education materials, and the use of media and marketing were discussed. It was with these particular issues that the discussion would often turn to the need to separate NFP service delivery from church sponsorship.

Some conference participants maintained that NFP, as a method of family planning, must take its place alongside other methods and be independent of philosophical or ethical convictions. This would require the NFP agency to provide or facilitate access to artificial methods in addition to NFP. Our philosophy, upheld by many at the conference, is that the NFP teacher must be a user of NFP and/or exclusively committed to NFP. NFP makes its statement through the couples who use it. It is philosophically contradictory to expect a diocesan NFP teacher who is committed to specific values and moral principles, to work in a clinic where all methods of contraception, including sterilization and abortion, are offered.

A diocesan NFP teacher is more than a provider of a method of family planning. Consequently a Church sponsored NFP program is also more than a family planning service.

This critical distinctivity of the Church's approach to NFP as opposed to non-sectarian programs is the most important point that we could bring to this debate. In a presentation I gave on NFP programs in the U.S.A., I spoke on the Catholic Church's involvement in NFP education and service. I made it clear to the audience that many autonomous NFP organizations initiated ef-

forts in this country, provided strong NFP teacher training, and client education, and continue to do so. These individuals and groups have labored long and hard to make the natural methods of family planning known and available. Although committed to NFP education, many of these groups freely chose to labor in NFP because of their personal and/or religious convictions. The diocesan NFP program is not free to choose, it must work within the context of the Church's teachings. Historically, the Catholic Church heightened and expanded its involvement in the NFP movement in this country after the Synod on the Family in 1980. The Church did so precisely because of its teachings on conjugal love and responsible parenthood.

In addition to offering the conference participants a summary of our projects at the national level, I described the variety of ways in which diocesan NFP programs were organized. Finally, I underscored the main reason for our involvement in NFP—because it is a tool through which we can realize our teachings on conjugal love and responsible parenthood. Some conference participants later remarked that they had not understood the character of the Church sponsored NFP program, especially with regard to the role of the bishop in supporting such efforts.

The Georgetown conference was important for NFP because of its accent on scientific research and program development—issues which support quality NFP service. Despite this strength, there were a few missing links. On one level there were no formal presentations on the values which NFP upholds. If this is the age, as so many popular

authors note, of "wholistic health", then how could human relational elements be passed over? On another level, although the Institute is clear about its international focus, the lack of representation of American providers was noticeable. It caused me to wonder why our own NFP programs and personnel were not pursued as valuable sources of NFP experience.

Regardless of these flaws, the Georgetown conference was important from a community perspective. It provided a forum for NFP teachers and researchers from all parts of the world to meet each other, learn, and share common concerns. NFP, as we all know, is still not well known as a viable method of family planning. Part of the solution to this real problem is for NFP providers to become a unified force not only in the U.S.A., but also internationally. Through the support of each other and in the common struggle for excellence in delivery we can hope to make a significant contribution to this field.

One final word to all NFP providers who labor because of their faith. NFP providers must come to full stature with the understanding that, at the heart of it all, we are engaged in a vital, life-giving, and loving ministry. We are engaged in a ministry serving a mysterious sublime human and divine reality—the Sacrament of Marriage and the wonder of human life. We must therefore be filled with the hope that we are making a significant contribution to the lives of the people we serve today and those yet to be born. We must be realistically faithful, trusting that we are only instruments of the Lord. It is He who will work the conversions in us, our clients, and ultimately in our world. ■

Editor

★ ★ ★ PLEASE REMEMBER ★ ★ ★

The **Diocesan NFP Coordinators' National Conference** will be held at the Catholic University of America, Washington, D.C., on June 26-29, 1991. The goal of the conference this year is to prepare diocesan coordinators to implement the Standards. See **News Briefs** for more details.

The Georgetown International Conference December 10-14, 1990

The week long international NFP conference held in Washington, D.C. was cosponsored by the Institute for International Studies on Natural Family Planning (IISNFP), the U.S. Agency for International Development (USAID), and the World Health Organization (WHO). For those who are not familiar with the Institute, it was established at the Georgetown University School of Medicine in 1985. Its purpose is to promote and support the development of effective NFP research, teaching, and service delivery programs in Africa, Asia, Latin America, and the Near East. Located in the Georgetown University School of Medicine, the Institute is primarily funded by USAID. Its major collaborative institutions are the University of Pittsburgh Graduate School of Public Health and the Los Angeles Regional Family Planning Council. In addition, the Institute cooperates with international agencies and with health institutions and professionals from developing countries to support NFP and breastfeeding development efforts.

The Institute's objectives are to increase the knowledge, availability, acceptability, and effectiveness of NFP and breastfeeding. This is accomplished through conducting research on such issues as: new techniques for predicting ovulation; the effectiveness of current NFP methods under a variety of conditions; the relationship of breastfeeding to ovulation and child spacing; the factors that influence the demand for, acceptance of, and successful use of NFP; the methods for increasing the effectiveness and cost efficiency of NFP service delivery and breastfeeding promotion programs; and the relevancy and appropriateness of educational, training, outreach and communications strategies to NFP and breastfeeding promotion efforts. The Institute has a resource center and, for those who are in need of technical information, arrangements can be made to use their materials.

The theme of the December conference was, "Natural Family Planning: Current Knowledge and New Strategies for the 1990's."

It attracted more than 200 scientists, administrators, trainers, and teachers of NFP from around the world. Nineteen years ago was the last time an international meeting on NFP was held at Airline House in Virginia. Those proceedings, published by the Human Life Foundation and edited by William Uricchio and Mary Kay Williams, are well known to NFP advocates.

The sessions of the conference were divided into several tracts: the Biomedical; Education, Communication and Outreach Strategies; Social Science NFP Issues; Policy Issues in NFP; Use-effectiveness and Continuation; Service Delivery—Current Programs and Strategies for Expansion, and Elements Necessary for Success; Operations Research in NFP; Training and Educational Materials; and Creating an Interface Between NFP and the Lactational Amenorrhea Method. Within each of these tracts speakers presented a plethora of subtopics.

The conference was especially important from the method acceptability perspective. NFP was treated as an important, viable method of family planning to study and promote. The proceedings will be published in July 1991 by the Institute. ■

Georgetown '90: "Use Effectiveness and Data Collection"-Summary and Observations

Robert Kambic

The Georgetown conference provided a comprehensive overview of NFP and set the stage for NFP to move into the next century. Most impressive was the broad array of participants who represented industry, institutions, and governments, who work in the field of family planning and population. They were there to learn about the benefits of NFP and to teach the latest techniques for development, evaluation, and marketing.

Among the many informative sessions were those which discussed use effectiveness studies and data collection. Both elements are useful tools to promote NFP.

The NFP use effectiveness and continuation session heard about research conducted in Africa, Asia, Europe, and America. From Africa, we learned that in projects conducted in the 1980's, program factors such as numbers of follow-up visits were more important than demographic factors such as age in determining effectiveness. In Germany, NFP has been organized to provide effective service and collect a broad array of data. The pregnancy rate reported from Germany was very low. In five countries, Bangladesh, India, Kenya, South Korea, and the U.S., the OM is accepted by persons from a variety of backgrounds within and between cultural settings. In India and Indonesia, the OM is being used in a simplified fashion that has been developed by Dr. Kathleen

Dorairaj of India. This allows poor women to use NFP without having to chart. It also supports their use of abstinence and observations through frequent home visits. Some participants felt that too much effort was being spent on effectiveness studies and more time should be spent on communicating the established effectiveness of NFP. The Operations Research (OR) section demonstrated how NFP programs can develop their own research. OR can be characterized as a common sense approach to program improvement. If an NFP program has some idea about how to improve its service, it should be able to test the improvement and put it into effect in a systematic manner. This will permit evaluation of the change.

Don Kramer of Twin Cities NFP discussed their study (see *Diocesan Activity Report* Vol. 1, No. 2 page 4), of the cost effectiveness of team teaching the OM. (Continued on page 4)

(Kambic, cont. from page 3)

A physician from England discussed how she integrated NFP into a general practice. The English have also developed an extensive video for NFP in-service and updates.

A major pitfall of self developed research is that programs tend to collect too much information (data) without an idea of its use. The staff will not see any results of the data collection and will become discouraged. A solution to this problem is for the program to review

data needs and usage, and keep it to a minimum.

In my personal opinion, this was the best NFP scientific meeting since the Airlie House meeting in 1972. The presentations were excellent and were given by a remarkable variety of individuals both from within and outside of NFP. There was a spirit of cooperation and learning necessary for healthy growth.

The major message of the meeting is

that NFP is going to have to think bigger. It is not sufficient to have a few teachers serving a few clients. There are many more potential clients out there and NFP has to begin to think of programs that will inform them and serve them. As we move into the 1990's the outlook is bright for NFP.

[For Diocesan NFP Programs which need technical assistance and data review, Bob Kambic's expertise is available through the DDP.]

"Holiness and Sweetness a Call to a Wider Apostolate" Part I: Spirituality

Deacon Walter Sweeney

Have you ever sensed that the practice of NFP was leading you toward holiness—personal, marital, and family sanctity—even as a call of God himself to you? Have you ever experienced a "sweetness" amid the rigors of learning, practicing, promoting and teaching NFP? What do you suppose this "holiness and sweetness" is? This gift is surely the touch of something very real, very necessary, very right. This feeling of fulfillment is the "holiness and sweetness of Divine law" spoken of by two popes in discussing conjugal sexuality, (*Humanae Vitae*, 25 and *Familiaris Consortio*, #35). Although it may seem a gift only to a very few it surely is a gift to be shared. We sense this as something to be spread "even to the ends of the earth."

Many of us in the NFP movement have accepted this as unique call to make the natural methods of family planning available to all married couples. We have devoted ourselves to establishing NFP teaching and teacher training programs.

In coming to an acceptance of this deepened sense of this expanded vocation of our marital lives, we have had to face and resolve many issues that are at the core of a current crisis in the Church and in our culture. If what we are participating in is God's love and His plan for the people He has created, then, we are onto something much bigger than a birth control method. We are called to be sharers in the plan of creation and salvation. We are living out and have come to be able to witness and give

testimony to a number of truths that need urgently to be proclaimed loudly in the Church and in the world. To name a few:

*The Church has not been mistaken in its teaching about sexuality; there is a complete, comprehensive sexual ethics that make sense, is modern and credible;

*The truth of these teachings can be verified in the lives of ordinary married couples, who have a contribution to make in explaining and delving more deeply into the meaning of these truths and;

*Married people are called to the fullness of the Christian spiritual life in and through their conjugal lives.

If any of these few issues are involved in the proper practice of NFP, then, there is a great deal more for us to do than simply teach the basic principles of NFP methodology.

If we see the gift that we have been given in NFP as a spark of God's personal love for us, combined with many thousands of other people sharing this divine spark, we must wonder whether all these bits of fire aren't meant to ignite some vast, roaring blaze. How is this fire to be fanned into a huge blaze except by those who are already sparks themselves? The Church's teachings on conjugal love are the elements of the fuel for this fire. It is our reason for providing NFP services and involves the development of a rich spirituality based on the experiences we have lived. Such a spirituality would integrate the completeness of the Catholic spiritual tradition, conjugal sexuality, and the realities of life. It must take into account the life of God within us, calling and directing amid the elements of suffering, dark-

ness, and sacrifice. It would deal with the place of prayer and even of contemplative awareness of God's presence within the context of the realities of marital and family life. The result would be a deeper appreciation of the vocation we have been asked to live, namely, a full Christian life flowing from a faithful response to the Church's teachings on human sexuality and marital love. Many NFP couples have been aware of this added spiritual blessing through practicing NFP.

A more refined spirituality flowing from the practice of NFP needs to be more consciously worked out. This will mean theological study and the formation of associations of the faithful to live out and to spread an authentic, Catholic, marital spirituality. There is a tremendous amount of work to be done. We have before us not only NFP instruction, but also the mystery of our conjugal spirituality. There are still so many issues to be discerned and articulated. And while we as laborers may seem so few, it has been to us that the blessed gift, "the holiness and sweetness," has been given. Let the "few" of us go into the harvest field trusting in the Lord and His strength. Look how vast is the potential harvest we are called to gather in!

In the next issue of the *Diocesan Activity Report* I'd like to spell out some practical ways in which our NFP couples can spread our special message within the local Church. ■

Deacon Walter Sweeney is Associate Director of the Family Life/Respect Life Office of the Archdiocese of New York. He coordinates Marriage Preparation Programs for the Archdiocese; teaches family ministry courses in various seminary and graduate programs; and trains parish family ministers. For six years he coordinated the Archdiocesan NFP program which is now directed by Sheila Power Potter.

Georgetown '90: "Biomedical"; Highlights and Observations

C. James Statt, M.D.

The high calibre of each session of this conference made it difficult to choose which issues and new insights to highlight in this brief column. But, I have selected three areas to report on and I offer them to you.

My first selection pertains to the work of Dr. Jim Brown in Australia. For several years he and his team have been developing a very sophisticated device to enable home measurement of the concentrations of estrogen and progesterone in the urine. This information allows women to accurately monitor ovarian function and to identify the day of ovulation. The device is called the ovulation meter. It is actually a spectrophotometer, incubator, and timer all rolled into one package, not much larger than two packs of cigarettes laid flat and end to end. Dr. Brown has conducted extensive field experience with this instrument. His work is very impressive in its clarity and precision of thought. This device is not intended for typical cycling couples, but rather for couples in special circumstances, e.g., breastfeeding, coming off the birth control pill, and premenopause. In the past, some couples in these situations have experienced considerable difficulty at times in feeling confident about their interpretation of the natural signs. This ovulation meter should be a great help to them. It is a major step forward in making NFP liveable for all couples.

A second outstanding feature of the conference was the fact that the social scientists, demographers, and statisticians in attendance made it clear that they accept the validity of such concepts as limiting, spacing, perfect use and imperfect use, in assessing NFP's effectiveness in regulating couple fertility. In line with this fact, outstanding for its promise, was the presentation by Dr. Petra Frank-Hermann from the NFP Working Group in Dusseldorf, Germany. She represented people instructing NFP in five western European countries, who have succeeded in cooperating together to formulate a system of

teaching and living NFP which is based largely on the work of Dr. Josef Roetzer. This NFP Working Group is pooling all their client data. Their chart is constructed to allow accurate identification of couple reproductive category and intention in each cycle. In assessing their results, Dr. Frank-Hermann's group is beginning to employ the concepts of perfect and imperfect use. They are using computers in the collection and assessment of client data. One study conducted by this group included 228 women and 3700 cycles. In representing its results, Dr. Frank-Hermann employed the concepts of method and use effectiveness, and reporting unintended pregnancy rates of 0.3 and 1.5 (Pearl) respectively. Given the skill and dedication of Dr. Frank-Hermann and the European NFP Working Group, we can look forward to much more useful information to come from their collaborative efforts.

A third and final point to highlight is the work of Dr. Miriam Labbok from the Institute at Georgetown. For at least the past five years, Dr. Labbok has been conducting research into breastfeeding and its role in NFP. She is an ardent promoter of breastfeeding as a method of family planning. In fact, the agenda of the symposium did treat NFP and lactational amenorrhea as separate issues, but primarily from a governmental policy point of view.

Dr. Labbok also spoke to the interesting concept of predicting people at increased risk for unplanned pregnancy. Based on work with couples living the OM of NFP in five countries, she compiled a list of nine factors which were generally associated with unplanned pregnancy or non-adherence to abstinence. Those factors included: lactational menses; menses and fertility signs; learning NFP during breast feeding; maternal youth; no previous other "family planning" use; husband's low level of education; NFP chosen for moral or religious reasons only; stated receptivity to more children or a large family; and more than one year postpartum.

In a word, this conference was superb! The major topics presented covered a broad spectrum, from biomedical and social science issues, to strategies for expansion and the role of operations research. Many of those who presented papers were people who are prominent in the scientific literature because of the quality of their work in NFP. Our own Bob Kambic and Theresa Notare from the DDP spoke of the issues of NFP use effectiveness and the Diocesan Development Program, respectively, in presentations which were very well received by their audiences. Over 87 individual papers were presented as well as numerous discussion groups. The conference attracted over 200 people representing 31 countries and 5 continents. It was a privilege to be part of such an important event which connected me to the international NFP movement.

Dr. C. James Statt MD is a surgeon and member of the DDP's NFP National Advisory Board.

The Language of NFP . . . A Sign of Contradiction in a Contraceptive World

Phyllis A. White, CNFPE

Language has the power to heal and to hurt, to build us up, or tear us down. Even the most casual of expressions carries with it a vast array of meaning. The impetus for this small column was the **Special Report**, by Kambic & Klaus, (**Diocesan Activity Report, Summer 1990**). My "button was pushed," so to speak, by use of the expression, "If you break the rules, you get pregnant." My note to the Editor resulted in an invitation to contribute this article. For that I am grateful.

Let us then examine the word 'rules.' Who among us did not grow up with family rules, school rules, city rules, etc? When we broke those rules (and we invariably did), we were punished. In our early years of teaching NFP, we unwittingly used contraceptive terminology; i.e., "safe and unsafe." I remember one novice teacher saying, "Don't use these days or you'll get pregnant."

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What are we implying by such statements? Are we conveying the idea that NFP is to be valued only as a natural contraceptive? Should pregnancy and the gift of new human life ever be portrayed as a punishment for breaking the rules?

We want to convey a noble understanding and appreciation of the alternating cycles of fertility and infertility. Is not our dream to liberate and enable couples to be wise stewards of this knowledge? What words can we use? Perhaps by simply saying, "These are the days of fertility which you would use to become pregnant and these are the days of infertility which you would use when choosing not to become pregnant." "You are free to choose and it's o.k. to change your mind."

Our responsibility as NFP providers is to teach what we have been fortunate to learn about God's wonderfully awesome gift—the power to co-create a new human life. NFP teachers are in a unique position to bring about change in this contraceptive minded world. We possess a power to help couples see that their informed actions do not mean "breaking the rules," but rather freely saying "yes" to the Divine invitation to bring forth new life.

In real life NFP teachers are frequently asked, "Is this time safe?" By responding with, "This is a time of fertility," the NFP teacher removes the contraceptive bias with its inherent suggestion of cheating and rule-breaking. Gently and consistently used, this type of language can effect a real change in attitudes. Combined with thorough education in recognizing the fertility or infertility of each day, we truly become sexually liberated in thought, word, and action.

Each of us involved in NFP education can identify other words that have contraceptive connotations. None of us is immune to occasionally slipping into the use of language that conveys attitudes which we really don't mean. We must always be on the alert in our choice of words. Finally, I recall a little sign in a school classroom I visited recently which said, "You never fail until you stop trying! Happy Teaching!"

Phyllis A. White, CNFPE is Director of Education at the NFP of Greater Kansas City, Inc.

COORDINATOR'S CORNER

"Witness Couples — A Unique Contribution"

Kay Ek
Diocese of St. Cloud, MN

One of the most exciting and innovative aspects of the Saint Cloud Natural Family Planning program is the concept of "Witness Couples." It began about nine years ago when we started seeing the trend of women-only at our classes turn into couples. We liked the change and wanted to encourage it.

In order to appeal to the young couples we realized that our instructors, some of whom had been instructing since the early 1970's, could use a little help from the younger generation. So, we came up with the idea of having young couples, who were using NFP, talk to the newly instructed couples during their third instruction for 10-15 minutes.

The young, attractive, and energetic Witness Couples would speak openly and honestly about their love for each other and how NFP has enhanced their marriage. Everyone loved it. The new couples felt affirmed in their choice of NFP and the Witness Couples felt like they were contributing in a very positive way to our program. And of course, the instructors especially appreciated the contributions of the Witness Couples because it enabled their message to be felt with a greater impact.

On January 1, 1989, the Bishops of the State of Minnesota adopted a Common Marriage Policy which suggested that all diocesan marriage preparation courses provide at least the First Instruction in Natural Family Planning. Knowing full-well that there would be couples in the marriage preparation courses who would have less than positive feelings toward the new guideline, we incorporated our Witness Couples into the class. As a result of the Witness Couples our number of engaged clients has increased markedly. By the time of their marriage, they are ready to use NFP.

From January through June 1990, 460 couples attended the eleven marriage courses in St. Cloud. The average number of couples committing to NFP was 33%. This compares with 11% in the outlying areas of the Diocese, where NFP is included as part of the weekend, but Witness Couples have not been incorporated as part of the process. The 33% adopting NFP are those who committed to returning for chart reviews every two weeks and attend successive classes. The drop-out rate is very low. Occasionally a couple will change their mind about continuing with NFP, and later others will decide to adopt it. Without exception, those who drop out are the couples who indicate the use of contraceptives.

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If a couple indicates that they are sexually active in their relationship, they are encouraged by the instructors to abstain until marriage. These couples once challenged to this new way of life are very open to this suggestion, which is reinforced by the diocesan policy on cohabitation adopted in 1984 by Bishop George H. Speltz.

Recruiting for couples to witness is an on-going process. Instructors, through the process of teaching and follow-up are asked to alert the NFP Director to couples who are especially suited for this role. They are then recruited and trained for this process. There are presently 17 couples who share in the duties of witnessing at the marriage

preparation course and at the third instruction, at which the discussion of abstinence is an integral part.

Young couples often indicate that the reason they were convinced about NFP is that they wanted in their marriage what they saw in the Witness Couple's marriage, namely the love and concern for each other and the shared responsibility. "We wanted *our* marriage to be like that couple's marriage!"

Thousands of couples in the diocese of St. Cloud are successfully using NFP. It is because of the strong support from retired Bishop George H. Speltz and present Bishop Jerome Hanus, O.S.B., that this program continues to flourish. The Witness Couple program, as part of the St. Cloud program, is here to stay.

GEORGETOWN '90: "A REFLECTION"

Beverly Malona,
Diocese of Buffalo, NY

I intended to go to the Georgetown conference as an observer. When I received the international list of conference participants, I recognized some, but many participants were not the "NFP regulars." Marketing professionals, pharmaceutical representatives, engineers, communications professors, behavioral scientists, statisticians, and government Ministers of Youth are just a few of the diverse disciplines that were represented. There were as many levels of NFP awareness as there were participants.

The goal of the physician/researcher and the pharmaceutical representative was biomedical, namely, to devise a kit to "better" recognize the fertile time. While some focused on mucus assay, others continued to work on systems that are based on BBT and calendar rhythm. The latter made me realize the challenge and the responsibility this poses to teachers of STM and OM. The physiology underlying the methods that we teach are light years beyond BBT/calendar rhythm. Until this is recognized by all concerned, the ghosts of guess work, calculation and formula will continue to haunt modern NFP

wherever we introduce it. This is not just an American thought, but the thought of STM and OM providers from around the world.

I learned that there were very strong common bonds and goals among conference participants. First, and foremost, especially with STM and OM Third World providers, is the realization that quality NFP requires well tested and researched NFP teaching models and materials, well trained teachers and standardization. There was little doubt among the professional NFP providers present, that women were capable of learning observing and interpreting and that couples manage very well in quality programs. The reverse is true in programs that offer less. A quality, inexpensive, non-rhythm based kit will hopefully serve those who need it.

I was very pleased to see that there were participants that recognized the fact that behavior plays a vital role in good NFP use. As with any form of family planning, effectiveness is also a function of couple behavior and motivation. Poor communication, differences of use intention, influences and pressures of the extended family and stress affect the perception of effectiveness.

"Our challenge is to never allow a vacuum to be created in the field of family planning."

Representatives of contraceptive based programs were present. Many were willing to listen to ethical arguments against the use of barrier methods during fertile period. There was also a willingness by some to understand the importance of maintaining the integrity of NFP methods. These representatives needed to see the faces of NFP providers.

NFP methods and teachers have come of age. NFP methods are well researched as any method, credible and

represented by outstanding providers and researchers. The philosophy of NFP is strong enough to withstand the challenge. The theology of NFP is strong enough to meet the needs of our Catholic populations. Our challenge is to never allow a vacuum to be created in the field of family planning. Contraceptives/ abortifacients must never appear to be the only alternatives available. We must be highly visible both to contraceptive representatives and the general population.

I was happy for the opportunity to be present. I was also happy to see that NFP is seen as an alternative by health care professionals who believe that contraception "pollutes the internal environment." These same health care professionals see fertility as they see the environment. The more compatible you are with nature the better. These people were not afraid to state that the last twenty years of family planning have been a "contraceptive nightmare."

The Georgetown project represented many levels of understanding of NFP. It brought together people who shared information and challenged one another. These conference participants also represented many disciplines which will lend credibility to a onetime "grass roots" movement. I believe that for Diocesan NFP providers the Georgetown project presents us with this challenge: to provide the best NFP service possible through teaching models that clearly signify our philosophical and theological base. Above all, we are challenged to unite despite method preference. We must provide our couples with the choice of STM and OM in every diocese. Many of our programs offer very high levels of NFP service and have much to offer the Georgetown project and the world. I gained much from that week in Washington and managed to move from observer to participant easily. The atmosphere encouraged exchange.

Dr. Victoria Jennings, director of the Institute for International Studies in Natural Family Planning, Bernadette Travers, coordinator of the Conference and members of the Institute are to be commended for an event which made a significant contribution to NFP.

SCIENCE NOTES. . . *Hanna Klaus, M.D.*

Editorial

"FOCUS ON GEORGETOWN CONFERENCE '90"

Several trends emerged during the Georgetown conference which are of interest to NFP providers:

1. World-wide use of NFP varies from country to country.

Among married women of reproductive age who use any method of family planning, NFP users number less than 5% in Egypt, Thailand and the Dominican Republic but 70% in Burundi. The majority of NFP users still use calendar rhythm. (National Demographic and Health surveys of 1986-89.) In the US only 0.4% of married women of reproductive age use OM or ST - 130,000 women in all, while another 455,000 use a species of calendar rhythm.

2. NFP monitors and test kits may attract private industry to NFP.

It was theorized that the aggressive marketing of a product would raise the visibility of NFP, increase acceptors and market share. NFP providers were urged to accept such kits.

3. The *Lactational Amenorrhea Method (LAM)*, is promoted as a method of child spacing, which does not require mucus observation or abstinence during and after the appearance of mucus.

LAM is based on the Bellagio consensus, a conference sponsored by WHO which concluded that the risk of pregnancy is 2% until six months postpartum for a woman who is fully nursing and has not yet menstruated. Since NFP has a 1-2% method related pregnancy rate, LAM's promoters believe that it is as effective as NFP with regard to child spacing. The difference between NFP and LAM rests in NFP's requirement of mucus observation, and abstinence during and after the appearance of mucus. According to LAM, mucus patches are difficult to interpret and call for abstinence which, in retrospect, was not required.

The above trends demand philosophical consideration by NFP providers. The first trend presents the NFP provider with a positive challenge. It reveals that there is a market for NFP. We need to examine our means of outreach and not be afraid to "think big." The second trend is different. No monitor on the market has proved to be more

accurate than self observation of mucus and/or temperature in delineating the beginning and end of the fertile phase. I have always held that telling women that their natural signs are not useful or reliable and must be legitimated by technology is to exploit them for economic reasons, and degrade them as self determining adults. On the other hand, Americans revere technology. If acceptance of gadgets establishes that it is at least possible to determine the beginning and end of the fertile phase this

LETTERS TO THE EDITOR

Dear Editor,

The author of "Adjusting Technique for Obtaining Accurate BBT Graphs" (*NFP Diocesan Activity Report*, Fall 1990), states that BBT graphs are not helpful during breastfeeding, premenopause, and post pill. I was surprised to see this, as I've always found them to be very helpful to the client at those times.

While it is true that the BBT cannot help to predict the approach of ovulation as the mucus sign can, it can provide assurance that pregnancy has not occurred for the couple who is trying to postpone pregnancy.

Quite often, especially during breastfeeding, premenopause, and post pill, the woman will experience a temporary cessation or lengthening of her cycles. Often clients (especially inexperienced ones), who are postponing pregnancy will become frantic wondering if they could be pregnant as there is no regular menstrual cycle to reassure them, and the mucus pattern may not appear as anticipated. If a woman is familiar with the normal BBT pattern, she can feel completely confident that she is still pre-ovulatory if the BBT pattern remains low, and/or erratic. Although this does not tell a woman anything about oncoming fertility, it can provide the immediate information that ovulation hasn't passed and conception occurred.

In cases of breastfeeding, when the woman is experiencing a return of fertility, the BBT will tend to change from an erratic pattern to a more level one as fertility returns. I am not aware of formal studies to show this to be a totally reliable indicator of potential fertility, but it can surely help a breastfeeding woman be aware of a need for increased attention to her mucus pattern during times of a leveling off of her BBT, and I have often used that information in this way.

In the post pill situation, hormonal residues can make the mucus pattern unreliable for up to three cycles, cycles during which ovulation can occur. For couples in this situation, it can greatly reduce the amount of abstinence required. While mucus may not be readable, especially for a learning couple, the BBT will still clearly show if ovulation occurs. In such a case, the couple can consider themselves to be in post ovulation infertility after the 5th day of temperature rise, if at least the last three temperatures are consecutively at or above the full 4/10 of one degree above the pre-shift base level. Thus instead of up to three months of abstinence, they will only have two or three weeks. Most couples are grateful for this information.

I hope this will be of help.

Susan Staudt
Archdiocese of Oklahoma City, OK

may be the first step away from "requiring" contraception. Mary Martin, Ph. D. suggested that contraceptive providers are well beyond the zenith of their life cycle. Agencies like IPPF are incorporating maternal-child health and family life education to increase their usefulness and staying power.

The third trend, to rely on LAM, needs to be tested further to evaluate whether ignoring the mucus signs is in fact as reliable as following them precisely, especially with a precise understanding of the second basic infertile pattern (BIP) as taught by Billings. The NFP trainer manual prepared by LARFC limits the second BIP to sticky unchanging mucus, while Dr. Anna Flynn from Birmingham reported cases of women who had unchanging slippery stretchy mucus which, according to the report, did not undergo any alteration preceding sonographically established ovulation.

OM providers acknowledge that there are unplanned pregnancies among women who learn the method during nursing, most are teaching-rejected. Perhaps our teaching methods need to be further refined.

An additional point arose among the speakers—the suggestion that NFP must be removed from religious sponsorship. This, they felt, would allow more governments to become involved. Most NFP providers believe that the philosophy of NFP crosses religious boundaries and can stand alone. For example, NFP teachers in secular settings do not include religious educational objectives, but never teach against the values of NFP.



"Quantitative and Qualitative Tests for Urinary Luteinizing Hormone,"

Kathryn L. Ponto, Randall B. Barnes, John A. Holt, *Journal of Reproductive Medicine* 1990;35:1051-1054, Nov.

Five anovulatory women whose responses to ovulation induction were monitored with vaginal ultrasound examination while quantitative tests for the luteinizing hormone (LH) surge were performed with Abbott's LH test pack, First Response (Tambrands) or OvuStick (Monoclonal Antibodies) test. Six ovulating women acted as controls. Of the 11 cycles- 6 ovulatory and 5 an-

ovulatory - there were 3 false-negative and 2 false positive tests. While explanations were offered, authors advise clinicians to be cautious.

"The reliability of Menses to Indicate the Return of Ovulation in Breastfeeding Women in Manila, The Philippines," Susan S. Eslami, Ronald H. Gray, Ruben Apelo and Rebecca Ramos, *Studies in Family Planning* 1990;1:243-250, Sept-Oct.

Forty nursing mothers in Manila collaborated in a study to determine the relationship of return of menses to fertility. Recruits were women whose babies were healthy, who intended to nurse at least six months and did not intend to use hormonal contraception. They kept daily nursing diaries and collected their first morning urine for hormonal studies of pregnandiol and estradiol glucuronides. If the woman menstruated earlier than 6 months postpartum, 67% of menses were anovulatory. The interval from the first anovulatory flow to ovulation averaged 15.7 weeks. Seventy eight (78%) of first menses which occurred more than 6 months postpartum were ovulatory. Thus, menses are a good proxy indicator for return of ovulation when they begin if the baby is at least six months old, but not earlier.

"Hysterectomy. A critical review," Gloria A. Bachmann *Journal of Reproductive Medicine* 1990;35:839-962, September; and **Psychosexual Aspects of Hysterectomy,"** Gloria A. Bachmann, *Women's Health Issues*;1990,1:41-49, Fall.

Hysterectomy ranks second among surgical procedures in the U.S.: Annually 2/3 million women undergo this operation at a cost of \$3 billion. In the late 1970's Medicaid stopped reimbursement for contraceptive hysterectomy leading to a marked reduction in the annual rate. Bachmann's detailed review shows that 19% of women over 18 years of age, who live in the U.S. have had a hysterectomy, the most frequent indications were - fibroid tumors, prolapse, endometriosis, endometrial cancer and its precursor, atypical endometrial hyperplasia, cancer of the cervix and ovaries. Less radical approaches to some of these conditions are becoming available: endometrial hyperplasia, some fibroids and some endometrial

implants can be treated with lasers. Some drugs which block the pituitary gonadotrophic hormones have caused shrinkage of fibroids and endometrial implants as long as they are used. However, they also induce temporary menopause with its accompanying effects, sometimes induce acne and facial hair growth, and are expensive.

Every operation carries the risks of anesthesia and of surgery. Deaths from hysterectomy are low, 12-14/10,000 women. Most deaths result from anesthesia complications or post operative infections, as well as pulmonary emboli (blood clots which travel to the lungs). This can usually be prevented by preoperative treatment. Bachmann reviews the psychological and psychosexual significance of the uterus but concludes that careful preoperative counseling prevents postoperative depression in the absence of prior psychopathology. Interference with the blood supply to the ovary at hysterectomy is perceived as the cause of the reduced ovarian function which some women experience after (premenopausal) hysterectomy. If demonstrable, hormonal replacement is therapeutic. Studies comparing postoperative recovery after hysterectomy, cholecystectomy, and tubal ligation are cited and alleged to show no psychological differences. [Since only cholecystectomy is sexually neutral, the examples are poorly chosen. ED.]

"Tubal Sterilization and the Longterm Risk of Hysterectomy," Andy Stergachis, et al. *JAMA* 1990;264:2893-2899, Dec.12.

Women aged 20-29 years who had had tubal sterilization were 3.4 times as likely to have had a subsequent hysterectomy. There was no increased likelihood of hysterectomy if tubal ligation was performed when the woman was 30 years old or older, or if the woman's husband had been vasectomized. Women who complained of dysfunctional bleeding or pelvic pain were far more likely to have hysterectomies if they had already been sterilized, presumably because it was thought that they had no interest in preserving their no-longer-present reproductive function. No biological basis could explain the more frequent hysterectomies performed on women below the age of thirty.

NEWS BRIEFS

DDP ANNOUNCEMENTS

THE NATIONAL DIOCESAN NFP COORDINATORS CONFERENCE 1991

The Diocesan Development Program for NFP will hold its national conference on June 26-29, 1991 at the Catholic University of America in Washington, D.C.

The goal of the conference is to prepare diocesan NFP coordinators to implement the **National Standards**. The conference format will treat each component of the implementation process in the plenary sessions. In addition, a variety of workshops to underscore the issues articulated in the **Standards** will be offered.

We are excited about the official launching of this second phase of the Certification Project. And we look forward to seeing you in June.

Please note that conference pre-registration materials contained a typo with regard to the dates. If you need to arrive before the 26th or depart later than the 29th please notify the DDP. Further details concerning workshops will be available after Easter. If you have further questions, please feel free to call either **Theresa or Silvia**.

"**The Gift of Life for Love**", the DDP introduction to NFP video sponsored by Our Sunday Visitor Institute, is available from Our Sunday Visitor, 200 Noll Plaza, Huntington, IN 46750; 219-356-8400.



CURRENT EVENTS

Illinois Natural Family Planning Association will hold its annual continuing education conference on March 22-24, 1991. The theme this year is "NFP: Key to Family. FAMILY: A Key to Church." The event will be held at the Franciscan Apostolic Center in Springfield, IL. Contact: Donna Dausman, 315 S. Westlawn, Decatur, IL 62522; 217-422-8234.

Human Life International will host its Tenth World Conference on "Love, Life and the Family" in Santa Clara, CA on April 3-7, 1991. Contact: HLI, 7845 Airpark Rd., Suite E, Gaithersburg, MD, 20879; 301-670-7884.

Diocese of Santa Rosa, CA is sponsoring a regional NFP education conference April 8-13, 1991. The conference is a series of outreach meetings and continuing education workshops. It will target Catholic and Protestant seminary students, Catholic clergy, Health Care Professionals, as well as NFP teachers and users. The Drs. Billings will be the featured guest speakers. Contact: Regina Corley, Diocese of Santa Rosa, P.O. Box 4900, Santa Rosa, CA 95402.

International Federation for Family Life Promotion will hold its next congress of the European Zone in Belgium, June 1-8 1991. Contact: IFFLP, 1511 K St., N.W., Suite 700, Washington, D.C., 20005, 202-783-0137.

Teen STAR workshops will be held in:
Philadelphia, PA March 24-27
Minneapolis, MN April 12-15

London, UK June 10-13
Wichita, KS July 5-8
St. Louis, MO July 19-22
San Antonio, TX July 29-Aug. 1
San Francisco, CA Aug. 12-16
Corpus Christi, TX Aug. 19-22
Contact: Hanna Klaus, M.D., NFP Center of Washington, D.C., Inc., 8514 Bradmoor Drive, Bethesda, MD 20817-38



SPECIAL ANNOUNCEMENTS

The American Academy of Natural Family Planning (AANFP) is calling for professional papers for its Annual Meeting scheduled for July 17-20, 1991, at the Charleston House in Charleston, WV.

The AANFP invites you to submit abstracts regarding original research, case studies, or literature reviews addressing natural family planning or related topics. Sample topic areas include:

- * Natural Family Planning Related Research
- * Infertility
- * Vaginal discharges
- * Cervical Anatomy and Physiology
- * Psychosocial Dimensions of Family Planning
- * Theoretical Topics

Abstracts must be submitted on or before April 19, 1991. Presenters of selected papers will be notified by May 17, 1991. Contact: C. Dennis O'Hare, M.D., Chairman-Science and Research Committee Twin Cities NFP Center, Riverside Medical Center, 2450 Riverside Ave., Minneapolis, MN 55454.

Devotees of the Blessed Trinity, a private association of married persons, now holding monthly meetings and two retreat events annually in both the New York and Washington, D.C. areas. Its primary purpose is personal, marital, and family sanctification through prayer and surrender to God's will as found in married life according to the living tradition of the Church. Retreats will be held in January, February, and July. *Contact: Devotees of the Blessed Trinity, 25 Silver Lake Road, Staten Island, NY 10301; or P.O. Box 71041, Chevy Chase, MD 20813-1041, 718-442-5446.*



MATERIALS

Clemons Productions Avenue has recently produced a beautiful 28 minute

video for Marriage Preparation sessions entitled, "Only Love." All couples interviewed in the film are NFP users. To order, send \$19.95 plus shipping. *Contact: Clemons Productions Avenue, P.O. Box 7466, Greenwich, CT 06830.*

NCCB Secretariat for Pro-Life Activities has new educational materials. "War on Words" and "Choose to Know the Facts" have been reproduced and are available through the Pro-Life Office. "War on Words" is a listing of pro-abortion arguments and suggestions as to how to challenge such statements. "Choose to Know the Facts" presents detail information on the facts about the magnitude of abortion, the legal issues, and the U.S. public opinion. You may obtain a single copy at no charge, or order 100/\$5.00, and 1000/\$40.00.

Postage and handling are extra. *Contact: NCCB Secretariat for Pro-Life Activities, 3211 Fourth Street, N.E., Washington, DC 200017-1194; 202-541-3270; Fax 202-541-3054.*

Fruitful Industries has developed the "Cycle Minder", a device which does ST charting. The Cycle Minder can record fertility BBT, mucus, and cervix. It can also register auxiliary signs such as breast tenderness. The completed chart can be read on the display which holds up to a year of information. Print outs can be done on any IBM PC or compatible computer. The Cycle Minder is easy to use and may appeal to those who dislike charting. *Contact: Fruitful Industries, P.O. Box 685, Eufaula, AL 36027; 205-687-8701.*



*Behold, my beloved speaketh to me:
Arise, make haste, my love, my dove, my beautiful one, and come.*

For winter is now past, the rain is over and gone.

*The flowers have appeared in our land:
the time of pruning is come:
the voice of the turtle dove is heard in our land. . .*

Song of Songs 2:10-12

May the Lord's Blessing be on you and your loved ones during this Feast of Easter and always!

*The staff of the DDP;
Most Reverend James T. McHugh
Theresa Notare, and
Silvia Juarez*





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A program of the NCCB Committee for Pro-Life Activities

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