PLAN B Morning After Pill EC

CANFP NEWS

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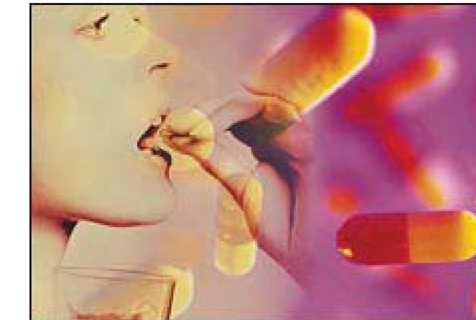
Fall 2006

Understanding Emergency Contraception

Joseph B. Stanford, MD, MSPH, CFCMC

Anyone who has paid attention to the news in the past couple of years has certainly heard about emergency contraception, the "morning after pill", or "Plan B." Unfortunately, the media information about this contraception has sometimes been misleading. It's important for NFP teachers to be able to understand this form of contraception, to answer questions they may receive from clients. In this overview, I review the drug used in the form of emergency contraception that is currently being marketed in the USA, its effectiveness, its mechanisms of action, the effects in the menstrual cycle, the recent FDA approval for over-the-counter status, the claims made by proponents for its social benefits, and the evidence for (or more accurately, against) those claims.



Emergency contraception, or EC, consists of higher doses of the same hormones used in many standard birth control pills. Various doses and formulations of hormones have been used for EC. Before the current forms became available, patients were told to get a supply of regular birth control pills and, depending on the pill, take between 4 and 10 pills each at two points in time, 12 hours apart. "Plan B" is the brand name of a contraceptive pill of levonorgestrel (a synthetic progesterone-like drug) that has been manufactured so that a woman only has to take two pills. "Plan B" is marketed to be taken within 72 hours after "unprotected intercourse," one pill initially, and a second pill 12 hours later. However, research has shown that "Plan B" also works the same when both pills are taken at the same time.

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President's Perspective

Gregory Polito, MD, KM

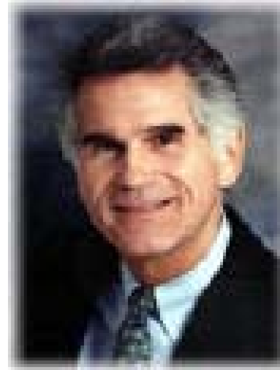
Is it Finally NFP's Time?

elegantly succinct article that argues the NFP case beautifully for achieving pregnancy

It is indeed interesting to watch this culture of ours evolve as the pendulum swings widely from one end of the spectrum to the other. It does not seem so long ago that the public wanted to reflexively pop a pill to cure any ailment that beset them. And, while it is true that pharmaceuticals have done much to promote longevity and alleviate suffering, it is also true that the costs in terms of money, undesirable side effects and downright harm are better understood in this, the 21st century. Most patients seriously weigh the benefits and the risks of a medication carefully before blindly introducing them into their bodies on an act of faith.

And so it is with the field of reproductive medicine. On the one hand we have the most intrusive and invasive (not to mention costly) procedures being used to help couples achieve a pregnancy. These methodologies violate the dignity of the married couple and often destroy life in an attempt to create life. They clearly violate God's plan for married love as so eloquently explained in *Humanae Vitae* and *Theology of the Body*. On the other hand we also see a growing interest in "low tech", non-interventional, non-pharmaceutical, "natural" fertility awareness methods (FAM), even in the scientific literature. A case in point is the special supplement in our newsletter *Managing infertility with fertility-awareness methods* by Dr.'s Brosens that very nicely summarizes the case to be made for NFP/FAM to achieve pregnancy and has a brief bibliography chock full of informative references. Whereas author Toni Wechsler has had a modicum of success raising awareness of NFP in the secular realm with her book *Taking Charge of Your Fertility* it is my fervent hope that this scientific article will have the same impact with our medical colleagues. While NFP advocates will rightly object to its inaccurate dismissal of NFP as a method to avoid pregnancy, it is nonetheless a great tool for reaching a skeptical medical profession as it is an elegantly succinct article that argues the NFP case beautifully for achieving pregnancy. It deserves to be widely disseminated.

An additional resource you should be aware of is the US Conference of Catholic Bishops' website on NFP (www.usccb.org/prolife/issues/nfp/). It is a pretty well organized section. Under the "What is NFP" heading the topic is introduced with an explanation of the basic anatomy and physiology and there follows a discussion of the ovulation method by Richard Fehring and the sympto-thermal method by Stella Kitchen. All-in-all I think this would be a good introduction to the topic for "newbies", and can be ordered from the USCCB in booklet form as well. One ironic statement I found was in the section *Natural Family Planning Ministry in the Catholic Diocese of the United States* on page 2: It states that NFP should be "***a strong presence in marriage preparation programs***". Would that this be so! In reality, the lack of implementation is withholding information about what should be the centerpiece of God's plan for marital love from Catholic couples. What a tragedy!



Gregory Polito, MD, KM
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The American Bishops are meeting this month, and one item for their consideration is a statement on "Married Love and the Gift of Life", which presents the Church's teaching on responsible parenthood and family planning in the context of the Church's vision of marriage as a covenant of complete self-giving. While applicable to all who are married or contemplating marriage, I sincerely hope we see courageous leadership from our shepherds in seizing this opportunity to invigorate our marriage preparation programs with the beauty of the Church's vision of marriage, and providing our young engaged couples with the method to live this vision through Natural Family Planning.

We have all the elements in place to see NFP really take off, and this journal article, and Bishop's statement, can be just the impetus needed.

Director's Desk

Sheila St. John, Executive Director CANFP

You know, they make a little pill for that

I was working concessions at my daughter's high school play recently, conversing with the other two moms who were helping me that evening. One of them kindly remarked how impressed she was with my daughter's performance, and asked if I had other children. When I told them I have six children, there was an audible gasp. One blurted out, "You know, they make a little pill for that." I was dumbfounded. The best I could muster in response was, "Then you are really going to get a kick out of this: I teach Natural Family Planning and we don't actually take that little pill". The second woman then remarked, "Oh, then you actually WANTED six kids?". Recovering a bit from the shock of their response, I remarked apologetically "No, I wanted eight or ten, I just only got to six".

Having grown up one of five, which was not even considered a big family in those days, and having quite a few friends with eight or more children, I don't even happen to think six is such a big family, but I know from experience it is viewed as such. This is hardly the first time someone has made a less than gracious remark upon observing our "big" family. Most comments are quickly forgotten, but some, while forgiven, are harder to forget. Like the sarcastic comment of the labor nurse while delivering my youngest child---word to the wise: It really isn't prudent to insult a woman in "transition". Or my pastor who, upon discovering I was (again) expecting, remarked with a snicker "Don't you know what causes that?" I assumed it was a rhetorical question, since at the moment he asked it I was using the parish photocopier to duplicate some NFP promotional materials.

I usually just let the comments roll off me, and give them the benefit of the doubt, believing most people don't *really* mean to be rude. Like the tall guy who has been asked a zilllion times if he plays basketball, how I respond depends on my mood of the moment, and perhaps how many times I responded to the exact same comment in the past week. Sometimes I just respond to insensitive comments by nodding and smiling, but admittedly I am not a very passive person, so that is the exception. Sometimes I take the teachable moment to make some brief philosophical statement (yes, I do have six children, aren't I blessed?), other times I jokingly wonder at their interest in my sex life (Yes, I do know what causes that, and in fact make my living teaching it to other people!), or (on a bad day) agree it *is* a handful and offer to give them one or two.

Maybe I am just getting a little rusty at this. Since my children are grown now, venturing into public does not invite comments as it did when I had several in tow, while 9 months pregnant. And when I do go to the grocery store with one of my children these days, they rarely throw a tantrum in the aisle, so I can usually complete an entire trip

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without a single dirty look. Out of practice or not, I just think it would always bother me to have a relative stranger suggest I should have prevented the very existence of most of my children.

On the way home from the play, I was telling my 16 year old daughter about the conversation. Her comment? "Well, if you had taken that little pill, I guess you would not have been there tonight watching me in that play." Enough said!

Families come in all sizes. The Church in her wisdom does not tell us how many children is the "right number", but as any member of a large family can attest, strangers often feel no need for such restraint. Encountering the contraceptive mentality face to face in social settings can be a jolting reminder of just how counter cultural the "NFP mentality" is.

I recall with great fondness the wonderfully wise and holy priest, Fr. Ron Lawler. He was riding alone in an elevator with all of my children, just four at that time (while my husband and I waited in the hotel lobby *praying* the children were behaving!). Someone who joined their elevator mid-ride, asked him incredulously (apparently oblivous to his collar), *"Are these ALL yours?"*. Without missing a beat, Fr. Lawler gushed, "Oh, if only I were so blessed!". My children beamed as they related the encounter.

Want NFP to be Known and Respected?

Leslie A. Chorun, M.D., CFCMC, FCP

recognize NFP as a legitimate family planning option

Write a Letter of Support in Favor of ICD-9-CM Modification Proposal Option 2a!

ICD-9-CM AND COUNSELEING V CODES

ICD-9-CM (ICD-9-Clinical Modification) is a coding system based on the World Health Organization's International Classification of Diseases, 9th Revision (ICD-9). This system is currently used by the U.S. government, insurance companies, clinics and providers to code for medical diagnoses or reasons that a patient is seen or a service is provided. The intent of ICD-9-CM is to serve as a useful tool in the area of classification of morbidity data for indexing of medical records, medical care review, ambulatory and other medical care programs, and basic health statistics.

The ICD-9-CM includes a section called V codes, which provide coding to deal with encounters for circumstances other than a disease or injury. V codes are for use in any healthcare setting and indicate a reason for an encounter. Among the fifteen types of V codes are counseling V codes. Counseling V codes include *General counseling and advice for contraceptive management* and *General counseling and advice for procreative management*. The former category includes codes for prescription of oral contraceptives, initiation of other contraceptive measures (diaphragm, foams, creams, or other agents, emergency contraceptive counseling) and "other–family planning advice." These *General counseling and advice*... codes for family planning are found listed under code categories entitled *Encounter for contraceptive management* and *Procreative management*. The current ICD-9-CM coding schema does not include natural methods of birth regulation (NFP) as a specific form of management under either of the existing two categories of counseling V codes.

Leslie A. Chorun, M.D., CFCMC, FCP, is chair of the ICD-9-CM Subcommittee of Third Party Reimbursement Committee of the American Academy of FertilityCare Professionals, and on staff of the FertilityCareTM Center of Kansas City as FertilityCare Practitioner and Medical Consultant.

INCORRECT CODING REINFORCES THE CONTRACEPTIVE MENTALITY

With the lack of appropriate codes for NFP services, providers and billing departments have been using the closest available codes. When NFP is used to avoid pregnancy, it is coded as "other–family planning advice," listed as a subcategory of *contraceptive management*, and when NFP is used to achieve pregnancy, it is coded as "general counseling and advice..." under the *Procreative management* category. However, this is resulting in inaccurate classifications of NFP services on two counts. First, NFP is not identified as the specific management provided, and secondly, coding NFP under the umbrella term of contraceptive is incorrect.

COUNSELING CODES FOR NFP NEEDED TO ACHIEVE INTENT OF THE ICD-9-CM

From the point of view of the ICD-9-CM itself, counseling codes for NFP are needed to achieve its purpose. For both family planning and procreative management, the lack of unique codes results in a loss of information on utilization of services. Currently, it is impossible to track the level of utilization of natural family planning. A revision of the ICD-9-CM to include new codes for NFP has been proposed to bring the coding system up to date, and will enable tracking related to the usage of natural methods of birth regulation by providers, payors, and those who do research in the field.

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Want NFP *cont*

Letters can be mailed, e-mailed or faxed by Dec. 4th

BENEFITS TO THE NFP COMMUNITY AND TO THE PUBLIC

From the point of view of the NFP community, establishing a new code for NFP, properly placed under a broad category of "family planning" instead of "contraception," would be highly desirable for a number of reasons. First of all, it would clarify the difference between NFP and contraception, and help NFP to be recognized as a legitimate option in the vast arena of health care. Also, those professions and entities that utilize the ICD-9-CM such as the medical coding, billing and insurance industries would be introduced to NFP as a legitimate medical option. This recognition in the field of health care and associated industries would allow the general public more opportunities to encounter natural methods of birth regulation as a realistic option for family planning. A new code for NFP would also open the door to present professional education services in NFP to insurance companies and help establish NFP as a billable family planning option. The ability to be reimbursed will eliminate a possible hindrance for those who are considering pursuing instruction in NFP. Although NFP providers and clients may not always desire to seek third party reimbursement for services rendered or received, a new code for NFP would allow for this possibility. Again, this would allow more people to recognize NFP as a legitimate family planning option, thus benefiting all methods of NFP. Finally, in the event that future specific CPT codes (procedure codes) in NFP, NaProTechnology or related fields may be indicated, it would provide a platform for these.

PROPOSAL OPTION 2(A)

Following the submission of an initial proposal by AAFCP third party reimbursement committee members to the Coordination and Maintenance Committee (the federal committee responsible for coordinating and maintaining the ICD-9-CM), the federal committee arrived at Option 1 and Option 2 as possible modification proposals. In March 2006, on behalf of the AAFCP, Joseph Stanford, MD and Leslie Chorun, MD attended a meeting, in Baltimore, Maryland to publicly present a proposal to modify the ICD-9-CM to include NFP. Dr. Stanford made a powerpoint presentation in support of modification proposal **Option 2(a)** (rather than Options 1 or 2), which appears on the CDC website as attachment 4 to the minutes: http://www.cdc.gov/nchs/data/icd9/att4_NFP_mar06.pdf (presentation slides 21 and 22).

YOU CAN INFLUENCE OUTCOME!

The Option 1, Option 2 and Option 2(a) proposals to modify the V25 and V26 codes of the ICD-9-CM are now open for public comment. Letters of support for Option 2(a) will increase the likelihood that NFP will be properly recognized within the ICD-9-CM. Letters can be submitted by any individual, but will carry more weight if they are submitted on behalf of organizations or groups. It is important that the letters argue for NFP from the point of view of a health service to women and couples. While there are several arguments that can be made in favor of Option 2(a), letters need not be lengthy and may focus on one or two simple points. The more people who write in to provide the federal committee with intelligent reasons and support in favor of Option 2(a), the more seriously this proposal will have to be taken.

WHAT HAPPENS NEXT?

After the open comment period, the final decision regarding coding changes will be made in January 2007, and will go into effect October 1, 2007. Your letters of support are essential. Don't miss your opportunity to participate in this potentially high impact historic effort!

Letters can be mailed, e-mailed or faxed by **December 4, 2006** to:

Ms. Lizabeth (*not Elizabeth*) **Fisher**
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ICD-9-CM Coordination & Maintenance Committee
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Hyattsville, MD 20782

llw4@cdc.gov (*double letter "l" not the numeral "1"*)

fax 301-458-4022

Medical Matters - Restless?

Lynn Kerr, MD

Sleep deprivation can sometimes be reflected in the NFP charts

Restless? Having trouble sleeping? One of the more common reasons for insomnia is Restless Legs Syndrome (RLS). RLS is characterized by an unpleasant sensation in the legs, with an urge to move them. It is typically worse at night, or with rest. Generally moving the legs, or pacing will make them feel better temporarily.

RLS is more common in women and often runs in the family. It can get worse during pregnancy, and may also worsen with age. Usually there is not an underlying cause of the RLS, but it can be related to deficiencies of iron, folic acid, Vitamin B12, or magnesium or due to diabetes, kidney or thyroid disease. Sometimes RLS is caused by medications, especially antihistamines in the over-the-counter sleeping medications or allergy preparations. SSRI anti-depressants (like Prozac or Lexapro) can also worsen RLS, so are best taken in the morning. In women with heavy menses, the most common cause is iron deficiency.

Sometimes RLS can lead to considerable sleep deprivation. Sleep deprivation can sometimes be reflected in the NFP charts as stress cycles – longer than usual with delayed or double peaks. For women who are charting their basal body temperature, sleep deprivation, from whatever cause, can be reflected in a lower temperature. Interestingly, the sleep deprivation can lower the temperature by about the same degree as progesterone after ovulation will raise it – about 0.6 degrees.

If you have restless legs at night that are interrupting your sleep, you can try a Vitamin E supplement, 400 i.u. and a magnesium supplement at bedtime. Avoiding alcohol will help some women. However, if these steps do not improve the symptoms, you should talk with you doctor for further testing, such as for iron deficiency. There are several medications your doctor can choose from to treat your RLS to help you get a good night's sleep, and as you start sleeping better, you may be able to see not only your circadian cycle normalize, but also your menstrual cycle.

Lynn Kerr, MD
a member of the Executive Board of CANFP, is an NFP Medical Consultant, Medical Director of Sierra Adult Health Center, and Associate Clincal Professor at UCSF Fresno Internal Medicine Residency Program.

WANTED for 2007 CANFP NEWS:

Memories of NFP: the early years!

CANFP will take a look back at the early years of NFP, featuring articles by NFP "Pioneers" in California, as well as the rest of us everyday folk with memories to share. We are especially interersted in receiving articles from physicians, couples, and clergy, sharing their personal and professional memories of the 50's, and 60's and early 70's—the Rhythm Method, the introduction of "the pill" and the earliest versions of modern NFP, Humanae Vitae, etc. Articles can just be a paragraph, or an entire page (600 words), and the edition will feature several full length articles as well (1200 words).

Personal Perspective

CANFP members are invited to submit original articles to be considered for publication, sharing a personal experience with NFP, or related topics, such as health, family, marital, spiritual or relational challenges and/or successes. Articles limited to 600-1200 words, and should be submitted electronically.

Articles in Spanish

CANFP attempts to provide at least one article in Spanish in each edition of the CANFP News. Frequently, these have been translations of articles, but we also are seeking submissions of original articles, in Spanish, and of special interest to the Spanish speaking CANFP community.

Submit to info@canfp.org

Ask the Expert

Question and Answer

Question

I was taking Ortho-Tricyclen to reduce blood flow, cramps, headaches, and anemia. I quit taking the pill because it was not helping me with any of these things. I was just wondering if there are any side effects to quitting the pill. I quit taking it about 4 months ago. While I was on the pill it made me feel bloated, and I still feel that way. I have gained weight, although this didn't happen until after I stopped taking the pill. Is it possible that my body is still trying to adjust to the hormone changes? I really appreciate your help; I can't find much information about people who have stopped taking the pill. Thanks!

Dr. Mary Davenport is an OB/GYN in private practice, a Fellow of the American College of OB/GYN, a Natural Family Planning Medical Consultant, and serves on the boards of CANFP and the American Association of Pro-Life OB/GYNs.

Answer

The majority of women who quit the pill, who were taking the pill to prevent pregnancy and not for medical problems, return to normal cycles and hormone levels within one or two cycles. The one thing that does not return to normal is cervical mucus, which affects fertility, and this takes many months to normalize if the woman has been on the pill for several months. Other than the cervical mucus, if pill-related side effects have occurred in these women, they disappear when the woman goes off the pill. Other women, however, who have had cycle abnormalities (often undiagnosed) like PCOS and anovulation, can be thrown off track for many months or even years, and not resume ovulating. A small never of women who ovulated before taking the pill will never ovulate again without drugs to stimulate ovulation.

I am not sure which category you fall into. Headaches are not a reason to take birth control pills; rather than helping headaches, the pill can cause them. Birth control pills usually make periods lighter. If your periods were not lighter on the pill, it could be because you have a condition such as fibroids causing heavy periods that is not affected by hormones. Also, the particular pill you were on is less likely than others to help heavy periods - it is more estrogenic to help acne, and this compromises this particular pill's effect on reducing menstrual volume. I am not sure why you gained weight after quitting the pill if you are not eating more or exercising less, unless being on the pill unmasked an underlying hormonal problem. If you are still having bloating and did not experience this before the pill, it is possible that you are experiencing the pill's aftereffects on your system. This is more likely if you are not ovulating regularly and do not have regular periods.

Ask the Expert Team Responds to Need

Questions can be submitted through our web site, sent to the CANFP office, or e-mailed to experts@canfp.org

CANFP receives over a hunderd questions each month, many urgent pleas for help in understanding what is going on with their bodies. *Could I be pregnant? Is it normal to have clots on my period? I have not taken Depo for a year, when will my period be normal? How can I know when I am ovulating? Been trying to get pregnant for a year, can you help me? Can I be fertile on my period? If I love him how can this be wrong?* Hundreds and hundreds of responses are posted on our website at http://www.canfp.org/artman/publish/ You can browse by topic, or search by keyword or a particular expert to view the wealth of information posted. Unfortunatley, due to the high volume of questions received, we are no longer able to respond to each and every question received. We are seeking to expand our team of experts, and coordinators, to be able to meet this need. If you are interested in receiving questions to respond to, or coordinating the responses, contact CANFP at experts@canfp.org.

These letters are to YOU!

Dear CANFP Supporter,

So often I wish you could see through your own eyes all the good that you do by supporting CANFP! I wish you could hear the relieved voice on the other end of the phone, see the gratitude on the face of the visitor to our exhibit, share in the excitement of the person first discovering there IS a better way----all because YOU supported the California Association of Natural Family Planning! These letters are for YOU who have made CANFP possible, and continue to provide the means for outreach and education that is changing lives!

Gratefully,

Sheila

What an amazing job you are doing! Well done. I wanted to send along kudos first and foremost.

My husband Tim and I have inquired about classes with the local contact you sent us. We will never forget how helpful and responsive you were to our need as a result of our visit to the CANFP booth at the Religious Education Congress in Anaheim earlier this year.

Thanks again and may you enjoy continued success in all your endeavors--

Carla

I wanted to share with you a success story. Dave and I did our NFP talk at an EE weekend and passed out a CANFP packet to every couple in attendance. One couple called you on the toll free # and you gave my name as the referral (Do you remember that call?). They are currently taking instruction from me. They told me they listened to the tape on the way home, and it changed their life. Even though they are living together, they decided to be celibate until their marriage!

Thank you--the packets are working.

God Bless you and the work you do----

Carlin Gould

Thank you

to our supporters and members, whose donations make all this and MORE possible:

- Printing and distribution of 1,000 newsletters quarterly
- Exhibit at Los Angeles Religious Ed Congress, hospital seminars, clergy conference, high schools, county fairs, conferences, parish and diocesan events
- Clergy convocation
- Expansive website with interactive Ask the Expert
- Presentations to engaged couples
- Directory and referral to NFP services in California
- Presentations to engaged couples
- Inservices for clergy, physicians, and Engaged Encounter
- Annual conference for teachers, physicians, and clergy
- Consults with churches, dioceses, health care professonals, women and couples
- E-news updates to California NFP community
- Monthly conference call updates for Respect Life Directors
- Toll Free Information and Support Line

Donations to build NFP in California can be mailed to:

CANFP
1217 Tyler St.
Salinas, CA 93906

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Regional Report

Orange

CONGRATULATIONS to Catholic Charities of Orange for being awarded a $550,000 annual grant from the Administration for Children and Families in the Department of Health and Human Services, to fortify their mission of building healthy marriages. A unique component of their application was the inclusion of Fertility Care Services in their proposal. CANFP was honored to endorse their application, pledging our support for their plans to integrate Fertility Care Services into their program, and for their insight into the role of NFP services in building healthy marriages. Including Fertility Care Services in their proposal was innovative and visionary, and being one of the chosen few to be awarded a grant for the extremely competitive Healthy Marriages Initiative, is validation from the Administration for Children and Families of the unique and vital role of Natural Family Planning in building healthy marriage relationships. It is clear that NFP has much to contribute to the goals of this initiative, as articulated by President George Bush: "To encourage marriage and promote the well-being of children, I have proposed a healthy marriage initiative to help couples develop the skills and knowledge to form and sustain healthy marriages. Research has shown that, on average, children raised in households headed by married parents fare better than children who grow up in other family structures. Through education and counseling programs, faith-based, community, and government organizations promote healthy marriages and a better quality of life for children. By supporting responsible child-rearing and strong families, my Administration is seeking to ensure that every child can grow up in a safe and loving home."

Congratulations to Catholic Charities of Orange for your stewardship and vision!

Sacramento

Clergy of the Diocese of Sacramento gathered the second week of October for their annual Priest Study Days. The featured speaker was Dr. Joseph Atkinson, STD, exploring the topic *Family: The Domestic Church.* Joining Dr. Atkinson were CANFP members Nancy and Rick Matteolli, and Veronica and Bill Rodda, speaking on *Marital Communication and Spirituality,* and John Gilsa, MD, also a Professional Member of CANFP, providing a medical perspective with *Family and Fertility Care.* CANFP was honored to exhibit, providing information packets for the clergy, who enthusiastically availed themselves of the opportunity to learn of NFP resources in their area and around the state.

Monterey

Students from Notre Dame High School in Salinas are shown above, assisted by CANFP Member Ann Briley, as they particpate in the *True/ False* activity at the CANFP chastity exhibit at their high school health fair. Hundreds of students visited the booth, eagerly completing activities at stations throughout the room, leaving with stickers, magnets, bumper stickers, pins, bookmarks, and rubber bracelets with encouraging and uplifting chastity messages.

Clergy Corner

Fr. Michael Moore

Traveling With Large Families

living out that faith

I recently got back from a beautiful pilgrimage to Italy. I went with a group from a former parish in California. At the core of the group were three families with a total of twenty children. In all, about half the members of the tour were children, and the youngest two were only a few weeks old.

The high point of the pilgrimage was when two of the children made their First Communion in the shrine of Lanciano, site of the most famous Eucharistic miracle. The host and wine, which turned into flesh and blood about 1200 years ago, are preserved behind glass, and tourists can come quite close. Here two of the boys received Jesus for the first time in Communion.

The low point of the pilgrimage was the reaction of certain people to our large families. Our British tour guide could not understand why anyone would have nine children. During the twelve days of the tour I came to realize that people involved with planning European tours just don't see large families.

Large families make a unique contribution to society, and I was saddened to see the intolerance, even disdain, that sometimes greets large families in public. The families in our tour were, in fact, a great witness to the selflessness and generosity that a large family demands. During this tour, I saw real strength of character among the children of these families. They shared with each other, and the older ones took care of the younger ones when needed.

Of course I enjoyed seeing various religious sites in Italy. But the best part was seeing the children visiting important places for their faith and then living out that faith in their lives with each other.

Fr. Michael Moore is Pastor of St. Brigid Church (CANFP Parish Member!) in Hanford, in the Fresno Region

Viajando con Familias Numerosas

viviendo su fe

Hace poco regresé de una peregrinación a Italia. Fui con un grupo de una parroquia anterior mía de California. En el núcleo de este grupo había tres familias con un total de veinte niños. Total que, sobre la mitad de todos los miembros del tour eran niños, y los dos más pequeños tenían tan solo un par de semanas.

La culminación del viaje fue cuando dos de los niños recibieron su primera comunión en el monumento de Lanciano, el sitio del milagro más famoso de la eucaristía. La hostia y el vino, lo cual se hizo carne y sangre alrededor de hace 1200 años, se preservan tras un cristal, y los turistas pueden arrimarse bastante cerca. La carne esta guardada en un mostrario de cristal y la sangre, lo cual se ha coagulado y se mantiene en un cáliz de cristal. Aquí dos de los chicos recibieron a Jesús por primera vez en comunión.

El punto bajo del viaje fue la reacción de ciertas personas a nuestras familias numerosas. Nuestros guías de El Reino Unido no podían entender por que alguien quería tener nueve hijos. Durante los doce días de la gira llegué a entender que los organizadores de las giras por Europa raramente ven a familias numerosas.

Familias numerosas aportan una contribución única a nuestra sociedad, y me desmoralizó ver la intolerancia, hasta desprecio, el recibimiento que algunas veces les dan a las familias numerosas en publico. Las familias en nuestro grupo eran, de hecho, un gran testigo al altruismo y generosidad que se demanda en una familia grande. Durante este viaje, vi una verdadera fuerza de carácter entre los niños de estas familias. Se compartieron los unos con los otros, y los mayores se cuidaron a los más pequeños cuando hacia falta.

Por supuesto, disfrute viendo varios sitios religiosos en Italia. Pero la parte mejor era lo de ver a los niño visitando los lugares por su fe y luego viviendo su fe en sus vidas con los otros.

GRACIAS!
A BIG THANK YOU TO
MONICA DEL RIO
FOR
TRANSLATION

Parents: Be Heard on Prop 85

Erika Sajben

when did you give up your right to parent your child?

Proposition 85 is carved from an idea of basic common sense. As a wife, mother of 3 and friend of women who've had abortions, to say that parents have no voice in the matter is ludicrous.

As parents, we are given the gifts and graces to raise our children and to help form and guide them. God didn't just drop us like a hot potato and say, "You're on your own!" He said, "I'll be with you until the end of time" and "Be not afraid." I bring this up because so many parents of our day have no trust in these promises and have lost confidence in Gods love and guidance. We don't always keep our promises, but He does!

In light of this, we need to snap out of our fog and realize we've been given the gifts, as parents, to guide our children, however painful that can be sometimes. Pray for guidance and you will receive it!

Every parent needs to stand up and be heard on Prop. 85. To do nothing, stay silent or not go out and vote for Prop 85, is telling your children that, in essence, you trust other people more than yourself in raising them. In this case, you don't want to give your children silence to fall back on.

A woman I've known for years had an abortion and says that it has affected every facet of her life. She only recently had begun to look at the consequences of her decision, by God's grace. In His mercy and love, she has accepted His forgiveness completely and can now live her life in truth. Groups like Silent No More, and Rachel's Vineyard are catalysts to this kind of healing. The Sacraments of Reconciliation and Holy Communion seal this mercy, love and forgiveness that our Lord has for those who've had abortions.

We have 3 beautiful children. Our oldest daughter is 17 and goes to a Catholic high school where she is, unfortunately, in the minority as a pro-life student. Our other children, a son 13, and a daughter 8, are also very aware of the scourge of abortion. In their innocence, they see it in truth and for what it is. As parents, we need to form our children and give them "holy glasses" to look through in discerning all situations in life. In otherwords, seeing how God sees, in light of Holy Scripture and Church teaching, none of which is possible except through daily prayer.

The world today is me centered. My comfort, my happiness, my peace, my wants and so on. Prop. 85 is not a selfish, me centered piece of legislation. It's other centered. It's parents, being able to guide their underage children in all aspects of life. I have friends that have put their daughters on birth control and hand out condoms to their sons because "they're going to do it anyway!" My question to them is, when did you give up your right to parent your child? Only you and I can give up that right to others and it doesn't mean that it's always a party in the park!

In voting for and spreading the word about Prop 85 you are going to be saving the lives of unborn children and maybe even your own grandchildren. You will also be saving very young women and men, the assured anguish and heartache of making a decision without the God given guidance and common sense of their parents. Parents, if you're feeling a lack of strength in this area, ask, in Jesus' name and it shall be given to you!

Prop 85—if passed—will amend the California Constitution to:

- Prohibit abortion for an unemancipated minor until 48 hours after her physician notifies her parent or legal guardian, except in medical emergency or with parental waiver;
- Permit a minor girl to obtain a court order waiving notice based on clear and convincing evidence of her maturity or best interests;
- Mandate various reporting requirements, including reports from physicians regarding abortions performed on minors;
- Authorize monetary damages against physicians for violation;
- Require the minor girl's consent to abortion, with certain exceptions; and
- Permit judicial relief if the minor girl's consent is coerced

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FDA have officially and arbitrarily defined pregnancy as beginning at implantation

The manufacturer of "Plan B" claims that it is 89% effective to prevent pregnancy if taken within 72 hours. In other words, for every 8 pregnancies that would have occurred ("expected pregnancies"), only 1 actually occurs after taking "Plan B".[1] However, the number of "expected" does not come from the control arm of a randomized trial, but rather from comparison made to a historical control group including British women using natural family planning in the 1960s and women trying to conceive in North Carolina in the 1980s.[2] This method of comparison has since been shown to be biased towards overestimation of the pregnancies prevented.[3-6] It is likely that the comparison group of women, particularly the British NFP users, had higher fertility than the women in the WHO study.[3,4] In addition, the methods used for comparison do not take into account the normal variation in the timing of ovulation within the menstrual cycle, resulting in overestimates of pregnancies prevented.[3,5,6] Taking into account these issues, the best available estimate of Plan B effectiveness with currently available data is 72%.[3] This estimate includes a number of assumptions about who presented for Plan B treatment and who was allowed to enter the studies. If the investigators of the WHO and other studies were willing to release their original data for analysis by current methods,[5,6] a more accurate estimate of Plan B effectiveness could be obtained.

How does "Plan B" prevent pregnancy? Similar to birth control pills, the progestin in "Plan B" has multiple effects on the menstrual cycle. Taken early in the fertile window, "Plan B" blocks ovulation most of the time. However, taken later in the fertile window, the prevention of ovulation is much less consistent. But later in the fertile window is when the probability of pregnancy is higher if sexual intercourse occurs. Levonorgestrel does have some effects on cervical mucus, though it seems unlikely that the effects from the dose in "Plan B" can be sufficient to have a major effect. Finally, there are some data that a single dose of levonorgestrel does alter the receptivity of the endometrium, thus, it is a likely that "Plan B" sometimes prevents implantation of an embryo, i.e., causes a postfertilization loss. The longer the delay between intercourse and when "Plan B" is taken, the more likely it is that ovulation and fertilization have already happened in the meantime. In these situations, if "Plan B" is to have any effect to prevent pregnancy, it must be some effect that prevents implantation or development of the embryo. Based on mixed evidence, some advocates of EC claim that it can work for up to 5 days after intercourse.[7] If this is true, then it requires that EC be operating much of the time after fertilization and conception. It turns out that the maximum effectiveness that could be expected if Plan B were perfectly effective to prevent fertilization is 60% with a 24 hour delay, and 15% with a 72 hour delay, and close to zero with a 120 hour (5 day) delay.[8] Either EC is much less effective than the 72% estimated with delays up to 72 hours, or it operates some of

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Plan B does have substantial effects on the menstrual cycle

the time to prevent implantation. At this point, it is impossible to know for sure which is the case. I believe that probably it is some of both: "Plan B" is probably somewhat less effective than claimed, but must also have effects that prevent development of the embryo after fertilization, probably by preventing implantation.

In discussing EC's mechanisms of action with others, it's important to discuss facts rather than argue about different use of terms. Many (but not all) medical authorities, including the FDA, have officially and arbitrarily defined pregnancy as beginning at implantation. Therefore, the reasoning follows that abortions or "abortifacient" effects cannot occur until after implantation, by definition. The fact remains, however, that there is likely some effect after fertilization that prevents implantation and further development of the embryo.

Ironically, much, perhaps most of the time that EC is used, it will have no effect at all on pregnancy, because the women is not in the fertile window of her menstrual cycle. NFP teachers are well aware that only about 6 days of the menstrual cycle have a substantial potential for pregnancy (the "fertile window"). (NFP methods usually identify a somewhat longer potentially fertile window, typically 9 or 10 days, because of natural variability in the biological symptoms used to identify the days of fertility.)

Plan B does have substantial effects on the menstrual cycle. It usually shortens the cycle by a few days, results in heavier menses, and may occasionally cause irregular bleeding.[9] This is further evidence of endometrial effects. I am not aware that any NFP teachers have had enough experience with clients who have taken EC to observe its effects on the NFP chart. Extrapolating from its known effects on menstrual bleeding, it is likely that the other biological signs of fertility, cervical mucus, basal body temperature, and perhaps, the cervix position, will be disturbed. At this point, I am aware of no data to indicate how long it will take these parameters of fertility to return to a normal pattern after a single dose of EC.

In 1999, the FDA approved "Plan B" as a prescription drug. In August 2006, the FDA approved "Plan B" to be sold over the counter to anyone age 18 or older. This happened after a long and very politically involved review process. I served on the FDA Advisory Committee that reviewed the application for "Plan B" to receive over-the-counter status in December 2003. My vote against the approval was based on the two major issues I have just discussed above: 1) the company substantially overstates the effectiveness of "Plan B" in its information for physicians and patients; 2) for adequate informed consent, women must have a clear understanding of how "Plan B" can work before they choose to use it.

At the time of approval in August 2006, the first issue has been partially addressed. The package for "Plan B" states,

> *"Plan B works like a birth control pill to prevent pregnancy mainly by stopping the release of an egg from the ovary. It is possible that Plan B may also work by preventing fertilization of an egg (the uniting of sperm with the egg) or by preventing attachment (implantation) to the uterus (womb), which usually occurs beginning 7 days after release of an egg from the ovary. Plan B will not do anything to a fertilized egg already attached to the uterus."*

While I am glad to see that the issue is addressed in the packaging, it has clearly been done in a way to minimize the issue in women's minds. At the time of implantation, the human embryo has in the neighborhood of 100 cells. It is at best inaccurate, and arguably disingenuous, to refer to it as a "fertilized egg." When embryos of a similar stage of development are transferred to the uterus in the clinical process of in vitro fertilization, they are called embryos, and properly so. When in the process of in vitro fertilization, embryos are frozen, they are called embryos. But when an emergency contraceptive is discussed, the term becomes "fertilized egg."

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Emergency Contraception cont

help individual women make more informed and healthier choices

The second issue I raised during the December 2003 hearing, that of overstated effectiveness, has not been addressed. Clearly the mandate of the FDA includes assuring that accurate information on a drug is promulgated by its manufacturer. I find it disturbing that the FDA is allowing the manufacturer to advertise and promote this drug with inflated effectiveness estimates.

Proponents of EC have made amazing claims about its potential benefits in society. These include the expectation that it could prevent up to half of the abortions in the United States if it were widely available. It is understandable that for some people, the idea of a "second chance to prevent pregnancy" is very appealing. However, the idea that EC would only prevent pregnancies and not result in any negative social changes is really based on an amazingly simplistic view of human nature and behavior. Aside from a contraceptively zealous mindset, is it really reasonable to think that an increase in availability of a "second chance" method, one that is much less effective than any other contraceptive agent or practice (including withdrawal), would reduce pregnancy or abortion rates?

There are compelling data on the actual public health effects of EC. In randomized trials involving thousands of women in the United States and China, women who received EC were more likely to use it, but the pregnancy rates were the same as women who did not receive it.[10-11] The women in the United States study were mostly teens with high risk sexual activity, the very women that are proposed to be most likely to benefit from EC availability.[10] Another smaller randomized trial found that women given EC were both more likely to use EC and more likely to have "unprotected sex," compared to the women that did not receive EC.[12]

Population based studies have found similar results. In an ambitious project in Scotland, 85,000 women estimated in population, at least 17,800 received free EC. Follow-up found no difference in abortion rates compared to neighboring areas of Scotland.[13]

In Belgium, EC was made over-the-counter in 2001 and free to teens in 2004. The manufacturer estimates that up to 10,000 doses are distributed per month. Trends in abortion rates over the past several years are even or slightly upwards for all age groups 15-19 years of age. In the UK, 40 million pounds have been spent to educate teens about contraception, and EC was made over-the-counter in 2001. Hundreds of thousands of doses have been sold, enough that advocates estimated should have prevented 1/3 of the abortions in recent years. However, the abortion rates have been climbing, not falling.[14] Similar statistics are found in Sweden.

I and others have been accused of obstructing the interest of public health by voting against making EC more widely available.[15-16] But the evidence strongly indicates that the public health has not been served by making EC widely available in other countries. Now that EC is available over-the-counter in the United States, we can expect more of the same non-results here. Even some of EC's strong advocates are now admitting that wide availability of EC is unlikely to change rates of unwanted pregnancy or abortion.[7,14]

It is unfortunate that leaders in medicine and public health cling to a world view that leads them to seek solutions to unwanted pregnancy and abortion in such counterproductive ways as vigorously promoting emergency contraception. It is unfortunate that many women will rely on a method that is not very effective. And it is unfortunate that the value of early human life will be further discounted by wide use of EC. Being aware of these issues, NFP teachers can at least help individual women make more informed and healthier choices

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Article References

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1. World Health Organization. Randomised controlled trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. Task Force on Postovulatory Methods of Fertility Regulation. Lancet 1998;352:428-33.
2. Trussell J, Rodriguez G, Ellertson C. New estimates of the effectiveness of the Yuzpe regimen of emergency contraception. Contraception 1998;57:363-9.
3. Stanford JB, Mikolajczyk RT. Methodological review of the effectiveness of emergency contraception. Current Women's Health Reviews 2005;1:119-129.
4. Raymond E, Taylor D, Trussell J, Steiner MJ. Minimum effectiveness of the levonorgestrel regimen of emergency contraception. Contraception 2004;69:79-81.
5. Trussell J, Ellertson C, von Hertzen H, et al. Estimating the effectiveness of emergency contraceptive pills. Contraception 2003;67:259-65.
6. Mikolajczyk RT, Stanford JB. A new method for estimating the effectiveness of emergency contraception that accounts for variation in timing of ovulation and previous cycle length. Fertil Steril 2005;83:1764-70.
7. Davidoff F, Trussell J. Plan B and the politics of doubt. J Amer Med Assoc 2006;296:1775-
8. Mikolajczyk RT, Stanford JB. Levonorgestrel emergency contraception: a joint analysis of effectiveness and mechanism of action. Fertil Steril, in press.
9. Raymond EG, Goldberg A, Trussell J, Hays M, Roach E, Taylor D. Bleeding patterns after use of levonorgestrel emergency contraceptive pills. Contraception 2006;73(4):376-81.
10. Raine TR, Harper CC, Rocca CH, et al. Direct access to emergency contraception through pharmacies and effect on unintended pregnancy and STIs: a randomized controlled trial. J Am Med Assoc 2005;293:54-62.
11. Hu X, Cheng L, Hua X, Glasier A. Advanced provision of emergency contraception to postnatal women in China makes no difference in abortion rates: a randomized controlled trial. Contraception 2005;72:111-6.
12. Belzer M, Sanchez K, Olson J, Jacobs AM, Tucker D. Advance supply of emergency contraception: a randomized trial in adolescent mothers. J Pediatr Adolesc Gynecol 2005;18:347-54.
13. Glasier A, Fairhurst K, Wyke S, et al. Advanced provision of emergency contraception does not reduce abortion rates. Contraception 2004;69:361-6.
14. Glasier A. Emergency contraception. Brit Med J 2006;333:560-61
15. Stanford JB, Hager WD, Crockett SA. The FDA, politics, and plan B [letter]. N Engl J Med 2004;350(23):2413-4.
16. Drazen JM, Greene MF, Wood AJ. The FDA, politics, and plan B [Author reply]. N Engl J Med 2004;350(23):2413-14.

YES ON PROP 85

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