

The Catholic Physician and Natural Family Planning

Helping to Build a Culture of Life

Richard J. Fehring, R.N.

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*, n. 97

I teach an online theory course in natural family planning (NFP) for health professionals (e.g., professional nurses, advanced practice nurses, physicians, and physician assistants) in the college of nursing at Marquette University, a Jesuit University. The course is part of a six credit teacher training program that is designed to teach health professionals how to provide NFP services. In the first week of the training program, students are asked to indicate briefly 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 comment 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:

Richard J. Fehring, Ph.D., R.N., is a professor of nursing and director of the Institute for Natural Family Planning at Marquette University College of Nursing in Milwaukee, Wisconsin.

I am married to my high school sweetheart. We met when I was fifteen and he was sixteen, 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-gyns 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 [polycystic ovary syndrome] 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—by witnessing and gently explaining the truth.

This paper is based on an answer to a question from Theresa Notare, director of the Natural Family Planning Program of the U.S. Conference of Catholic Bishops (USCCB). She asked me and Dr. Kathleen Raviele, the president of the Catholic Medical Association at that time, what Catholic scientists and physicians can do to promote NFP and what the Catholic Church in the United States can do to help physicians and health professionals promote NFP. Instead of just listing some of my ideas, I framed the answer in the context provided by former Popes, 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 for health professionals to study and to teach NFP 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.

¹ John Paul II, *Evangelium vitae* (March 25, 1995).

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 seventy-five 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 (specifically, in 1853 and in 1880),² it was not until Pope Pius XI proclaimed the encyclical *Casti connubii* (On Christian Marriage) on December 31, 1931, that the Catholic Church formally approved this reason for periodic abstinence. “Nor must married people,” he declared, “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.” The intent of this document was to respond to the 1930 Lambeth Conference, at which the Anglican Communion allowed the use of contraception for the first time. By condemning the use of contraception, the Pope also saw the developing need for a natural method of family planning and a view of the marriage act as being for more than just procreation. He stated, “there are also secondary ends, such as mutual aid, the cultivating 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 end and so long as the intrinsic nature of the act is preserved.”³

At about the same time that *Casti connubii* was proclaimed, the first effective calendar-based methods of birth regulation were being researched, presented at medical conferences, and made known in Europe, Japan, and the United States.⁴ Pius XI was most likely informed about the developing reproductive science and these first methods of NFP that were just emerging. However, there was still much debate over the infertile time of the menstrual cycle, and many people, including clergy, were still advocating inaccurate methods of avoiding pregnancy during the fertile phase of the menstrual cycle.⁵

In the early 1930s, there was little support for the promotion and development of natural methods from either the medical profession or the Church. Dr. Leo Latz, a Catholic physician who wrote about and promoted the first calendar-based method in the United States, was dismissed from his position at Loyola University Medical School

²Sacred Penitentiary, Responses to questions, March 2, 1853, and June 16, 1880, in *Natural Family Planning: Nature's Way—God's Way*, ed. Anthony Zimmerman (Milwaukee, WI: DeRance, 1980), 228; available at http://www.lifeissues.net/writers/zim/nfp/nfp_01naturalfamilyplanning1.html (pages unnumbered). Selections from pontifical documents concerning the natural regulation of births, as cited here, are reprinted in the appendixes.

³Pius XI, *Casti connubii* (December 31, 1931), n. 59.

⁴Kyusaku Ogino, *Conception Period of Women* (Harrisburg, PA: Medical Arts, 1934), 79–80; and Herman Knaus, *Periodic Fertility and Sterility in Woman: A Natural Method of Birth Control* (Vienna: Wilhelm Maudrich, 1934).

⁵John T. Noonan, *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists* (Cambridge, MA: Harvard University Press, 1986), 438–475.

because of the controversy surrounding his method of family planning. At this time, priests were not encouraged to promote natural methods of family planning (owing to concerns about their efficacy and misuse), but rather were advised to suggest it only in the confessional when there were grave reasons for a couple to avoid a pregnancy. There was much doubt among Catholic physicians about whether these methods were moral and whether they actually worked.⁶ However, there was a great need for these methods among the Catholic and the general populations. Latz wrote and was able to sell thousands of a small blue book, *The Rhythm of Fertility and Sterility in Women*, to couples and health care professionals throughout the United States during the 1930s and 1940s.⁷ His book stimulated the use of “rhythm” as the one-word term for the calendar method of birth regulation and provided very simple instructions and formulas on how to avoid pregnancy naturally. His book also gave direct information about his simple method to health professionals and couples alike.

It was not until 1951, however, when Pope Pius XII gave an address to the Italian Catholic Union of Midwives, that NFP was elevated to more than just something to be mentioned quietly in the confessional.⁸ The Pope provided a mandate to the midwives, saying that it was their duty not only to learn about natural methods of birth regulation but also to “know and defend the moral law.” There is likewise a dual duty for Catholic health care providers today, not only to understand and provide natural methods, but also to know and defend the moral law. In the same address the Pope stated that these methods are to be used for serious reasons only.⁹

Later that year, Pius XII gave an address to a congress on large families, where 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.¹⁰

During the 1950s and 1960s, advancements in NFP occurred with the development of a single-index method (utilizing cervical mucus observations as the sole estimator of the fertile phase of the menstrual cycle) and a multiple-index method, the sympto-thermal method (utilizing basal body temperature measurements along with cervical mucus observations and calendar formulas to estimate the fertile

⁶Leslie Woodcock Tentler, *Catholics and Contraception: An American History* (Ithaca, NY: Cornell University Press, 2004); John D. Conway, *What They Asked About: The Rhythm* (Notre Dame, IN: Ave Maria Press, 1932), 3–7; and Ethicus, “The Mortality of the Use of the Safe Period,” *Linacre Quarterly* 1.2 (March 1933): 23–26.

⁷Leo Latz, *The Rhythm of Sterility and Fertility in Women* (Chicago: Latz Foundation, 1932), 11.

⁸Pius XII, Address to Italian Catholic Union of Midwives (October 29, 1951), in *Natural Family Planning*, ed. Zimmerman, 229–230.

⁹Pius XII stated that couples could have serious medical, economic, or social motives to avoid pregnancy for a long time period or even for the entire length of the marriage.

¹⁰Pius XII, Address to the National Congress of the Family Front and the Association of Large Families (November 26, 1951), in *Natural Family Planning*, ed. Zimmerman, 231.

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 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.¹¹ 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 for contraceptive purposes was against the natural law and was illicit.¹² 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, 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.¹³ However, Archbishop (later Cardinal) Leo Joseph Suenens from Belgium persuaded John XXIII to take the document out of the general council and 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 period.¹⁴ In 1966, the members completed their task by submitting a majority and a minority report to Paul VI. The majority report recommended that the Church needed to change its teaching on contraception. Reasons given for the desired change were that some of the members felt the rhythm method was inaccurate, and thus 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.¹⁵ The report was not to be shared with others outside 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.¹⁶ The result was a great expectation 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, which is on everyone’s lips, goes by the name of birth control,” but it was clear “no one should arrogate to

¹¹ John Rock, *The Time Has Come: A Catholic Doctor’s Proposals to End the Battle over Birth Control* (New York: Alfred A. Knopf, 1963).

¹² Pius XII, Address to the Seventh International Congress on Hematology (September 12, 1958), http://www.lifeissues.net/writers/doc/doc_32moralityeugenics.html.

¹³ Robert McClory, *Turning Point* (New York: Crossroad, 1997), 39–41.

¹⁴ *Ibid.*, 188–190.

¹⁵ *Ibid.*, 171–187.

¹⁶ Personal communication with Professor Bernardo, a sociologist in Padua, Italy, and a member of the birth control commission (appointed for the second meeting in 1964).

himself the right to take a stand differing from the norm now in force.”¹⁷ Nor were the fathers of the Vatican Council silent on the matter. In the 1965 Vatican II document *Gaudium et spes* (The 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 laws.”¹⁸ Later in the document, the authors again call on Catholic experts, particularly in universities, to study the problem and pursue their research in this area. They say that “people should be discreetly informed of scientific advances in research into methods of birth regulation, whenever the value of these methods has been thoroughly proved and their conformity with the moral order established.”¹⁹

In response to advances in hormonal contraception and confusion about the pill, international concerns about problems of world population, and the majority report of the papal birth control commission, Paul VI issued his encyclical *Humanae vitae* on July 25, 1968.²⁰ In that document he lists the illicit means of family planning (contraception, sterilization, and abortion) and then calls on scientists to develop natural methods of birth regulation and on health care professionals to acquire all the knowledge on the topic of reproductive health. He saw that the proper role of physicians (and other health care professionals) is 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. With the bishops, he was emphatic that at that time this mission was one of their most urgent. Unfortunately, the encyclical was not received well by the groups whom the Pope addressed and whom he asked for help in spreading and supporting its teaching. This caused the Pope great anguish.

In a speech about worldwide overpopulation concerns given in 1974 to the Secretary General of the United Nations, 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, the freedom of peoples, and the primary role of the family, as well as the responsibility proper to married couples.²¹ These basic human values are even more relevant in today’s world. That same year, he gave an address to the Twenty-fifth General Assembly of Pharmacology and again invited

¹⁷Paul VI, Allocation to Cardinals (June 23, 1964), in *Natural Family Planning*, ed. Zimmerman, 233, 234.

¹⁸Vatican Council II, *Gaudium et spes* (December 7, 1965), n. 51, citing Pius XI, *Casti connubii*, and Pius XII, Address to Italian Catholic Midwives, in *Natural Family Planning*, ed. Zimmerman, 236.

¹⁹Vatican Council II, *Gaudium et spes*, n. 87.

²⁰Paul VI, *Humanae vitae* (July 25, 1968).

²¹Paul VI, Allocation to the Executive Director of the UN Fund for Population Activities and the Secretary of the World Population Conference (March 30, 1974), in *Natural Family Planning*, ed. Zimmerman, 256–257.

health professionals to “deepen and broaden their knowledge about Church teaching on the grave question which concerns the concept of man,” which underlies all questions of family planning.²² In 1977, toward the end of his pontificate, in a speech to the Congress of the International Federation of Family Life Promotion, the Pope stated the importance of the knowledge of the biological laws of human fertility which can enhance a healthy regulation of births, and he stressed the need for more scientific research in this area by averring that “scientific research be intensified in this area.”²³ He also said 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 *Familiaris consortio* and, in particular, in the encyclical *Evangelium vitae*.²⁴ Early in his pontificate, 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.”²⁵ A few months later, 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.²⁶

In *Familiaris consortio*, John Paul II asked that scholars explicate the moral and anthropologic differences between contraception and forms of NFP.²⁷ In *Evangelium vitae* he mentioned that 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.²⁸ He said that it is precisely this respect which makes legitimate the use of natural methods of regulating fertility, putting them at the service of responsible procreation. He also mentioned the accuracy 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, health care professionals, and social workers of the importance of proper training in this area.

²²Paul VI, Address to Participants in the Twenty-Fifth General Assembly of Pharmacology (September 7, 1974), in *Natural Family Planning*, ed. Zimmerman, 257.

²³Letter of Cardinal Villot in the name of Pope Paul VI to the Congress of the International Federation for Family Life Promotion (June 1977), in *Natural Family Planning*, ed. Zimmerman, 258.

²⁴John Paul II, Address to promoters of natural family planning (November 3, 1979), and Address to midwives (January 26, 1980), in *Natural Family Planning*, ed. Zimmerman, 258–260; *Familiaris consortio* (November 22, 1981); and *Evangelium vitae* (March 25, 1995).

²⁵John Paul II, Address to promoters of natural family planning, in *Natural Family Planning*, ed. Zimmerman, 259.

²⁶John Paul II, Address to midwives, in *Natural Family Planning*, ed. Zimmerman, 259–260.

²⁷John Paul II, *Familiaris consortio*, n. 52.

²⁸John Paul II, *Evangelium vitae*, n. 88.

A main concern of John Paul II in this encyclical was the desire to build a culture of life, which 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.”²⁹ He also stated that a unique responsibility belongs to health care personnel: doctors, pharmacists, nurses, chaplains, men and women religious, administrators, and volunteers. Later in the same encyclical, he stated that the work of education in the service of life involves the training of married couples in responsible procreation.³⁰ 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. A specific contribution would have to come from universities, particularly Catholic universities, centers, and institutes.

In summary, the Church’s charge for Catholic health care professionals includes (1) continuing to develop and research secure NFP methods for couples, (2) learning about methods of NFP and helping couples learn how to use them, (3) developing NFP centers, and (4) utilizing scholars and intellectuals at Catholic universities to understand, advance, and refine these methods. 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 Natural Family Planning in the United States

Use of Natural Family Planning among Women and Married Couples

In 1950, approximately 60 percent of married Catholic women used a natural form of birth control. By 1960 this number had decreased to 32 percent, and by 1973 to only 3 percent.³¹ In the United States, the percentage of married Catholic women who ever used natural methods of family planning seems to have leveled off at around 2 to 3 percent. This is reflective of the national trend, which shows that 3.9 percent of married women in the United States ever used a natural method in 1982, and about 2 percent in 1988, 1995, and 2002.³² According to 2002 statistics from the National

²⁹Ibid., n. 88.

³⁰C. F. Westoff and N. R. Ryder, “Conception Control among American Catholics,” in *Catholics/U.S.A.: Perspectives on Social Change*, ed. W. T. Liu and N. J. Pallone (New York: Wiley, 1970), 257–268.

³¹C. A. Bachrach, “Contraceptive Practice among American Women: 1973–1982,” *Family Planning Perspectives* 16.6 (November–December 1984): 253–259.

³²W.D. Mosher, “Contraceptive Practice in the United States: 1982–1988,” *Family Planning Perspectives* 22.5 (September–October 1990): 198–205; L. J. Piccinino and W. D. Mosher, “Trends in Contraceptive Use in the United States,” *Family Planning Perspectives* 30.1 (January–February 1998): 4–10, 46; Richard J. Fehring and A. M. Schlidt, “Trends in Contraceptive Use among Catholics in the United States: 1988–1995,” *Linacre Quarterly* 69.2 (2001): 170–185; and W.D. Mosher et al., “Use of Contraception and Use of Family

Survey of Family Growth, only about 0.2 percent of all women between the ages of fifteen and forty-four years in the United States currently use modern NFP methods (i.e., the temperature or cervical mucus method), and only about 0.4 percent of Catholic women. All the users of NFP are married.³³

The survey revealed that in 2002, the three most common methods of contraception among all women (including Catholic women) between the ages of fifteen and forty-four were, in order of frequency, sterilization (male and female combined), oral hormonal contraception (i.e., the pill), and the male condom. Probably the most startling trend in contraceptive use among Catholic women between the ages of fifteen and forty-four is the rate of sterilization. The use of sterilization increases dramatically among Catholic couples after they have had one or two children and after they have reached the age of forty. These trends in contraceptive use among Catholic women reflect the national trend.

Of both concern and interest is the increase in the percentage of Catholic Hispanic women who use contraception. In 1988, the Hispanic group represented 18 percent of the total of Catholic women using some form of contraception, and by 1995 this group had increased to over 33 percent. Another trend of importance is that Catholic women (of all ethnic and racial groups) who have one child or who are childless use the pill as their most frequent method of contraception.³⁴ However, 50 to 60 percent of those Catholic women with two or more children who have used contraception turned to permanent sterilization. Sterilization is also used more frequently among formerly married, less educated, and poorer Catholic women (as compared to those Catholic women who are married, have more than a high school education, and have an income at least 300 percent above the federal poverty level).

Support for Natural Family Planning among Catholic Physicians and Health Care Professionals

In 1968, the year that the encyclical *Humanae vitae* was issued, there were approximately ten thousand members of the National Federation of Catholic Physicians Guilds (now called the Catholic Medical Association), but by 1969 this number had decreased to less than one thousand.³⁵ There was a dramatic decrease in membership right after the release of *Humanae vitae*, partly in response to the use of the pill and disagreement over the official stance of the organization. Today there are still about one thousand members of 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

Planning Services in the United States: 1982–2002,” *Advanced Data from Vital and Health Statistics* 10.350 (2004): 1–36.

³³Jennifer Ohlendorf and Richard J. Fehring, “The Influence of Religiosity on Contraceptive Use among U.S. Catholic Women,” *Linacre Quarterly* 74.2 (May 2007): 135–144.

³⁴Ibid.

³⁵R. F. Vasa, “Episcopal Advisor Relations,” *Catholic Medical Association Newsletter*, December 2008, 7, http://www.cathmed.org/publications/Newsletter_12_2008.pdf.

among these CMA members. According to One More Soul (an organization that supplies an online directory of NFP-only physicians), there are about five hundred NFP-only physicians in the United States.³⁶

A number of studies have documented the lack of knowledge and support for NFP among health care professionals. German researchers interviewed 229 general practitioners and 237 gynecologists and discovered that only 6 percent prescribed NFP, and only 10 percent recommended the NFP method.³⁷ Italian researchers surveyed 121 Italian family practice physicians and found that more than 50 percent of them knew little about NFP methods, 91.8 percent never or rarely recommended them, and only 8 percent would prescribe NFP for their patients.³⁸ Researchers in the United States surveyed obstetrician-gynecologists and physicians in family practice, general practice, and internal medicine in the State of Missouri and found that only 10 percent of them offered NFP as a viable option to patients.³⁹

I have personally investigated the knowledge and support for NFP among professional nurses. In 1995, I surveyed 118 perinatal nurses and 48 physicians about their knowledge and support for NFP.⁴⁰ Fifty-three percent of the nurses and 44 percent of the physicians responded that they would not advise the use of NFP to avoid pregnancy. Nurses and physicians were provided information about NFP in nursing or medical school for, on average, less than one hour. In 2001, I co-authored a study to determine the knowledge and support for NFP among a nationally randomized sample of 514 certified nurse midwives in the United States and found that the certified nurse midwives ranked NFP as one of the least effective family planning methods used in their practice, and that 92 percent of the respondents felt minimally prepared by their educational program to provide NFP services.⁴¹

After reviewing health care providers' lack of NFP education, I began to recommend that professional NFP teacher training programs be offered in nursing and medical schools. NFP teacher training fits well with professional nursing education in that NFP is holistic, behavioral, and educational in nature. Furthermore, researchers

³⁶The NFP-only directory is available at <http://www.omsoul.com/nfp-only.php>.

³⁷R. Snowden et al., "Physicians' Views of Periodic Abstinence Methods: A Study in Four Countries," *Studies in Family Planning* 19.4 (July–August 1988): 215–221; and G. Doring et al., "Results of a Physician Survey on the Status of Knowledge and Attitude to Natural Family Planning in West Germany 1988," *Geburtsh und Frauenheilkeit* 50 (1990): 43–48.

³⁸S. Giroto et al., "The Behavior of Italian Family Planning Physicians regarding the Health Problems of Women and, in particular, Family Planning (Both Contraceptive and NFP)," *Advances in Contraception* 13.2–3 (June 1997): 283–293.

³⁹J. B. Stanford, P. B. Thurman, and J. S. Lemaire, "Physicians' Knowledge and Practice regarding Natural Family Planning," *Obstetrics and Gynecology* 94.5 pt.1 (November 1999): 672–678.

⁴⁰Richard J. Fehring, "Physicians' Knowledge and Use of Natural Family Planning," *Linacre Quarterly* 62 (1995): 22–28.

⁴¹Richard J. Fehring, L. Hanson, and J. B. Stanford, "Nurse-Midwives' Knowledge and Promotion of Lactational Amenorrhea and Other Natural Family Planning Methods for Child Spacing," *Journal of Midwifery and Women's Health* 46.2 (March–April 2001): 68–73.

have demonstrated that when NFP is presented in a positive light to women patients by health care providers, as many as 43 percent of those patients express some interest in using NFP to avoid or achieve pregnancy.⁴² A recent study of Mexican Americans indicated that at least 60 percent would be interested in such methods.⁴³

Natural Family Planning Education for Health Professionals

There are a number of NFP teacher training programs for the general public that can be—and often are—taken by health professionals.⁴⁴ These programs utilize a number of educational approaches, including short one- to four-day workshops and extensive continuing education training programs that include a supervised practice. The USCCB currently lists eighteen local regional and national NFP teacher training programs that are not necessarily specific for health professionals and often include nonprofessional participants. Only a few programs are designed specifically for physician and other health care professionals to learn how to provide NFP methods.

Three Catholic universities in the United States offer online NFP training programs specifically for health care professionals. The Georgetown University Institute for Reproductive Health offers a short two-to-three-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 an online six-credit NFP teacher training program for health professionals, which consists of a three-credit NFP theory course and a three-credit practice course. 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 approval from the United States Conference of Catholic Bishops.

The American Academy of Fertility Care Professionals is an organization that accredits teacher training in what is called the Creighton Model system of NFP. This organization lists seven educational programs in the United States that have met academy accreditation standards. The largest of these is the program at the Pope Paul VI Institute for the Study of Human Reproduction in Omaha, Nebraska. It is noteworthy that the program at the Pope Paul VI Institute provides medical continuing education units through the Creighton University School of Medicine. The Couple to Couple League International is a family-oriented support organization that provides workshops for NFP for health professionals. The program introduces

⁴²Joseph B. Stanford, J. C. Lemaire, and A. Fox, “Interest in Natural Family Planning among Female Family Practice Patients,” *Family Practice Research Journal* 14.3 (September 1994): 237–249; and Joseph B. Stanford, Janice C. Lemaire, and Poppy B. Thurman, “Women’s Interest in Natural Family Planning,” *Journal of Family Practice* 46 (January 1998): 65–71.

⁴³C. J. Leonard et al., “Survey of Attitudes regarding Natural Family Planning in an Urban Hispanic Population,” *Contraception* 74.4 (October 2006): 313–317.

⁴⁴Richard J. Fehring, “The Future of Professional Education in Natural Family Planning,” *Journal of Obstetric, Gynecological, and Neonatal Nursing* 33.1 (February 2004): 34–43.

participants to the sympto-thermal method of NFP and to how the method can be applied to women's health. The Couple to Couple League offers NFP teacher training in person or through distance education. Only married couples are trained as Couple to Couple League teachers. The Billings Ovulation Method Association—USA provides NFP teacher training in the Billings 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, in affiliation with Creighton University School of Medicine, 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 system of NFP—a standardized form of the ovulation method of NFP.⁴⁵ The Creighton Model medical consultants are taught how to integrate NFP with the treatment of women's health problems using what is called natural procreative technology, or NaProTechnology. A recent study reported on the efficacy of NaProTechnology in helping subfertile women achieve pregnancy.⁴⁶

Research in Natural Family Planning

Few new methods of NFP have been introduced since the 1960s, over forty years ago. Some new methods, though, are not practical (such as measuring expiratory carbon dioxide levels), are not very accurate (such as visualizing salivary ferning with a miniature microscope), or are simply not widely used (such as the Marquette method, which uses an electronic hormonal fertility monitor). There have been new developments in already established rules and methods of observing and charting existing indicators, new developments of electronic aids for observing and charting fertility indicators, and new 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 wholly new method, in that similar fixed-day calendar systems of NFP existed in the 1950s and were tested in India.⁴⁷

The effectiveness of NFP methods is also being questioned and reappraised. In 2004, a systematic review was reported in the medical and scientific literature on the efficacy of NFP methods.⁴⁸ The review found only two randomized clinical trials (the

⁴⁵M. L. Barron and K. D. Daly, "Expert in Fertility Appreciation: The Creighton Model Practitioner," *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 30.4 (July–August 2001): 386–391.

⁴⁶Joseph B. Stanford, T. A. Parnell, and P. C. Boyle, "Outcomes from Treatment of Infertility with Natural Procreative Technology in an Irish General Practice," *Journal of the American Board of Family Medicine* 21.5 (September–October 2008): 375–384.

⁴⁷H. Ratner, "Rhythm III: Population Regulation," editorial, *Child and Family* 8.2 (Spring 1969): 98–101.

⁴⁸D. A. Grimes et al., "Fertility Awareness-Based Methods for Contraception:

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 its use over twelve months.⁴⁹ Physicians (whether or not they are Catholic and supportive of NFP) are not going to recommend methods that do not work well.

In a February 2006 article in *Ethics & Medics*, a Catholic and NFP-sympathetic physician expressed this attitude when he stated 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.”⁵⁰ 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.”

I recently attended an international human fertility conference with Dr. Petra Frank-Herrmann, a German physician and 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 Joseph Cardinal Ratzinger. The German bishops had at one time funded a European research group to investigate NFP with the goal of providing the best methods for couples. The German bishops subsequently ceased their funding, apparently under the impression that knowledge about NFP was complete. Cardinal Ratzinger reportedly remarked that the bishops’ decision would be like telling theologians that we should stop further scholarship because our knowledge about theology is complete.

Although there are relatively few scientists interested in NFP methods, some very good research studies are being conducted. 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.⁵¹ 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 using this method comparable to the rate for those using the hormonal pill, i.e., about eight unintended

Systematic Review of Randomized Controlled Trials,” *Contraception* 72.2 (August 2005): 85–90; and D. A. Grimes, “Fertility Awareness-Based Methods for Contraception,” *Cochrane Database Systematic Review* 18.4 (October 2004).

⁴⁹K. Kost et al., “Estimates of Contraceptive Failure from the 2002 National Survey of Family Growth,” *Contraception* 77.1 (January 2008): 10–21.

⁵⁰R. Lieva, “The Need for Better NFP Studies,” *Ethics & Medics* 31.2 (February 2006): 1–2.

⁵¹Marcos Arévalo, Victoria Jennings, and Irit Sinai, “Efficacy of a New Method of Family Planning: The Standard Days Method,” *Contraception* 65 (2002): 333–338, http://pdf.dec.org/pdf_docs/PNACQ416.pdf; and Marcos Arévalo et al., “Efficacy of the New Two Day Method of Family Planning,” *Fertility and Sterility* 82.4 (2004): 885–892.

pregnancies per one hundred women over twelve months of use.⁵² Scientists from the United States and from Europe have been estimating the true fertile window and the day-specific probabilities of pregnancy during the fertile window. They have discovered that for an individual woman, pregnancy can occur only during a six-day interval (the day of ovulation and the five preceding days) and that the two most fertile days are the two days before ovulation.⁵³

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.⁵⁴ Hand-held electronic hormonal fertility monitors are now available. In Europe the fertility monitors are used for avoiding pregnancy, but in the United States they are used for achieving pregnancy.⁵⁵ Randomized control trials are still needed to investigate the efficacy of these devices for both achieving and avoiding pregnancy. A recent clinical trial among women trying to achieve pregnancy with use of a hormonal electronic fertility monitor, compared to a control group of women using sporadic acts of intercourse, showed a significant increase in cumulative pregnancy rates among the fertility monitor users over three cycles of use.⁵⁶

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 three efficacy studies—a prospective study, a retrospective study, and a comparison study.⁵⁷

⁵²P. Frank-Herrmann et al., “The Effectiveness of a Fertility Awareness Based Method to Avoid Pregnancy in Relation to a Couple’s Sexual Behavior during the Fertile Time: A Prospective Longitudinal Study,” *Human Reproduction* 22.5 (May 2007): 1310–1319.

⁵³ Allen J. Wilcox, Clarice R. Weinberg, and Donna D. Baird, “Timing of Sexual Intercourse in Relation to Ovulation: Effects on the Probability of Conception, Survival of the Pregnancy, and Sex of the Baby,” *New England Journal of Medicine* 333.23 (December 7, 1995): 517–521; David B. Dunson et al., “Day-Specific Probabilities of Clinical Pregnancy Based on Two Studies with Imperfect Measures of Ovulation,” *Human Reproduction* 14.7 (July 1999): 1835–1839; and David B. Dunson, Bernado Columbo, and Donna D. Baird, “Changes with Age in the Level and Duration of Fertility in the Menstrual Cycle,” *Human Reproduction* 17.5 (2002): 1399–1403.

⁵⁴J. Bonner et al., “Personal Hormone Monitoring for Contraception,” *British Journal of Family Planning* 24.4 (January 1999): 128–134; and H. M. Behre et al., “Prediction of Ovulation by Urinary Hormone Measurements with the Home Use ClearPlan® Fertility Monitor: Comparison with Transvaginal Ultrasound Scans and Serum Hormone Measurements,” *Human Reproduction* 15.2 (2002): 2478–2482.

⁵⁵K. May, “Home Monitoring with the ClearPlan Easy Fertility Monitor for Fertility Awareness,” *Journal of International Medical Research* 29.supplement 1 (2001): 14A–20A.

⁵⁶J. E. Robinson, M. Waklin, and J. E. Ellis, “Increased Pregnancy Rate with Use of the Clearblue Easy Fertility Monitor,” *Fertility and Sterility* 87.2 (February 2007): 329–334.

⁵⁷Richard J. Fehring et al., “Efficacy of Cervical Mucus Observations plus Electronic Hormonal Fertility Monitoring as a Method of Natural Family Planning,” *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 36.2 (March–April 2007): 152–160; Richard J.

The use of the monitor seems to bring an objectivity, an accuracy in identifying the fertile phase, and a greater efficacy in helping couples avoid pregnancy. We have also developed a protocol with use of the monitor for women who are not ovulating during breastfeeding and who wish to avoid pregnancy.⁵⁸ 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 effectiveness of the electronic hormonal fertility monitor to cervical mucus monitoring. The participants in the study access online information on the methods and utilize an online electronic charting system that automatically calculates their fertility phase. The participants also 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, that is, clinical trials that compare one method of NFP with another. (To randomly compare NFP methods with contraceptive methods would be immoral.) 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 also a need for NFP methods that are easier for couples to use and easier for instructors to teach.⁵⁹ Currently, NFP methods are, for the most part, very teaching-intensive and do not fit well into health care practices. Latz's simple method, developed in the 1930s, could be taught in a twelve-minute session. The Georgetown Institute for Reproductive Health group has developed two simplified modern methods that can be easily taught and integrated into health care systems. Another way of reducing the time it takes to teach NFP methods is by integrating NFP education with new educational technology, such as online teaching methods, podcasts, and chat rooms. We also need research that investigates the efficacy of new technologies utilized in NFP practice, like hand-held fertility monitors and online charting, and user satisfaction with them.

Another important area of research is the study of the effects of NFP on marital dynamics. Are NFP methods harmful to the marital bond (as put forth in

Fehring M. Schneider, and M. L. Barron, "Efficacy of the Marquette Method of Natural Family Planning," *MCN: American Journal of Maternal Child Nursing* 33.6 (November–December 2008): 348–354; and Richard J. Fehring et al., "Cohort Comparison of Two Fertility Awareness Methods of Family Planning," *Journal of Reproductive Medicine* 54 (2009): 165–170.

⁵⁸Richard J. Fehring, M. L. Barron, and M. Schneider, "Protocol for Determining Fertility While Breastfeeding and Not in Cycles," *Fertility and Sterility* 84.3 (September 2005): 805–807.

⁵⁹Marcos Arévalo, "Expanding the Availability and Improving Delivery of Natural Family Planning Services and Fertility Awareness Education: Providers' Perspectives," *Advances in Contraception* 13.2–3 (June 1997): 275–281.

the majority decision of the papal birth control commission in 1968), or does NFP help strengthen marriages (as NFP advocates claim)? The little research we have on marital dynamics and the use of NFP indicates that, far from harming marriage, it supports marriage.⁶⁰ However, there is little good research on the psychological, social, and spiritual aspects of NFP use.

Just as the German bishop's conference funded research on NFP, it would serve U.S. Catholics well if the Catholic bishops and Catholic foundations were to provide funding for NFP research in the United States. At present, research efforts are being made only on the individual or small-group level by physicians and scientists. To make a bigger impact, groups of qualified scientists and clinicians should work together to pool diverse talents and areas of knowledge (e.g., biochemistry, bioengineering, reproductive endocrinology, bioinformatics, medicine, and nursing) in order to avoid bias and to effect larger studies. Such groups would also be more likely to attract more grant money for 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 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 by scientific standards. Marquette University, in cooperation with the USCCB and other Catholic universities, has offered two such scholarly conferences and subsequently published the proceedings.⁶¹ Marquette hopes to offer more of these conferences in the future and to include more Catholic institutions of higher learning. Although there are other venues for presenting academic research in NFP, such as professional conferences, relatively few individuals are 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 comprising Catholic intellectuals and scientists along with those of other faiths, who could regularly gather to discuss and present findings on NFP methods and related topics, is a continuing need.

Education

I would like to see NFP teacher training integrated into Catholic medical and nursing programs. At a minimum, more lecture time needs to be devoted to these methods; currently, a typical student is likely to learn about NFP by attending a clinical session on the topic of contraception and listening to a five-minute presentation

⁶⁰L. VandeVusse et al., "Couples Views of the Effects of Natural Family Planning," *Journal of Nursing Scholarship* 35.2 (2003): 171–176.

⁶¹Richard J. Fehring and Theresa Notare, eds. *Integrating Faith and Science through Natural Family Planning* (Milwaukee: Marquette Press, 2004); and Richard J. Fehring and Theresa Notare, eds. *Human Fertility: Where Faith and Science Meet* (Milwaukee: Marquette Press, 2008).

on NFP that equates NFP with contraception and then dismisses it as ineffective. I would like to see NFP teacher training programs integrated into advanced practice programs in women's health care, maternal and child health care, family health care, and midwifery and especially the required doctorate for advanced nursing practice. Furthermore, NFP should be integrated into all Catholic-based residency training programs in family medicine and obstetrics. Residency programs sponsored by Catholic hospitals, residency programs in obstetrics and gynecology based in Catholic medical schools, and residency programs in family medicine 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, and we in the United States should learn from their efforts.⁶²

For such training programs to work, however, 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, bioethicists, and health care professionals. This organization could be involved in 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 (the Society of Family Planning) exists for health professionals who provide contraceptive services and conduct contraceptive research.

Hiring faithful Catholic health professionals in our health care systems, especially at leadership levels, and hiring Catholic educators and scientists in our Catholic systems of higher education is another way of ensuring that NFP education and NFP services are provided. Even only a few faithful Catholics (and non-Catholics who 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 want to learn about NFP and do not want to prescribe contraception would have the support of their mentors and role models.

Natural Family Planning Services

In 1995, Dr. Carl Werner and I conducted a study to determine the extent of NFP services provided by Catholic health care institutions.⁶³ We found that only about 33 percent of Catholic hospitals provided any NFP services and the services provided were minimal. I suspect this amount is even less today. Although many of these Catholic institutions offer obstetric and gynecological services, the staff and administration are

⁶²J. de Irala, I. Serrano, and V. Vilar, "Two-Year Experience Introducing NFP to University Students," presented at the European Institute of Family Life Education Conference in Milan, Italy, July 2000, parallel session abstract 7, <http://www.eifile.org/conferences/abstracts.shtml?loc=milano&type=parallelsessions>.

⁶³Richard J. Fehring and Carl Werner, "Natural Family Planning and Catholic Hospitals: A National Survey," *Linacre Quarterly* 60.4 (November 1993): 29–34.

not likely to include NFP as part of the services. Some of these same institutions—in spite of their apparent Catholic affiliation—go out of their way to figure out how to provide contraceptive and even permanent 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 U.S. bishops could put quiet pressure on these institutions to do so. But until enough couples request NFP services, enough health professionals are willing and prepared to provide these services, and enough health care administrators see these services as important, this is not likely to happen.

Catholic hospitals could also provide services that depend on the integration of NFP for success. Infertility services that follow the teaching of the Church, for example, often involve monitoring the menstrual cycle to help the couple target the most fertile days for intercourse and enable the physician to schedule diagnostic tests and treatments and assess for abnormalities at appropriate times. Pope Benedict XVI recently expressed gratitude to NFP researchers working on ways to combat sterility, and said that 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.”⁶⁴ Hospitals could also sponsor teen chastity-based programs that integrate fertility appreciation as a means for decreasing teen pregnancies and sexually transmitted infections.

Catholic physicians and health care providers should also be involved in helping to integrate NFP services into marriage preparation. Health care providers, in particular physicians and professional nurses, are appropriate persons to provide information on NFP to young couples. When Catholic physicians give presentations on NFP as part of marriage preparation courses and in other situations, they lend credibility to NFP methods. The physicians of the Milwaukee Guild of the Catholic Medical Association provide a generic NFP presentation to all marriage preparation classes 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 Dr. Kathleen Raviele) 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 marriage preparation but also with already married couples. 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 prepare those seeking marriage. In 1997, John Paul II said 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

⁶⁴Benedict XVI, Message on the Occasion of the Fortieth Anniversary of Paul VI’s Encyclical *Humanae vitae* (October 2, 2008).

natural methods.”⁶⁵ Physicians could be involved in counseling individual couples, giving group presentations, and supporting parish priests in NFP and human sexuality education. Parish nurses who are users or supporters of NFP methods could also be pivotal in helping parishes provide NFP services. The parish nurse could organize introductory NFP sessions, 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 and providing information about fertility awareness for adolescents and their parents. Parish nurses could even host panels on NFP, which would include a priest, an NFP-only physician, a professional nurse who teaches NFP, and a couple who practice it.

Answering the Call

Natural family planning fits well into health care. It is integrative, it is respectful of the person, and it helps build marriage and family life. Contraception, sterilization, and abortion are not integrative and have virtually no place in Catholic health care. Catholic physicians, professional nurses, and scientists have been consistently called by the Church to help develop secure methods of NFP and to provide NFP services to couples. However, relatively few physicians and health professionals have answered this call. Those who have need continual prayer and fortitude to practice 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.

⁶⁵ John Paul II, Address to Teachers of Natural Family Planning (December 7, 1996).