

FAMILY PLANNING & FERTILITY

EVERYTHING YOU WISH
YOU ALREADY KNEW



ARCHDIOCESE *of* MILWAUKEE

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FAMILY PLANNING & FERTILITY:

INTRODUCTION

This one, at last, is bone of my bones and flesh of my flesh!
—Genesis 2:23 NABRE

These are the words the first man, Adam, proclaimed when he laid eyes on the first woman, Eve. After searching the entire animal kingdom for a suitable partner, laying eyes on her made everything make sense for Adam. Things just “clicked.” They fell in love instantly and God blessed their union with the command to “be fruitful and multiply.” *He was not talking about eating strawberries and math problems.*

To be blunt, this book is about sex. As the Book of Genesis shows, sex has always been an essential part of marriage, and it is no different today. While sex is just one part of this relationship, it is certainly among the most intimate and most difficult to talk about openly. This small book aims to support your marriage and your relationship with your spouse. God has made each of us to love and to be loved, and no human relationship experiences this reality more deeply than a husband and wife.

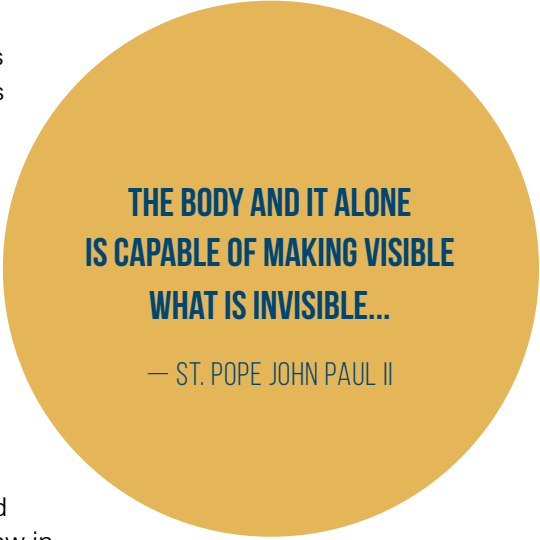
This book is also about learning and accepting God’s plan for sex and marriage. God created marriage with a specific purpose — and that purpose was to bring great joy to both husband and wife every day for the rest of their lives. As we’ll see, children play a major role in the plan and joy God intends for marriage.

Further, this book is written with the following beliefs:

- We believe that fertility is both a gift and a responsibility.
- We believe in encouraging *partnership* between husbands and wives.
- We believe in offering information rooted in the Catholic faith and sound science.
- We believe in making Natural Family Planning accessible to every couple.

Whether God has always factored into your thoughts on sex and marriage or this is a brand new concept, this book is for you.

Think of this book as a guide. You will find principles and paths here, but ultimately every couple must discover God's plan for their marriage and strive to live it out together. No marriage does this perfectly, but God continually invites us to grow in our understanding of what love is and how to love as God does.



**THE BODY AND IT ALONE
IS CAPABLE OF MAKING VISIBLE
WHAT IS INVISIBLE...**

— ST. POPE JOHN PAUL II

One final note: you might notice that this book speaks a lot about female fertility. This does not imply that women alone are responsible for fertility, but acknowledges that women's fertility fluctuates over time, while men are fertile every day. Ideally, both husbands and wives take an active role in the gift and responsibility of their shared fertility.

Know of our prayers for you, your marriage, and your family as you begin this journey.

FAMILY PLANNING & FERTILITY:

SPEAKING LOVE

God creates every person with both a body and a soul. Both are good and necessary parts of being human. Both are intricately and purposefully connected; each provides insight about the other. Because of this connection, our physical bodies are capable of expressing the interior realities of our hearts and souls. Hand gestures, facial expressions, and other body language can even express our inner thoughts more accurately than our words. Often, we communicate with this language without being fully conscious of what our bodies are saying.

Likewise, sex speaks a language, a language both visible and invisible. During arousal and orgasm, many powerful neurochemicals are released in the body, each with unique biological purposes.¹ Within a loving and faithful marriage, these releases deepen the bond between spouses, causing them to experience growth in intimacy, security, and the ability to be at rest with one another. Likewise, this visible expression of love between spouses can result in visible fruit — a child. Because of this, the natural outcomes of sex can be seen as twofold: unification (bonding) of spouses and procreation (pregnancy).

These purposes and outcomes of sex, bonding and babies, are written into our very biology. Both are the result of love and creativity. It is awe-inspiring to consider that the very action that strengthens and renews the bond of love for a married couple is also the action that most obviously expands the love of the husband and wife beyond

themselves. We have within our biology the ability and gift to be co-creators with God – to create and nurture new life – body and soul. While conception does not happen every time a couple has sex, if both the woman's body and the man's body are functioning as they should, one outcome of sex is that the couple may conceive a child and their family may grow.

God desires that all married couples realize the full potential of their marriage bond. Because the possibility of conception is intrinsic to the nature of sex, God calls couples to remain open to this gift throughout their lives. If a married couple knowingly excludes or disrupts either purpose (procreative or unitive) of the marital act before, during, or after intercourse, including the use of contraceptives, they dismiss this essential part of God's plan for married love and for creation.³

ACTIONS OF NEUROCHEMICALS²

These chemicals are released leading up to, during, and following sexual climax:

DOPAMINE is a pleasure hormone released before and during intercourse. It narrows a person's focus and attention causing a person to ignore negatives.

NOREPINEPHRINE creates a feeling of exhilaration and increases the capacity of a person's memory. This allows details of the intimate experience to be recalled at a later time.

SEROTONIN relieves stress and allows for deep feelings of calmness and satisfaction.

OXYTOCIN creates a sense of bonding; it peaks during sexual climax and emotionally bonds the couple together. *(This same chemical surges in women during labor, childbirth, and breastfeeding, assisting in bonding mother and child.)*

VASOPRESSIN is a "commitment" chemical. It has an especially strong impact on men because of the way it interacts with testosterone. It peaks at sexual climax, making the man feel bonded and committed to the woman.

FAMILY PLANNING & FERTILITY:

BODY LITERACY AND FERTILITY

Our bodies speak interiorly to us, often on a moment-by-moment basis. The feeling of hunger tells us we need food. We know the feeling signaling we need to go to the bathroom. When we cut or burn ourselves, our body lets us know it is injured. Vital signs – like our temperature or heart rate – also communicate about our wellness. When these vital signs are out of a healthy range, they alert us to a potential problem.

Another way our bodies communicate health is through our fertility. Some have begun to talk about fertility as the fifth vital sign.^{2,4,5} When a woman's fertility is optimally functioning, her body says, "I am well!" The absence of fertility in an adult body is, therefore, a message saying something is not optimal, "Something I need to function wholly is not present." In other words, fertility is a sign of health, not a chronic condition or a problem to be managed.

For a woman, losing her fertility can be like a fire alarm. Her body can also speak in more subtle ways through irregular periods, pelvic pain, extremely heavy or light periods, disruptive mood changes, cycles that are too long or short, and more. All of these symptoms deserve attention, but symptom management is not enough. We should also be asking "What is this symptom saying?"

Women's menstrual cycles are vital signs of health that should be preserved. In the case of fertility, regular periods tell us that ovulation is occurring and provides important feedback about the functioning of a woman's body. This information can empower a woman to maintain her natural cycles for her whole reproductive life while she also enjoys the health benefits associated with regular ovulation, including long term health of the brain, bones, and the cardiovascular system.⁵ Because they both signify and contribute to a woman's bodily health, cycles should not be purposefully disrupted without need.

In addition, learning about fertility and the cyclical signs of a woman's body can improve a husband and wife's relationship both with each other and with God. The world bombards us with the message that sexual morality and fertility stand in the way of our freedom and happiness, but this mindset disregards all that our bodies and sex intend to communicate. With the support of science, knowledge of ourselves, and practice, couples can learn to live harmoniously with their fertility instead of attempting to overcome it.

FAMILY PLANNING & FERTILITY:

CYCLE BASICS

Today, there are many scientifically-proven methods of fertility tracking. Depending on the method, monitoring may include observing temperature, bleeding, and cervical fluid (or cervical mucus), among other signs.

As a woman tracks her cycle, she will also be able to see how her body responds to health and lifestyle changes, increased levels of stress, and other parts of life. These observations can be a powerful tool in identifying health concerns, as well as provide critical information to healthcare providers in treating the root causes of any medical issues.

What is a healthy cycle?

The “textbook average” for a woman’s cycle is 28 days, with ovulation happening around day 14. This average, however, may not be representative of what “normal” looks like for each individual woman. It is typical for there to be fluctuations in the length of the cycle and timing of ovulation every single cycle. Instead of comparing a woman’s cycle to an average, it is more useful to talk about healthy cycle parameters.

What is the range of normal?

A woman’s cycle can be identified in four phases by what can be observed from the outside of her body. These cyclical changes allow us to understand the language of a woman’s cycle with confidence:

1. Menstrual phase

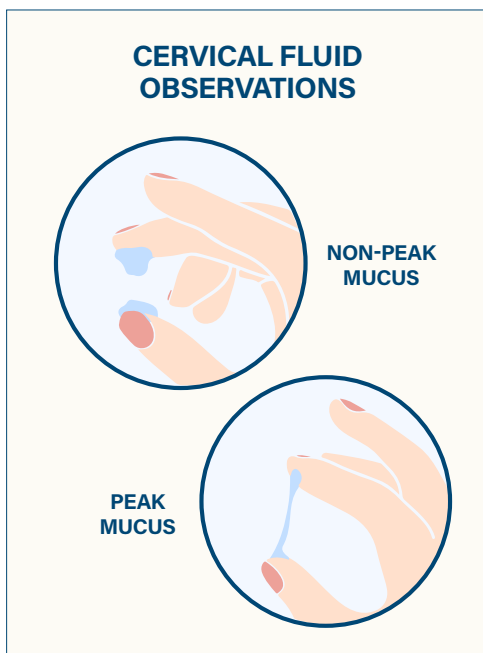
This phase starts on day 1 of the cycle, the first day of a woman’s period and ends anywhere from day 3 to 7.

2. Preovulatory phase (dry days)

Following the end of menstrual bleeding, a woman will typically notice 2 to 10 dry days. This means that when she uses the restroom, she will notice an absence of both blood and cervical fluid; she will note dryness.

3. Mucus phase

Ovulation occurs during this phase. As a woman's body approaches ovulation, the mucus phase begins. This is a dramatic change, and a woman will notice a progressive shift in her cervical fluid (mucus) over the next 2 to 7 days. The mucus typically starts out white in color, is creamy, and won't stretch far (*Figure 1*). It then progresses to be clear, stretchy, and lubricative (similar to raw egg white, feeling slippery when wiped).



(Figure 1)

This is a healthy, hydro-gel fluid produced by the cervix which aids in the transportation and nourishment of sperm as her body prepares for the potential fertilization of an egg. It is an essential part of fertility and conception. When cervical fluid is present, sperm can survive for 3 to 5 days in a woman's reproductive tract. Without adequate and healthy cervical fluid, sperm will die within hours.

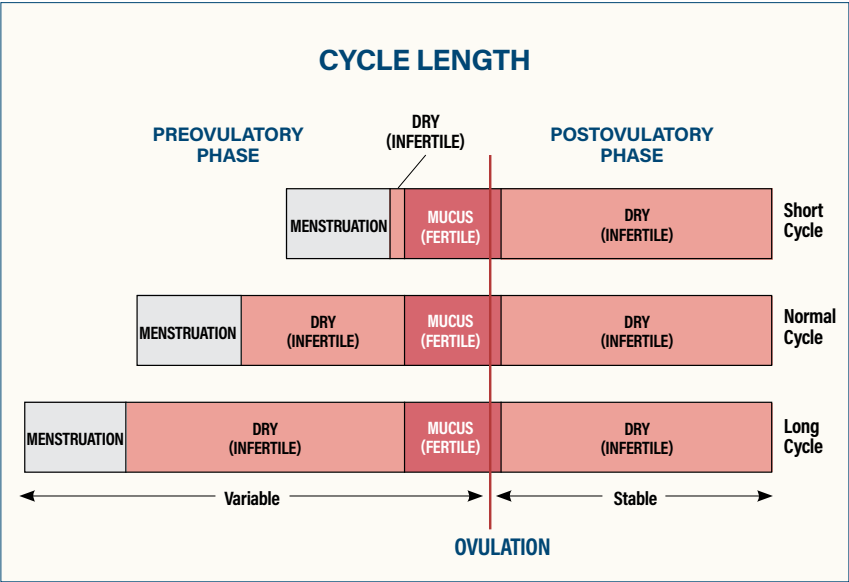
4. Postovulatory phase (dry days)

After the mucus phase and ovulation, there will be a dramatic shift back to dryness. This phase, sometimes called the luteal phase, lasts about 8-17 days;⁶ during this time, the woman will once again notice an absence of blood and cervical fluid, resulting in vaginal dryness. If a couple does not conceive a child during the mucus phase, menstruation follows and the cycle begins again.

When we look at the cycle in its entirety, a normal menstrual cycle lasts between 24-35 days.⁴ There is more variability in a woman's cycle when she is young and first begins cycling, and again when she is older and approaching menopause. Cycle length is most consistent in the middle of a woman's reproductive years. Changes in cycle length can also be affected by the way the body responds to stress, illness, and other substantial life events.⁶

External and internal factors affect the length of the first half of the cycle. Because of these variable factors, we cannot predict exactly when ovulation will occur (*Figure 2*). Instead, bodily indicators (cervical fluid, temperature, cervical changes, and hormone readings) observed on a daily basis help identify the fertile window, starting when ovulation is approaching and ending after it has occurred. No matter how long or short the preovulatory time lasts in a given cycle, a couple is empowered through these observations to cooperate with their biology and fertility to either achieve or postpone pregnancy.

See Appendix A for an in depth look at what is happening during the cycle, step by step.



(Figure 2)

FAMILY PLANNING & FERTILITY:

CONTRACEPTION

Despite its pervasive use (whether for spacing pregnancy or other health conditions), chemical, barrier, or combination method contraceptives disrupt or alter a woman's fertility and natural cycle. Most hormonal contraceptives prevent ovulation, the release of the egg. These options also impact production of cervical fluid, which is necessary to transport and nourish a man's sperm once inside the woman's reproductive tract. Lastly, contraceptives prevent a woman's body from developing a thick, hospitable uterine lining where a fertilized egg can implant.

Most barrier and non-hormonal contraceptives attempt to physically block sperm from entering the woman's reproductive tract, change the pH in the woman's reproductive tract, and/or attack sperm so that sperm cannot survive.

Contraception relies on a couple or individual to accurately learn and practice how to use the contraception, or on the skill of the medical provider administering the contraceptive. Types of contraceptives include: pills, condoms, diaphragms, gels, foams, implants, IUDs, shots, patches, rings, sponges, caps, surgery, etc.

The side effects and risks of contraceptives are manifold. Some known side effects are an increased mortality rate by increasing risk of deep vein thrombosis, ischaemic stroke, cervical cancer, breast cancer, liver cancer, and blood clots which could result in death.^{2,4} Additional side effects noted are clitoral shrinkage, shrinkage of vulvar tissue,

vulvodynia (painful sex), low libido, loss of sex drive, depression, anxiety, panic attacks, migraine headaches, irritability, intrusive thoughts, emotional outbursts, mood disorders, multiple nutrient deficiencies, recurrent yeast infections, persistent HPV infection, cervical dysplasia, weight gain, insomnia, fatigue, feelings of dread and hopelessness, uncontrollable crying, suicidal thoughts, and increased tendency toward anger and/or aggression.^{2,4} Not every woman will experience side effects, but many women do. These are real risks worth knowing and understanding.

Most importantly, couples often assume that conception is not possible while using contraception. However, “breakthrough ovulation” occurs in up to 3 out of 12 cycles.⁷ If sperm is able to survive and fertilize the egg and conception occurs, a new human person exists. However, that baby may not be able to implant into the uterus (due to the contraceptive restricting the growth of a thick uterine lining to support the child) and the contraceptive will have caused a miscarriage. To the woman, things may look just like a normal menstrual bleed.

Women’s health

Many women are prescribed hormonal birth control, not as a means of family planning but to manage symptoms of various health concerns including: acne, pain, heavy bleeding, prolonged bleeding, irregular cycles, cramping, polycystic ovarian syndrome, endometriosis, uterine fibroids, and a variety of other symptoms.⁴ While on birth control, women may observe that they are bleeding regularly, their pain decreases, and various other side effects seem to resolve. A regularly occurring pain free period is a sign that a woman’s body is functioning healthily.

Health care providers want to help their patients feel better, and on birth control many patients do. But many people are unaware that the bleeds women experience on birth control are not healthy menstrual bleeds. Healthy menstrual bleeds *only* occur as the result of ovulation, which birth control aims to stop. Instead a woman on hormonal contraception sees a withdrawal bleed. This is caused by a drop in synthetic hormone levels on birth control. This bleed may seem like a period and even mistakenly lead some to believe that their cycles are now “regulated,” but these withdrawal bleeds are not an indicator of a healthy functioning female body.



PERIOD PAIN

Your period should not be painful: Many women experience pelvic pain during their periods and at other times during the cycle. A healthy cycle does not have to be painful. While it can be normal for women to experience discomfort or mild cramping, anything that is not resolved with over the counter pain medicine or disrupts your daily activities means something is not functioning optimally. In this case pain is the body's way of saying "pay attention, something is not right." Pelvic pain can be indicative of underlying disorders such as endometriosis and should always be taken seriously by your medical provider. If you experience pain and need support addressing the root cause, reach out for a referral. Contact information can be found in the resource section.

Hormonal contraception may decrease the expression of distressing symptoms because they have interrupted, quieted, and replaced the body's natural hormones, but they cannot fix or heal what was causing the symptoms in the first place. Symptom management is important but healing the underlying cause when possible is far better.

When a woman discontinues birth control (like many do when they experience side effects or when a couple try to conceive a baby), they find that the symptoms come back. The root cause hasn't been addressed and health has not been restored. Most women are led to believe that taking birth control is a treatment when in reality it can only suppress symptoms. Not only does birth control not heal the underlying issue, it also suppresses ovulation, which has numerous health benefits and is a vital sign of health for women.^{5,8}

FAMILY PLANNING & FERTILITY:

NATURAL FAMILY PLANNING

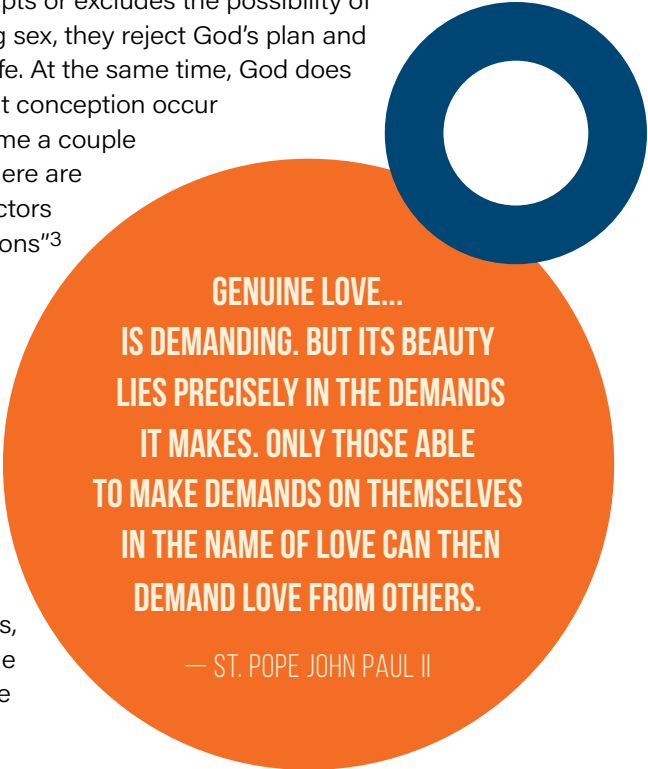
Many couples who use contraceptives do so because they believe it is the best option available to them. But contraception is not the only way. Many have never heard that there are highly effective means of family planning that are not contraceptive and can help support physical and emotional well being and healthy bonding between couples. A growing number of women over the past few decades have become interested in switching from contraceptives in order to track their menstrual cycles both for family planning and health monitoring.^{9,10,11} These methods, called Natural Family Planning (NFP), work with a woman's cycle, increase the understanding women have of their bodies, and respect the great gifts of fertility and procreation.

NFP allows a couple to understand which days of the cycle are fertile and which are infertile. It is a shared system, between a husband and wife, that uses observable changes in the woman's body to track and chart their fertility, then make decisions about when to have sex. This information, once learned, can be used to help couples throughout their entire lives as a diagnostic tool to support women's health, to plan pregnancy, and to space pregnancy when there is a well grounded reason to do so.

On “Family Planning”

Recall that the natural end of marriage and sex is both the unification of the spouses and procreation. For this reason, any time a couple

purposefully disrupts or excludes the possibility of conception during sex, they reject God's plan and desire for family life. At the same time, God does not command that conception occur each and every time a couple has sex. In fact, there are many "external factors and social conditions"³ that may present a serious and well-grounded reason a couple would consider postponing pregnancy. These might include physical or mental health concerns, finances, or providing for the needs of the entire family.



**GENUINE LOVE...
IS DEMANDING. BUT ITS BEAUTY
LIES PRECISELY IN THE DEMANDS
IT MAKES. ONLY THOSE ABLE
TO MAKE DEMANDS ON THEMSELVES
IN THE NAME OF LOVE CAN THEN
DEMAND LOVE FROM OTHERS.**

— ST. POPE JOHN PAUL II

Because the life and circumstances of each couple is unique, there is no one size fits all guide or approach to this decision. It is the responsibility of each couple to make these decisions rooted in prayer and the guidance of the Church and her pastors. Ultimately, all couples are called to be responsible in growing their family with a predisposition towards allowing their love to bear fruit through children.

How does Natural Family Planning Work?

All NFP methods rely on real time daily observations of a woman's cycle. By learning to build in quick, mindful, daily observations, a couple can look at each day as it happens and assess whether or not they are fertile or infertile. NFP is not a prediction or guess. On the contrary, NFP is a real-time assessment about a woman's current cycle. NFP is also not the rhythm method, which predicts fertility based on historical estimations and very regular cycles. The rhythm method is not responsive to real time fluctuations, leading to lower effectiveness. NFP

is responsive to those fluctuations, making it effective for both regular and irregular cycles.

Depending on the method of NFP chosen, data gathering on a daily basis may include observations of cervical fluid when using the bathroom, taking one's temperature first thing in the morning, noting cervical changes, or taking urinary hormone readings with the help of an at-home hormone monitor. A certified teacher will be able to direct the couple in the protocol of their chosen method.

If a couple's goal is to achieve a pregnancy, they will focus their timing of sex on days identified as fertile. They may choose to have sex during times of infertility as well, but because of their knowledge of the woman's cycle and their observations of fertility biomarkers, they understand that those acts of intercourse will likely not result in pregnancy. If a couple's goal is to space pregnancy, they will choose to have sex only during times of infertility and avoid intercourse and genital contact on days of fertility.

How Long is a Couple Fertile Each Cycle?

There are six to seven days each cycle when a couple can achieve pregnancy, which is a combination of several factors. Once ovulated, an egg can survive up to 24 hours. On rare occasions, a second egg may be ovulated within 24 hours of the first. This equals two days where an egg may be present and conception can occur. Sperm can live in healthy cervical fluid for up to five days. This means that sex up to five days prior to ovulation can lead to conception. Together, then, the lifespan of the sperm (in the presence of good quality cervical fluid) and the egg results in a six to seven day fertile window each cycle.

In many cases, fertile signs are seen earlier than these fertile days as a woman's body prepares for ovulation. Some couples observe fertile signs eight or more days prior to ovulation. Because we cannot predict the exact moment of ovulation, all NFP methods have buffer days built into their protocols. A couple practicing NFP to space pregnancies can anticipate abstaining from sex for a minimum of nine days each cycle. Couples practicing NFP to achieve pregnancy should consult with a certified NFP instructor for optimal timing of intercourse.

Making decisions about fertility and adjusting behavior to be intentional

about those goals can and should involve conversation and prayer; it's possible it may also involve the tough task of reassessing past fertility choices. Some couples become concerned about the amount of abstaining that NFP requires when spacing pregnancy. However, couples have always had the freedom to choose the timing of sex based on a variety of factors including health, energy level, desire, and when your in-laws are sleeping down the hall. NFP requires commitment and sacrifice on the part of the couple, but it is also free from pharmaceutical side effects. Commitment and sacrifice certainly take effort, but they are also building blocks of strong marriages and families.

NFP vs. Contraception

One major difference between NFP and contraception is that contraception requires a couple to physically or chemically alter sex or their bodies in some way, regardless of whether or not the couple is fertile. Typically, we do not take a part of our body that is working and suppress it, but this is what contraceptives do.


















NFP provides a way to make informed choices, working with the body instead of against it. Since marriage is naturally ordered towards procreation, practicing NFP acknowledges the goodness of a couple's fertility that, when functioning normally, does not need to be altered.

Understanding the benefits and risks of any health or family planning decisions is a standard part of informed care. Knowing what NFP is and how it works, as well as how different forms of contraception work, reveal a stark contrast between the two. NFP provides information about the human body and gives couples the tools to cooperate with their bodies and fertility. Contraception interrupts a normal biological process. NFP also relies on a couple accurately learning and practicing the protocol for a chosen method (*see page 30 for method overviews*) by observing and noting any number of specific realtime biomarkers; it relies on open communication about the status of fertility so that joint decisions can be made.

A common critique of contraceptives is that the responsibility and potential side effects of family planning often falls unequally on one person or the other. NFP allows a couple to share the responsibility

NFP & CONTRACEPTIVE EFFECTIVENESS

(Typical use effectiveness rates for postponing pregnancy)

METHOD	AS FEW AS _____ WOMEN BECOME PREGNANT IN A YEAR	
No Method ¹²	About 85 in 100	 +35
Creighton Model ¹³	About 3 in 100	
SymptoThermal Method ¹⁴	About 2 in 100	
Marquette Method ¹⁵	About 2 in 100	
Billings Method ¹⁶	About 10 in 100	
Spermicides ¹⁷	About 28 in 100	
Withdrawl ¹⁷	About 22 in 100	
Condoms ¹⁷	About 21 in 100	
Pill ¹⁷	About 9 in 100	
Vaginal/Nuva Ring ¹⁷	About 9 in 100	
Patch ¹⁷	About 9 in 100	
Depo Provera Shot ¹⁷ (Injected by physician)	About 6 in 100	
Implanon Implant ¹⁷ (Inserted under arm by physician)	Less than 1 in 100	
IUD - Mirena ¹⁷ (Inserted in uterus by physician)	Less than 1 in 100	
IUD - ParaGuard (copper) ¹⁷ (Inserted in uterus by physician)	Less than 1 in 100	
Sterilization - Tubal Ligation Surgery ¹⁷	Less than 1 in 100	
Sterilization - Vasectomy Surgery ¹⁷	Less than 1 in 100	
Abstinence ¹²	0 in 100	

(Figure 3)

and work together in their family goals across many seasons of life. It is worth noting that NFP has comparable or higher effectiveness rates for spacing pregnancies than common contraceptives (*Figure 3*).

Some couples express concern that Natural Family Planning is just a Church-approved form of contraception, that the underlying mentality (not having children) is a problem or even sinful. NFP cannot be contraceptive because nothing about it prevents conception from occurring. Nothing takes place before, during, nor after sex that would prevent the conception of a child. The act itself may be infertile (due to where the woman is in her cycle), but the couple has not done anything to make the act infertile. This makes NFP a moral and acceptable way for couples to space pregnancy. As mentioned above, married love naturally bears fruit through children, and God calls couples to have a natural disposition of openness to that fruitfulness. Where serious and well-grounded reasons are present, NFP allows couples to use knowledge about their fertility to inform their choices about when to have sex without changing the nature of sex or damaging its God-given purpose.³

Taking a Breath

That was a lot of information. If this topic is brand new, this is a great place to pause and acknowledge all that you've learned. To summarize, our bodies are an essential part of who we are and communicate vital information for our health and well-being. Fertility, then, is a health sign to be respected and understood, not masked or manipulated. For this and many other reasons — medical, relational, theological — contraception is a major obstacle to a successful marriage. Alternatively, practicing NFP offers a couple the opportunity to work in concert with their fertility no matter their goals for family planning.

If you are ready to dig deeper and learn what practicing NFP would look like in your marriage, this section is for you. What follows is a general overview of practicing NFP, answers to common questions, as well as a comparison of different NFP methods, further resources, and how to take the next step.

FAMILY PLANNING & FERTILITY:

PRACTICALS OF NFP

What to Expect?

Naturally Family Planning would likely be described in 10 different ways by 10 different couples; words like good and hard, healthy and wholesome, holy and challenging, sacrificial and right, along with many others.

The truth is that NFP, like many things worth pursuing, takes sacrifice and effort. It may be helpful to think about some areas of your life where you accepted a challenge and made the necessary sacrifices to meet your goal. People are typically willing to dedicate time, effort, and energy to develop themselves in ways that support their health – body, mind, and soul. NFP is the same. It is a way of life that takes commitment and partnership. That said, all good things are worth effort.

Though many people think (or were led to believe) that a couple can conceive a child any time they have sex, this thinking does not paint a full picture of male and female fertility. Because men are fertile at all times, NFP uses a woman's cycle for tracking and charting fertility. Tracking the fertile window and using it to inform decision-making about sex is relatively simple. As a couple learns together, they will come to a greater understanding of their fertility, as well as live in greater harmony with the vows they made on their wedding day to give themselves to their spouse freely, completely, and faithfully.

Living out NFP in your daily life has two equally important facets. They are discernment and decision making.

Step 1: Discernment

All married couples are invited into the process of praying about responsible parenthood. Purposefully, we are not given hard and fast rules for when people should or should not have a child.³ Each couple and their circumstances are different; thus, couples are invited to enter into conversation about how they are being invited to love and to be generous as husband and wife within their families at any given time. What is best for our family? What is God calling us to? How can we glorify God in our marriage?

While marriage is always positioned toward creative love, NFP can be used for achieving pregnancy or, when a well-grounded reason exists, postponing pregnancy. NFP also gives couples the freedom and flexibility to change how they use the method from cycle to cycle. Both goals invite the wife and husband to live out their love in sacrifice and self gift: total, faithful, fruitful, and free.

The cyclical nature of NFP allows the couple to continually engage in this decision-making process. It also encourages good communication about what is happening with the woman's body and what the couple's intentions are concerning family planning. It is practical for many couples to have a fresh conversation about their intentions at the start of each new cycle to avoid being in a position of uncertainty with one another as the fertile window approaches.

Working together for the purposes of family planning involves regular conversations about goals and intentions. Consider questions like:

- What is the state of our family right now?
- Is there a serious and well-grounded reason (physical, emotional, financial, or other) that would make it unwise for us to welcome a new family member through pregnancy? If so, what would need to change to remove that obstacle?
- Do you feel loved in your mind, body, and soul? Do you feel respected and cared for by me? If not, what can we change?
- If we have recently been pregnant, how is the recovery process going for each of us from the previous pregnancy, birth, or loss?
- Are we inviting God into this conversation? If not, how can we do that better?

See Appendix B for expanded ideas for discernment.

Step 2: Data Gathering

Data gathering in NFP includes observing, interpreting, and recording biomarkers daily, as noted in the “How Does NFP Work” section. Our bodies are wonderfully and purposefully made. Because of this, whether cycles are regular or irregular, a couple can chart confidently knowing that they are seeing and using real time data that is an accurate assessment of their fertility every single cycle. A certified teacher will be able to direct you in the protocol of your chosen method.

When Should We Start?

Despite its accessibility, NFP does take time to learn before using it effectively. Ideally, people would grow into this knowledge as they leave adolescence and move into adulthood. But since NFP and cycle literacy are not yet part of our normal lexicon, many of us don't have this type of working knowledge or practice. Nevertheless, there is no better time than now to begin. The more time you have to become experts in your method, the easier NFP will be to use within your marriage.

It typically takes up to three full cycles of charting for a couple to feel confident in their chosen method and charting skills. Therefore, couples who desire to use NFP as they begin married life would ideally start charting during engagement, at least four to six months or more before the wedding date.

If a couple is looking to begin NFP once they are already married, they would ideally begin before childbearing. It is much easier to learn NFP when the woman's body is in normal (not postpartum) cycles. That said, it is very possible to learn NFP postpartum, and there is support available to navigate this time and other unique circumstances.

Some couples find that one method is a great fit for their whole life of fertility together. Other couples find that across different seasons of life, different methods work better for them. Both are normal. If a couple finds that their current method isn't supporting them, a change in method can be a huge help. The Archdiocese of Milwaukee NFP Coordinator can help navigate choosing a new method. Contact information can be found in the resources section.

Lastly, a couple might start exploring NFP and cycle charting if health concerns

arise. If there are health concerns such as PMS, PCOS, recurrent miscarriage,

or if infertility is known or suspected,

charting and working with a

qualified medical provider can help

answer “why” so that

restorative treatment can

begin. Specialized medical

providers are trained to understand the

nuances of a cycle chart and offer a restorative approach to care. Very

often, these providers are able to identify and treat the root cause for

both male and female factors. While not a guarantee of conception, this

approach offers hope for long term healing and improved likelihood of conception.

Some examples of providers who take this restorative approach

include providers trained in Restorative Reproductive Medicine, NaPro

Technology, and FEMM Medical Management. If you experience cycle

or fertility concerns, reach out to the NFP Coordinator for local referrals of medical providers who can help.

Even single women and young girls can benefit from cycle literacy!

Using cycle charting to track ovulation and periods can be very useful

outside of family planning to grow in self-knowledge and support

overall health. Our website has an online resource library including

topics like cycle charting for girls, teens, and single women. (*See the resource section on page 32-33*)

**FOR I KNOW WELL THE PLANS
I HAVE IN MIND FOR YOU – ORACLE
OF THE LORD – PLANS FOR YOUR
WELFARE AND NOT FOR WOE,
SO AS TO GIVE YOU A FUTURE OF HOPE.**

— JEREMIAH 29:11 NABRE

FAMILY PLANNING & FERTILITY:

METHODS & RESOURCES

There are many different ways or methods to practice NFP. All methods mentioned are proven effective for achieving and postponing pregnancy when a couple is educated by a certified teacher and when the method is practiced according to protocol (*Figures 4, 5*). While there is no single best method there may be a method that is the best fit for a particular couple.

**METHOD EFFECTIVENESS
FOR POSTPONING PREGNANCY**

METHOD	PERFECT USE <i>(as high as)</i>	TYPICAL USE <i>(as high as)</i>
Creighton Model ¹³	99%	97%
Billings Method ¹⁶	99%	90%
Marquette Method ¹⁵	99%	98%
SymptoThermal Method ¹⁴	99%	98%

(Figure 4)

To find the best fit, a couple should consider things like learning style, lifestyle, the amount of time to learn, budget, etc. It is important to learn NFP from a certified teacher in an evidence-based method like those listed here.

Most methods recommend between three and six full cycles of charting to get a

baseline and for a couple to feel confident in their use of a method. This is because part of the learning occurs through reading and instruction and the other part occurs through lived experience and the actual practice of charting.

The four methods found in the following chart on pages 30-31 (*Figure 6*) are not an exhaustive list, but are the four most accessible across the Archdiocese of Milwaukee.

METHOD EFFECTIVENESS FOR ACHIEVING PREGNANCY

METHOD	PERFECT USE	MONTHS TO ACHIEVE PREGNANCY
SymptoThermal ¹⁸	70%	3 months
SymptoThermal ¹⁸	81%	6 months
Billings ¹⁹	78%	4.7 months
Creighton ²⁰	90%	3 months
Creighton ²⁰	98%	6 months

(Figure 5)

and somewhere accessible and agreeable to both husband and wife rather than keeping a chart on one spouse's device without easy access for the other spouse. Others prefer the benefits of using an app and there are creative ways to share charting data being kept on an app.

If an app is a good fit, there are a few things to consider: First, do research. Make sure the chosen app allows you to track real time data and does not predict the fertile window for you. Real time data examples: changes in cervical fluid, cervix position, basal body temperature and hormone levels through urine samples. A useful app will allow **the user to identify** the fertile window yourself and then tell the app.

Be cautious of apps that predict ovulation or the fertile window; these predictions are often based on the rhythm method. This means it uses historical data, not real time data. It makes educated estimates about when fertility is likely but does not assess daily data that indicates today's fertility. These apps are often marketed as period trackers and are algorithm based instead of using your personal observations. Predictive apps cannot factor in day-to-day changes (like stress, illness, life changes) and thus are less effective.

Online Apps

Apps and online tools can be very useful for tracking and charting. All observation-based methods of NFP have the option to use a paper chart or an online tool. It is often helpful for communication and openness between spouses to have a physical chart on hand

EXAMPLES OF APPS WORTH CONSIDERING:



Read Your Body



CycleProGo



FEMM



Fertility Care App

Many methods have their own apps. These will be customizable allowing the user to track the biomarkers specific to the method. Some NFP educators will recommend an app that may be a good fit for charting with the chosen method.

	Daily routine and biomarkers
COUPLE TO COUPLE LEAGUE: SYMPTO-THERMAL METHOD	<p>Cervical fluid is observed with a few simple categories throughout the day</p> <p>Check of basal body temperature first thing in the morning</p> <p>Optional internal cervix check</p> <p>A good fit if you want to be able to directly interpret your body's fertile signs for yourself</p>
CREIGHTON MODEL	<p>Cervical fluid is observed with standardized categories</p> <p>Observations are made every time the bathroom is used</p> <p>A good fit if you want to be able to directly interpret your body's fertile signs for yourself</p>
MARQUETTE METHOD	<p>Fertility monitor measures hormone levels of estrogen and LH and algorithm</p> <p>Option to use the monitor alone or together with cervical fluid and/or basal body temperature</p> <p>Use a monitor to test once per day for up to 10 days, using the first morning urine sample</p> <p>If including cervical fluid, observe throughout the day</p> <p>Optional low cost LH test (Premom or Wondfo)</p> <p>If using basal body temperature, test once first thing in the morning</p> <p>A good fit if you prefer having a tool to confirm your interpretation of your body's fertile signs</p>
FEMM	<p>Observation of cervical fluid with a few simple categories throughout the day</p> <p>Optional LH test strip via urine sample for a few days each cycle</p> <p>A good fit if you want to be able to directly interpret your body's fertile signs for yourself</p>

Lastly, it is important to understand the security measures and policies on how data will or will not be used. Research what happens to data, including who owns your data if the app ceases to exist. A paper chart is the safest option if there are concerns about online safety.

	Teaching Style	Education Length	Cost	Medical Component
	<p>Great for those who want to learn from a husband and wife team and receive wisdom from both members of a couple working together</p> <p>Useful if you like cross referencing multiple types of data points and seeing them all align to say the same thing</p>	3-4 classes	\$	
	<p>Great for those who like seeing the big picture and want as much information as possible</p> <p>Lots of built in opportunities for questions and for one on one support due to more scheduled classes</p>	8 classes in first year	\$\$-\$\$\$	<p>Doctors trained to read chart and implement testing and treatment based on unique cycle</p> <p>Doctors in greater Milwaukee area</p>
	<p>Great for those who love efficiency in education</p> <p>This method is quick to learn and quick to start</p> <p>Teachers are all licensed medical professionals, mostly nurses</p>	3 classes or less	\$\$-\$\$\$	
	<p>Great for those who want to understand how hormones impact not only the reproductive system, but the whole body</p> <p>Relatively simple to learn and start</p>	3-4 classes	\$\$	<p>Doctors are trained to read charts and implement testing and treatment based on unique cycle</p> <p>Closest doctors are out of state, but telemedicine is an option</p>

(Figure 6)

FAMILY PLANNING & FERTILITY:

NEXT STEPS

To continue learning, there are a variety of resources available to you:

- Attend a free NFP Workshop that offers an introduction to the basics of NFP with a certified NFP teacher. Come learn more about the science of NFP and the different methods you can use.
<https://archmil.regfox.com/online-nfp-workshop>
- Access our online resource library to explore specialty topics.
www.archmil.org/naturalfertilitycare/resources
- Attend a one on one NFP consultation to help you pick a method that is the best fit for you. Email NFP@archmil.org
- Visit the website for a certified teacher directory, available in English and Spanish.
www.archmil.org/naturalfertilitycare/Overview
- Reach out to a certified teacher in your chosen method to start the education process.

Referrals

The Archdiocese is here to offer support for thriving marriages, as well as physical and spiritual health. Please reach out with any questions.

A few reasons to reach out:

Painful periods, cycle or health concerns, questions about coming off birth control, help picking a method, help finding a teacher, assistance in beginning a conversation with your spouse about this way of life, fertility concerns, help finding a medical provider who can understand and incorporate your charting into your medical care, questions concerning a unique phase of life such as postpartum or perimenopause, any other NFP related questions. We are here for both of you!

Natural Family Planning Coordinator

NFP@archmil.org

414-758-2241

To learn more about NFP visit

www.archmil.org/naturalfertilitycare

To order copies of this book or access a digital copy visit

www.archmil.org/naturalfertilitycare

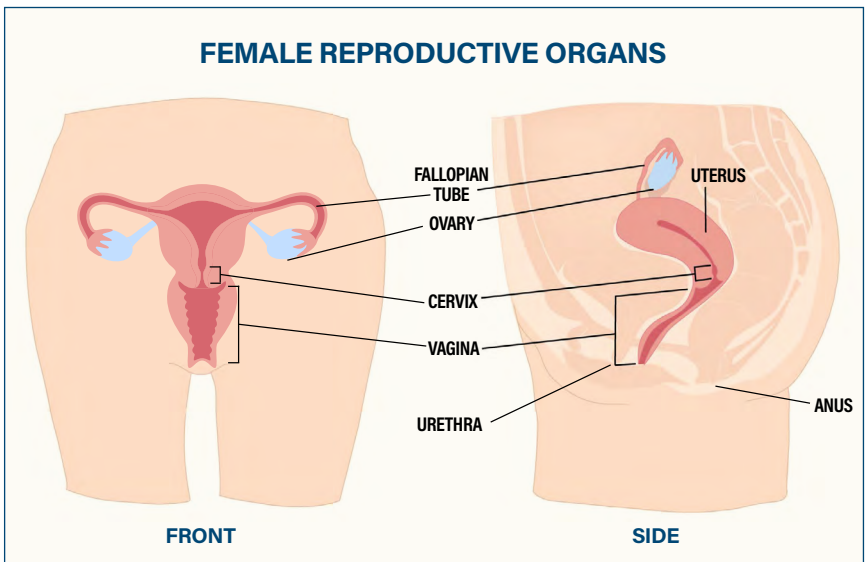
FAMILY PLANNING & FERTILITY:

APPENDICES

Appendix A

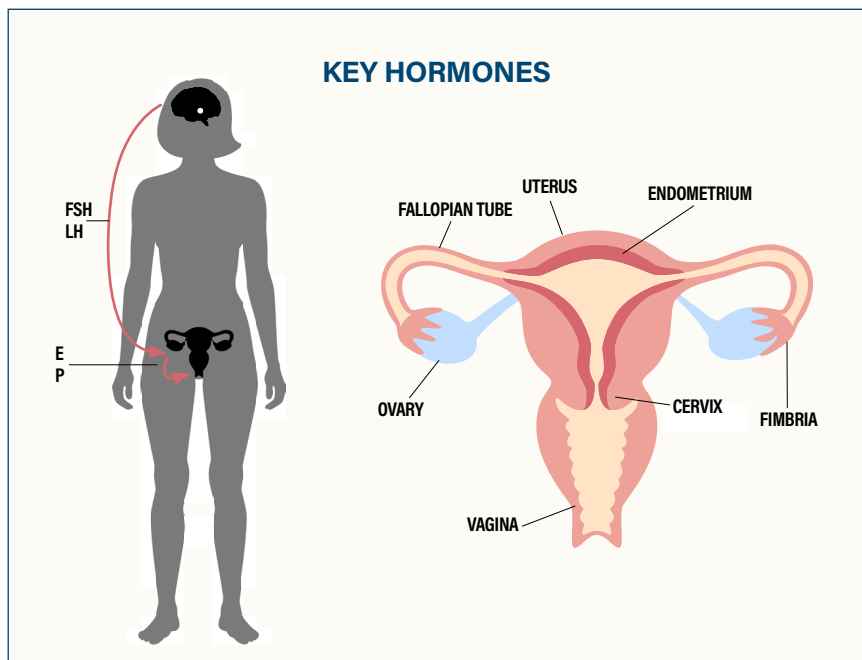
What is Actually Happening During a Woman's Cycle?

It is helpful to understand what the external signs and changes (described on page 12) indicate about what is happening internally with the woman's body (Figure 7). All these changes happen in response to a woman's hormones, the body's chemical messenger. Hormones



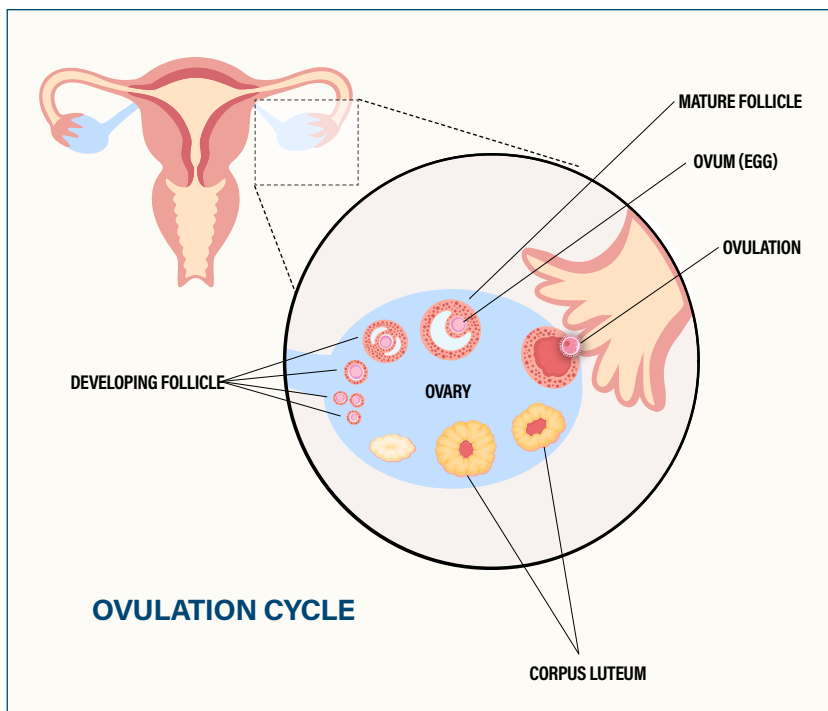
(Figure 7)

tell the body what to do and when to do it. They travel through the bloodstream and affect tissues and organs. The key hormones in the fertility cycle are estrogen, progesterone, follicle stimulating hormone (FSH), and luteinizing hormone (LH). These hormones orchestrate the activity in the woman's reproductive tract and have crucial health implications for the functioning of her brain, bones, mood, and blood sugar. ^{4,8}



(Figure 8)

At the start of a woman's cycle, follicle stimulating hormone (FSH) is sent from the pituitary gland in the woman's brain to the ovaries (Figure 8). It informs the ovaries that an immature egg should be selected and start to mature within a follicle, a cyst-like structure inside the ovary (Figure 9). As the egg matures and the follicle grows, the follicle produces estrogen. This estrogen has an impact on both the lining of the woman's uterus and her cervix. Under the influence of estrogen the uterine lining, or endometrium, will thicken and grow. This same estrogen will activate a series of crypts in the cervix to produce mucus. The result is the mucus phase of the cycle. This type of mucus is visible



(Figure 9)

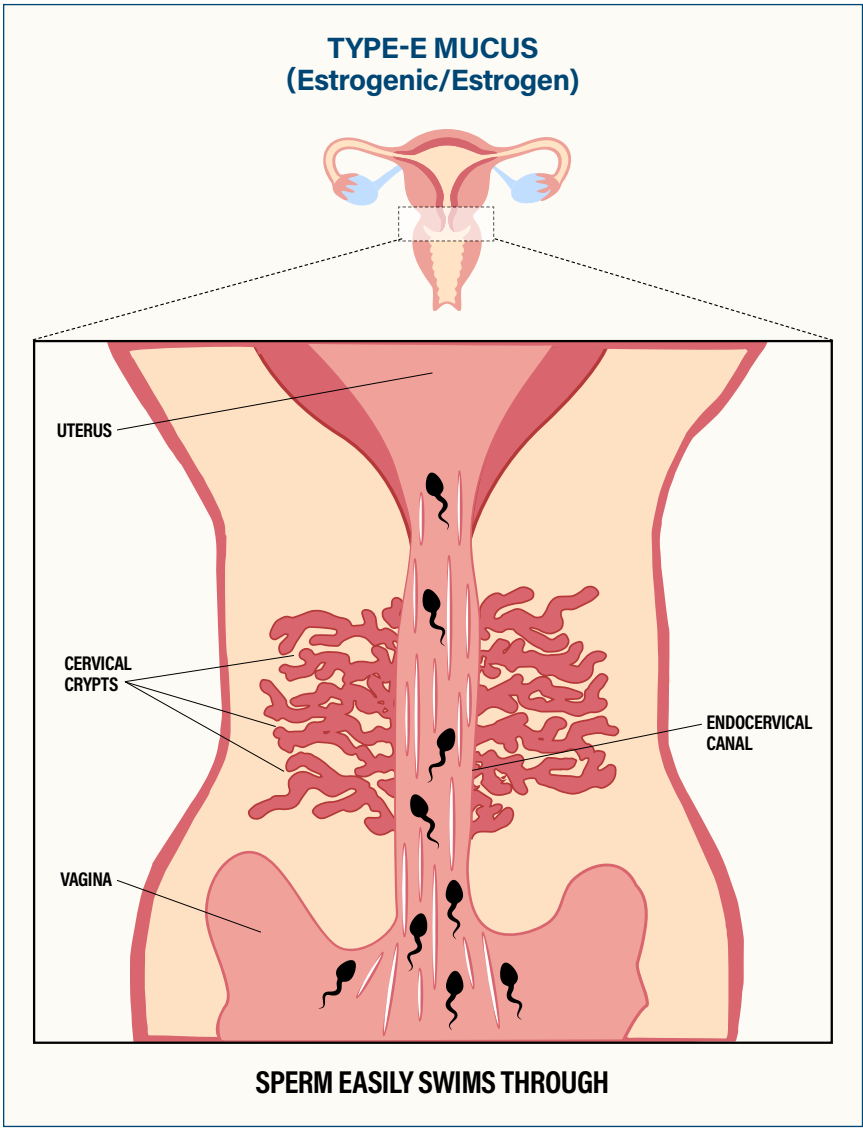
outside the woman's body and has swimming channels in it that help transport the sperm to the egg (Figure 10). The cervix will also soften, open, and sit higher in the woman's body when estrogen levels rise.

Estrogen will rise until it peaks (note: testosterone may rise in the woman during this time, which increases libido). In response to peak levels of estrogen, the brain releases luteinizing hormone (LH) from the pituitary gland (Figure 8). LH communicates back to the ovary and ovulation (the release of an egg) occurs (Figure 9). Ovulation typically occurs in the 24-48 hours after the LH surge.

The ruptured follicle, called the corpus luteum, is now empty and remains on the ovary (Figure 9). The corpus luteum produces progesterone as the dominant hormone and along with some estrogen. Progesterone, like estrogen, impacts both the cervix and uterine lining. The cervix will sit lower in the body and become firm and closed. With progesterone high, the cervical crypts will begin to produce a different type of mucus, which forms a thick mucus plug that blocks the cervix

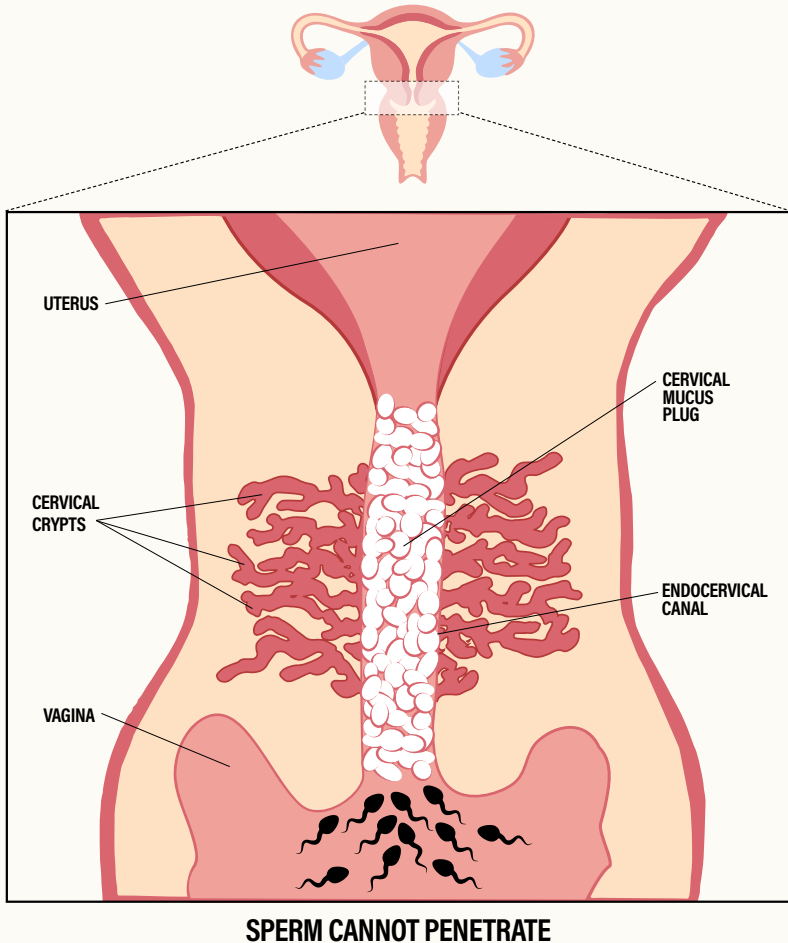
from penetration of sperm and bacteria (Figure 11). This plug results in the dry phase of the cycle.

Progesterone sustains the uterine lining, keeping it intact and also allows it to secrete a nutritious fluid that will support a fertilized egg. If implantation of a fertilized egg occurs, a new hormone called human chorionic gonadotropin (HCG) is released. HCG communicates with the



(Figure 10)

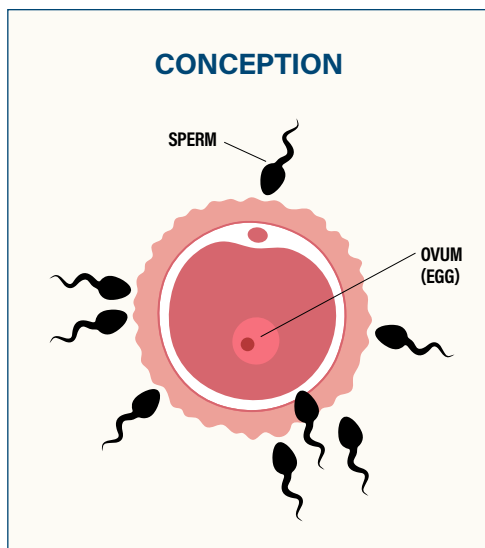
TYPE-G MUCUS (Gestagenic/Progesterone)



(Figure 11)

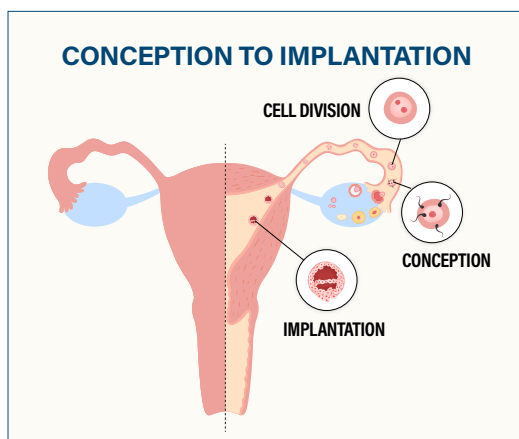
ovary, letting it know that the corpus luteum is still needed. The corpus luteum will persist and continue to produce progesterone in increasing amounts. This progesterone continues to keep the uterine lining intact supporting the new pregnancy. This will continue for approximately eight weeks until the placenta has formed and takes over the role of producing progesterone throughout the remainder of the pregnancy.

If implantation does not occur, the corpus luteum will degrade and progesterone and estrogen levels will drop. Once the endometrium (uterine lining) is no longer being maintained by progesterone it will begin to slough away. The resulting shedding of tissue and blood is what a woman knows as her menstrual period. These dropping levels of hormones will also trigger the pituitary gland to release FSH, starting the whole cycle over again.



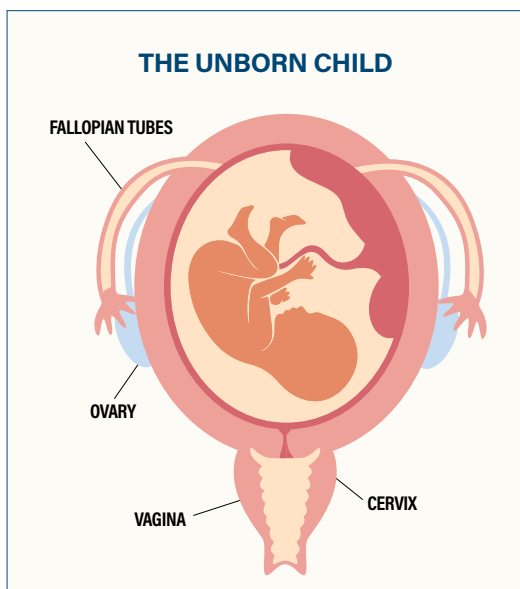
(Figure 12)

Returning to the egg – after it has been ovulated, the egg is swept up by the fimbria (small finger-like projections) into the hollow fallopian tube. If sperm are present, it is here in the fallopian tube that sperm will meet the egg and fertilization can occur (Figure 12). Cell division begins immediately and the new little person with unique DNA begins to travel through the fallopian tube until it reaches the uterus.

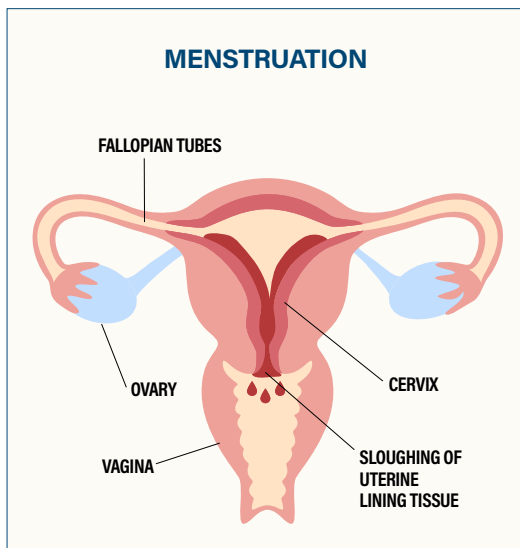


(Figure 13)

Implantation in the uterus occurs approximately 7-10 days after ovulation (Figure 13). The fertilized egg burrows its way into the endometrium which triggers the body to release HCG, the hormone that pregnancy tests measure to tell a couple if they have conceived. The baby will continue



(Figure 14)



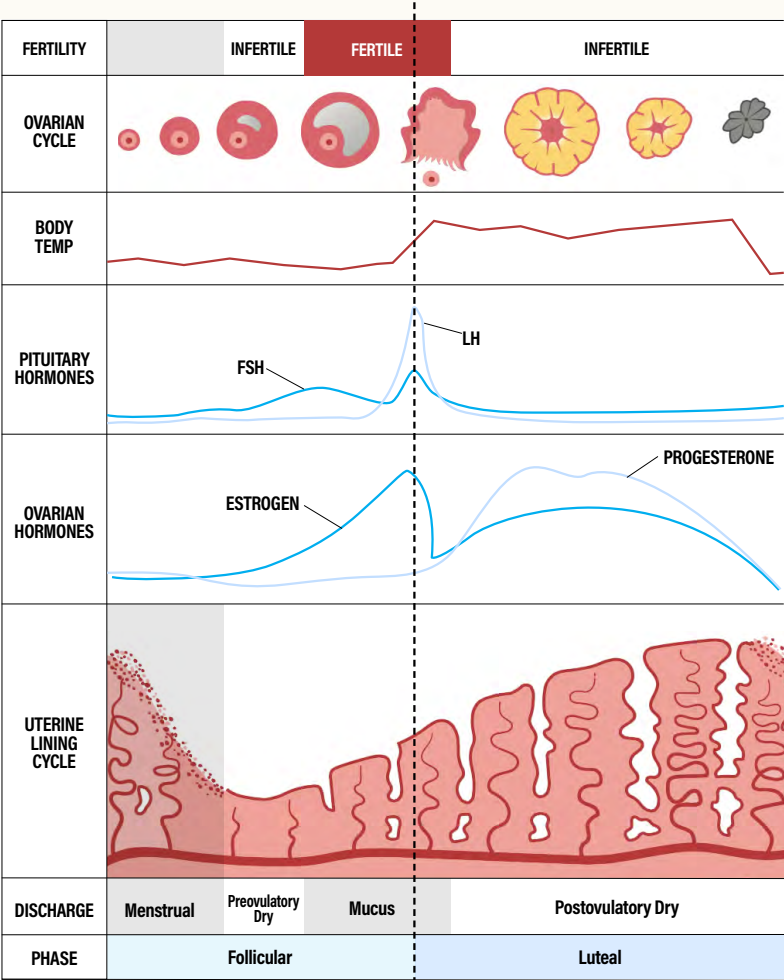
(Figure 15)

to grow and develop over the course of pregnancy for about nine months or until birth (Figure 14).

Once ovulated, an egg is viable for 12-24 hours. If sperm is not present, the egg still continues its journey through the fallopian tube; it arrives in the uterus some days later, but implantation will not occur because the egg is unfertilized. When the endometrium sheds, so does the unfertilized egg as hormones drop drastically, resulting in menstruation (Figure 15).

To see how these aspects of a woman's cycle correspond with one another, reference figure 16.

ASPECTS OF A WOMAN'S CYCLE



OVULATION

(Figure 16)

Appendix B

Conversation Guide for Discernment in Family Planning

God doesn't blame, coerce, force, or tear you down. God allows us freedom and gives us free will.

- Start with prayer.
"God, we want to know your will for us and our family. We trust that you care deeply about the unique circumstances of our life and desire only good things for us. Please give us your grace to be good and generous spouses."
- Look at the relevant details of your life, being honest with God and with your spouse.
- Share with one another if you feel drawn to preparing for or postponing pregnancy. How strongly are you convicted? Why? Take the time to listen and understand your spouse.
- If you identify serious reasons to postpone or space pregnancy right now, talk about what it would look like for those reasons to be resolved. What would you need to address? Ask God to bless you and your efforts.
- There may be reasons to postpone pregnancy that are long lasting or persistent; however that shouldn't stop a couple from asking the questions about family intentions on a regular basis.
- The wife and husband should come to a mutual decision from a place of free will and mutual respect. God entrusts each couple to make this decision based on their personal circumstances and with the grace of right judgment.

Note: The input of family, friends, or strangers is generally not needed, however some couples do desire to bring a trusted priest, NFP teacher, physician, or mentor into the conversation if complex circumstances arise.

If you come to the conclusion that you have been selfish with your sexuality and/or relationship, seek Confession and move on resolving and praying to be more selfless. Have confidence that even when discerned imperfectly or selfishly, NFP honors God's plan for sex and marriage and allows your marriage to bear fruit through childbearing.

FAMILY PLANNING & FERTILITY:

REFERENCES

¹ Seshadri, K.G. (2016). The neuroendocrinology of love. *Indian Journal of Endocrinology and Metabolism*, 20(4), 558-563.

² Kenny, T. (2022). *The happy girls guide to being whole*. Lumen Press.

³ Pope Paul VI (1968). *Humane vitae: Encyclical letter of Paul VI on human life*. Retrieved September 1, 2022 from https://www.vatican.va/content/paul-vi/en/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae.html

⁴ Hendrickson-Jack, L., (2019). *The fifth vital sign: Master your cycles and optimize your fertility*. Fertility Friday Publishing Inc.

⁵ Committee Opinion no. 651 Menstruation in girls and adolescents: using the menstrual cycle as a vital sign. (2015). *The American College of Obstetricians and Gynecologists Women's Healthcare Physicians*, 126(6).

⁶ Hilgers, T. W., Daly, K. D., Hilgers, S. K., & Prebil, A. M. (2017). *The Creighton Model FertilityCare System: A Standardized Case Management Approach to Teaching Book I: Basic Teaching Skills* (Second). Pope Paul VI Institute Press.

⁷ Larimore, W., & Stanford, J. (2000, February). Postfertilization effects of oral contraceptives and their relationship to informed consent. *Archives of Family Medicine*, 9(2), 126-133.

⁸ The Health-Hormone Connection. FEMM Health. (2020, October 13). Retrieved September 1, 2022, from <https://femmhealth.org/the-science/>

⁹ Leonard, C. J., Chavira, W., Coonrod, D. V., Hart, K. W., & Bay, R. C. (2006). Survey of attitudes regarding natural family planning in an urban Hispanic population. *Contraception*, 74(4), 313–317.

¹⁰ Stanford, J. B., Lemaire, J. C., & Thurman, P. B. (1998). Women's interest in natural family planning. *The Journal of Family Practice*, 46(1), 65–71.

¹¹ Smith, A. (2019). Fertility awareness based methods (FABMs): Evaluating and promoting female interest for purposes of health monitoring and family planning graduate theses and dissertations. Retrieved July 18, 2022, from <https://scholarworks.uark.edu/etd/3279>

¹² Women's Care Center. (2016). *Your body, your choice: Birth control*. Women's Care Center.

¹³ Hilgers, T.W., & Stanford, J.B. (1998). Creighton model naproeducation technology for avoiding pregnancy-useeffectiveness. *Journal of Reproductive Medicine*, 43, 495–502.

¹⁴ Frank-Herrmann, P., Heil, J., Gnoth, C., Toledo, E., Baur, S., Pyper, C., Jenetzky, E., Strowitzki, T., & Freundl, G. (2007). The effectiveness of a fertility awareness based method to avoid pregnancy in relation to a couple's sexual behaviour during the fertile time: A prospective longitudinal study. *Human Reproduction*, 22(5), 1310–1319.

¹⁵ Fehring, R. J., Schneider, M., Raviele, K., Rodriguez, D., & Pruszynski, J. (2013). Randomized comparison of two internet-supported fertility-awareness-based methods of family planning. *Contraception*, 88(1), 24–30.

¹⁶ Bhargava, H., Bhatia, J.C., Ramachandran, L., Rohatgi, P., Sinha, A. (1996). Field trial of Billings ovulation method of natural family planning. *Contraception*, 53(2), 69-74.

¹⁷ Birth Control. Planned Parenthood. (2022). Retrieved September 1, 2022, from <https://www.plannedparenthood.org/learn/birth-control>

¹⁸ Gnoth, C., Godehardt, D., Godehardt, E., Frank-Herrmann, F., Freundl, G. (2003). Time to pregnancy: Results of the German prospective study and impact on the management of infertility. *Human Reproduction*, 18(3), 1959–1966.

¹⁹ Research Team of the Ovulation Method Research and Reference Centre of Australia Ltd. Study on the billings ovulation method and the achievement of pregnancy. (1999-2003). Retrieved February 15, 2023, from https://billings.life/images/Summary_of_Results.pdf

²⁰ Hilgers, T.W., Daly, K.D., Prebil, A.M., Hilgers, S.K. (1992). Cumulative pregnancy rates in patients with apparently normal fertility and fertility-focused intercourse. *Journal of Reproductive Medicine*, 37(10), 864–866.



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