CANFP NEWS

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by ***Theresa Farnan, Ph.D.***

Prenatal Screening: "Weeding Out" Down Syndrome

It was near the end of my prenatal exam. I was an older mom, expecting our tenth child, and was not surprised to hear the doctor recommend first trimester prenatal screening. As usual, I politely declined. This time, however, the doctor decided to press the issue, no doubt because of my "advanced maternal age." "It's to weed out Down syndrome," she responded, with an exasperated expression. I felt my own annoyance rise as I pointed out that prenatal testing does nothing to "weed out Down syndrome," but rather "weeds out" persons with Down syndrome. I spent the rest of the pregnancy avoiding that doctor. There were plenty of other doctors in the practice, none of whom harassed me about the decision to forgo prenatal testing. At 19 weeks, an ultrasound revealed that my daughter's nasal bone was significantly shorter than usual, a signal that she had Down syndrome. One of the doctors in the practice worked with us to develop a prenatal plan of care for the baby, including a fetal echocardiogram to check for heart anomalies that could cause complications at birth. Otherwise, the pregnancy continued as any other would.

Ironically, the night that I gave birth, the "weed out Down syndrome" doctor was on call. I wondered if this was God's way of forcing her to care for my daughter with Down syndrome, despite her disapproval. In a stroke of Divine providence, she rotated off duty right before my daughter was born, and the attending physician was the same doctor who helped to craft the prenatal plan of care for my daughter. My daughter is now a thriving and happy 13 year-old, who participates in sports at her Catholic school and is universally beloved.

As it turns out, our experience with a doctor articulating eugenic sentiments and pressuring us to undergo early screening was not unique. In fact, in many ways, our experience with prenatal diagnosis of Down syndrome was far better than average, because we had doctors in our practice who cared about our baby, rather than seeing her as a burden or a tragedy.

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President's Perspective

Fr. Blaise Berg, STD

Begetting New Life is a Journey of Courage and Generosity

their journey with their child or children is filled with much self-discovery and joy, and, yes, sometimes hardship and suffering

Over the last couple of years, I have paid more attention to sociological traits of particular generations. As one born towards the end of the baby boom, that is, born between 1946-1964, I qualify as a "Boomer". "Generation X" (born between 1965-1979) followed the Boomers and "Millennials", born between 1980 and 1994, arrived after Gen X. Not to be left out, I give a shout out to the "Silent Generation" born between 1925 and 1945 and the generation born after 2013, which is not yet officially named. (Some have called them "Alphas".)[1] Presently, "Generation Z" (or "iGen" or "Zoomers"), born between 1995 and 2012, is coming of age. Generation Z is the first generation that has never known a world without smart phones and the internet. To be sure, this kind of connectivity marks a Zoomer's personality---for better or for worse. And, at the risk of over-generalizing, Zoomers have also grown up at a time of major cultural and economic upheaval. As a result, Zoomers tend to marry later in life than previous generations if they marry at all. Moreover, they struggle to afford to own a home. More than previous generations, Zoomers delay having children.[2] Above all, Zoomers are more anxious and struggle more to maintain good mental health than previous generations.[3]

What does all this have to do with our present edition of CANFP News? Let me try to connect the dots. Each of the main articles of this newsletter focuses on the generosity of couples who have welcomed children with special needs into their lives intertwined with the decision whether or not to undergo prenatal testing. Spoiler alert: our contributors conclude that prenatal testing may be helpful to prepare for the birth of the child, but it is not to be used as a tool to decide to eliminate or "to weed out" the child as one physician recommended to Dr. Theresa Farnan. In the end, the decision to marry, to beget new life and to bring new life into this, at times, frightening world is not for the faint of heart. Couples want certainty that everything is going to be alright. It is only natural to want to eliminate anxiety-inducing situations. Of course, the problem with the last sentence is that a child is not a situation. On the contrary, a child is a gift given by God to couples who open themselves to His generosity.

[1]*Jean M. Twenge, Generations (New York: Atria Books, 2023) 2.*
[2]*Twenge, Generations, 375-378.*
[3]*Twenge, Generations, 392-430.*

Fr. Blaise Berg, STD. *President of CANFP, is Assistant Professor of Dogmatics at St. Patrick's Seminary, in Menlo Park, CA*

Does that mean that generous parents of special-needs children never have any anxious moments? Of course not. It does mean, however, that their journey with their child or children is filled with much self-discovery and joy, and, yes, sometimes hardship and suffering. As one blessed with relatives and friends who are parents of special-needs children, I have witnessed time and again the joy that the children bring to their parents and their siblings, and to me. Joy is fruit of the generosity and openness of parents and evidence of God's blessings. Indeed, all of us have our work cut out for us as our brother and sister Zoomers come of age. God willing, sacrifice, courage and generosity---and the gift of Natural Family Planning---is something that us older folks can pass on to our beloved Zoomers. ■

Director's Desk

Sheila St. John

Parenthood: Embracing the Unknown

we meet our child and spend the rest of our lives loving this unique person, with a love we did not know we are capable of

It can be quite shocking to be categorized as having a "geriatric pregnancy", to a woman more likely to be carded in a bar than to be offered the senior citizen discount. The more recently adopted term to describe a pregnant woman 35 years of age (or older) as one of "Advanced Maternal Age" is better, but not by much.

Regardless of whether the pregnancy is her first or her tenth, most women of "advanced maternal age" are aware of the increased risks of pregnancy complications and genetic anomalies. Prenatal screening is an option for any pregnant women, but for the mom ≥35, it may feel more like an expectation, with increased pressure to incur the risks that accompany invasive testing. It is important for the couple to weigh the risks and benefits, and to remember always---screening and testing is entirely optional

Whether adding to their family, just starting their family, or on a long journey of seeking pregnancy while experiencing impaired fertility, a couple may grapple with concerns about these increased risks in their mid-thirties and into their forties. It is indeed common for couples of this age to broach this topic with their NFP teacher, as part of their discernment process

Of course, it is neither the role, nor within the scope of, the NFP teacher to provide medical advice. But it is usually not medical advice these couples are seeking from us. What are these couples seeking?

I hear an undercurrent in the phrasing of the questions, that I would best characterize as seeking permission to pursue pregnancy, despite statistically increased risk to mom and baby. While rarely articulated in these exact words, I think the unspoken question that often prompts the inquiry is, "Is it irresponsible of us to desire/seek pregnancy when we know the increased risk of having a baby with health challenges?".

This distorted sense of "responsibility" is a legacy of contraception that has permeated our culture.

The nature of marital love---the default mind-set in marriage----is openness to pregnancy, spacing or postponing when discerned to be for the good of our marriage and family. In other words, it takes a good reason to *refrain* from achieving pregnancy. Contraception has flipped that entirely, and I see couples who have grown up in a contraception saturated culture sometimes struggle with if they can justify a pregnancy because, for example, they do not yet own their own home. Or are at higher risk for having a child with Down syndrome.

One statistic I share with these couples, is that while it is true the individual risk of chromosomal abnormalities increases at ≥35, 80% of babies with Down syndrome are born to mothers under 35[1] (because women under 35 birth more babies). I think this surprises and reorients us to a realization that we just do not---cannot---control all the factors and risks. We screen for some health issues---because we can. But parenthood is a big unknown. We anticipate it with dreams and plans for the children we will have, even before they exist. We spend nine months expectantly preparing to welcome this new human being. Then we meet our child and spend the rest of our lives loving this unique person, with a love we did not know we are capable of. And it is that love, of a parent for their child, that will equip us to accept this precious life we are gifted with, whatever the challenges. And there will be challenges. Some health challenges may be apparent at birth, others may manifest later. And other challenges we idealistically may think we can protect our child from can befall our perfectly healthy child as they navigate life. There is no prenatal screening for those. Thank God. Or we might let fear cause us to miss the most amazing, love filled journey that is parenthood. ■

[1]*https://www.health.state.mn.us/diseases/cy/downsyndrome.html*

Sheila St. John, *co-founder and Executive Director of CANFP, teaches NFP in the Monterey Region.*

Meet Members...
Mary-Lynn and Tom Ott

Mary-Lynn and Tom Ott

Mary-Lynn and Tom Ott, Professional Members of CANFP, live in the Stockton area and have been teaching NFP since 2003. They have seven children and five grandchildren. They enjoy almond farming, traveling to visit family, teaching NFP, and being active in their church community.

Mary-Lynn and Tom, Why Do You Support CANFP?

CANFP has been a great support for the NFP community and a great resource for persons seeking information on NFP.

Life is a journey to heaven. Tom and I have been blessed to be able to take that journey together. We began our marriage in love and with the sacrament of Holy Matrimony in a little country Catholic church in Brussels, Ontario Canada. It was a beautiful day, but our marriage preparation was practically non-existent. Neither of us fully understood marital morality and began contracepting immediately. We soon experienced a desire for children, but my fertility showed no sign of ovulation after coming off the pill. We conceived our first child with the help of fertility drugs. During postpartum, we began looking for alternative methods to space our children. At this time, Natural Family Planning (NFP) entered our conversations. We were fully onboard! As life was busy, we took one class out of four from The Couple to Couple League (CCL).

We were soon overjoyed to be pregnant again, this time with twins. However, our babies were born early and one of them was born with a physical disability. We continued to embrace NFP, but to our surprise– after failing to follow the rules– we conceived within a year. The pregnancy and delivery were easy, and we praised God for this blessing, but questions arose. Very deep conversations occurred about our ability to practice NFP. It became a division in our relationship as we viewed the issue differently. Contraception even became part of the conversation again. Through prayer and actively discerning God's will, we continued practicing NFP and learned that abstinence is a sacrificial prayer. Our relationship with God grew, our love for each other grew, and our love for our faith grew.

Raising our four children was a busy time. We were learning the rhythms of life and family. And yes, we were joyfully in the rhythms of NFP. We knew NFP was such a misunderstood treasure of the Catholic faith that we began to promote NFP to engaged couples.

My viewpoint that NFP is a personal Catholic choice changed in one night. As an RN, I worked in the Post-Anesthetic Care Unit about once a week. In this unit, we took care of many patients who had tubal ligation procedures. One night, I took care of a woman who had a tubal ligation, but also an incidental abortion. This tragedy haunted me. Babies are babies no matter how small. I quit my job, and my husband and I became NFP teachers through CCL. Women deserve better. Couples need knowledge of their own fertility.

In the family arena, our older children began praying for siblings. In time, three more children arrived. The journey of life continued. In our NFP ministry, Tom and I have been living, promoting, and teaching NFP for twenty-nine years. We teach many engaged couples NFP and what the Catholic Church teaches about sexual morality. Tom and I are blessed that we can spread the good news of marriage and Natural Family Planning and in the process, help prepare couples in their journey in life to heaven.

Meet Our Member

is a regular feature of **CANFP *NEWS,*** *coordinated by CANFP Professional Member* ***Peggy Stofila,*** *who lives in Torrance, where she works part time as a Physical Therapist and teaches the Creighton Model FertilityCare System.*

Who Should Attend: **Professional Members of CANFP** *NFP Teachers, Physicians/Healthcare Providers, Clergy, Therapists*
When: **4th Tuesday of the month, 7p-8p** *Optional additional networking session at 8p*
CANFP Professional Members will be emailed a registration link the week prior to the session. *NFP Teachers, Physicians/Healthcare Providers, Clergy and Therapists who are not already Professional Members of CANFP are invited to Become a Professional Member of CANFP and* **JOIN US!**

UPCOMING TUNE UP TUESDAYS

DATE TIME TOPIC

5/27/2025 7p-8p Presenting Theology of the Body and NFP to Teens *How the Theology of the Body speaks to teens and can be used to discuss sensitive topics, including Natural Family Planning (NFP).*
PRESENTER: Andreya Arevalo, CFCP, Professional Member of CANFP and NFP teacher in the Sacramento region, serves as the Director of Family and Faith Formation for St. Mary's Parish in Vacaville and as the Coordinator for Marriage and Family Life for the Diocese of Sacramento. With almost 15 years of experience teaching young people and engaged couples, she offers specialized talks emphasizing the Theology of the Body.

6/24/2025 7p-8p New Infertility Treatments for Premature Ovarian Failure/Declining Ovarian Function
An update on the fertility treatment options available to women with premature ovarian failure or naturally declining ovarian function
PRESENTER: Theresa Stigen, MD, Professional Member of CANFP, is a board-certified OB/GYN with over 16 years of experience in both surgical and medical NaProTECHNOLOGY. She completed the John Paul the Great Fellowship in Medical and Surgical NaProTECHNOLOGY at the St. Paul VI Institute in 2009, in addition to being a Certified Fertility*Care* Medical Consultant. She opened Mystical Rose Obstetrics & Gynecology in Fallbrook, CA in 2009 and continues to practice there full time. She is married to her wonderful husband Shilo and they have five amazing children.

7/22/2025 7p-8p Open Forum: Obstacles and Challenges, local NFP Week events, etc. *Open discussion on topics of interest to participants. Share what is happening in your area for NFP Week, or your challenges, or a successes!*

National NFP Week Resources July 20-26, 2025

Link to Downloadable English Poster
https://www.usccb.org/resources/NFP%20Week%202025%20Poster.pdf

Printed 17" x 22" Posters available for purchase from USCCB *English text on one side, Spanish on reverse*
$2.75 each
50-100 posters: $2.00 each
100+ posters: $1.75 each
Shipping and handling will be added to order. Posters are sold "folded" or are available "flat" for extra shipping and postage
To Order: **1-866-582-0943** *or* customerservice@ifcweb.com

Link to Downloadable Spanish Poster
https://www.usccb.org/resources/NFP%20Week%202025%20Poster%20Spanish.pdf

Medical Matters

Theresa Stigen, MD

Armchair Chat:
Prenatal Screening Advice from a Catholic OB/GYN

What exactly is the goal of having an early diagnosis of a child with a genetic abnormality?

Prenatal screening testing has changed a lot since I began my OB/GYN residency in 2004. Initially, we only ordered a "triple screen", a blood test drawn between 15-18 weeks gestation that looked at three different markers. The triple screen was not able to give a certain diagnosis, but only a probability based on the patient's age, the gestational age of the pregnancy and the results of the blood test as to whether a certain genetic abnormality might exist. And really it only tested for three possibilities--- Trisomy 21 (Down syndrome), Trisomy 13 (Patau's syndrome) and Trisomy 18 (Edwards' syndrome). If the pregnancy was dated incorrectly, the results of the triple screen could be listed as abnormal when in fact all was well. I have personal experience with this. A family member was told to abort their child based on the results of a triple screen using an incorrect gestational age. It was only at birth that it was discovered the child in fact did not have any of the health conditions screened for, or any other health issues for that matter.

A few years into my residency, we began using the "quad screen", which was basically the triple screen with one additional marker. It is supposed to be a more precise probability than the triple screen. However, it is still only a probability and not a definitive diagnosis. Whenever a triple screen or quad screen returned with what was considered a high probability, the next step was always an amniocentesis. With amniocentesis, a needle was placed through the mother's abdomen, through the uterus and into the water bag surrounding the baby. Fluid is then removed and cells in the fluid cultured to do genetic testing. This would then be considered definitive proof as to whether the baby did or did not have the suspected condition. Amniocentesis can lead to complications that result in the loss of the baby about 0.2-1% of the time.

By the end of my residency, first trimester screening in the form of blood tests done between 10-13 weeks gestation, coupled with an ultrasound measurement of the thickness of the skin at the back of the neck (nuchal translucency) was starting to gain traction. This was thought to give an earlier diagnosis of genetic abnormalities, although once again, it could only provide a probability and not a definitive diagnosis. The next recommendation for an abnormal first trimester screen would therefore be chorionic villous sampling, where a biopsy of the small portion of the early placenta was obtained in the late first trimester. The pregnancy loss rate from chorionic villous sampling was even higher than amniocentesis at ~2.1%.

The new kid on the block for prenatal screening is cell free DNA testing, which can be done as early as nine weeks gestation. With cell free DNA, a sample of the mother's blood is drawn to assess for circulating fetal cells from the baby in the current pregnancy. This works because cells from the baby appear in the mother's bloodstream very early in pregnancy, but cells from babies of prior pregnancies essentially clear from the mother's bloodstream within a few days of delivery. Because the cells contain the baby's DNA, this result is more exact than a probability but can still give false positive results for a variety of reasons.

Regardless of the method of prenatal screening, the question remains --- What exactly is the goal of having an early diagnosis of a child with a genetic abnormality? Unfortunately, the answer in the medical field is so that abortion can be recommended to the mother at an earlier gestational age. Prenatal genetic testing is heavily linked to abortion, with more than 90% of babies diagnosed prenatally with Downs' syndrome being aborted. In fact, patients may experience extreme pressure from their physicians to abort the baby if they hesitate in any way after the initial recommendation.

Does this mean there is no other role for prenatal screening or that prenatal screening is inherently evil? Not necessarily. Parents may wish to have advance warning of a child who may need special care after birth so that they can investigate resources prior to delivery that will give their baby the best quality of life possible. If the baby receives a diagnosis that is completely incompatible with life, it can allow time to bond with the baby during the limited amount of time they have and identify resources to help them with the grieving process when the baby naturally passes away. Finding these resources can be difficult, but a solid Catholic therapist/grief counselor can be invaluable. Certainly, reaching out to friends, family and faith community for prayers and support can help tremendously. In some locations, there may even be perinatal hospice services that are designed to walk alongside families pregnant with a child with a universally fatal diagnosis and provide them support along the way.

So, there can still be a good role for prenatal screening for the faithful Pro-life family who wants to honor the child that God has given them. They need to go into the screening with eyes wide open, however, because of the pressure that will be put on them by their prenatal care provider in the setting of an abnormal test. They need to be able to remain strong and protective of their child even with the medical community around them pressuring them otherwise. They also should know themselves well enough to determine if having this knowledge will be a blessing to them and their ability to prepare for what is to come, or if it will instead cause extreme anxiety. If the latter is the case, it may simply be better to decline screening. You are not a bad parent if you decide that prenatal screening is not the best choice for your family.

Regardless of the choice that you make regarding prenatal testing, in all things remain faithful to the Lord and He will bless you. I have never seen a family regret that they did not abort their child with a fatal diagnosis. Instead, they were all grateful for the brief time they had with them.

Theresa Stigen, MD, ObGyn, *Professional Member of CANFP, is a Catholic OB/GYN committed to improving women's health through NaProTechnology. Dr. Stigen earned her medical degree at UC San Diego School of Medicine and completed her residency in OB/GYN at St. Francis Hospital in Evanston, Illinois. She then completed the Pope John Paul II Fellowship in Medical and Surgical NaProTechnology at the St. Paul VI Institute in Omaha, Nebraska. In August 2009, Dr. Stigen opened Mystical Rose OB/GYN in Fallbrook, California, the Avocado Capital of the World. Dr. Stigen's most cherished accomplishment is her happy marriage to her husband, Shilo. They live in Southern California together with their five children.*

Our Gift of Dominic

Mary Kate and Chris Weinkopf

Dominic warms hearts and changes hearts, especially our own

It begins with a few loud footfalls, followed by the clicking of switches.

One by one, lights throughout the house turn on, including, if it's winter, those on the Christmas tree. An ambient glow oozes its way into our bedroom until the door swings open and the full light of the hallway, followed by its source, bursts its way inside.

It's 3:00 a.m., and Dominic has arrived, ready to snuggle. He shuts the door behind him and utters not a peep, climbing into the bed and wrapping his arms around whichever one of us has the good fortune to receive the day's first hug. Within seconds, he's fast asleep.

At eight years old, Dominic may seem a little old for predawn visits to his parents' bed. But being blessed with the gift of Down syndrome, he's temperamentally more like someone half his age and comparable in size. Still, he often manages to take over the mattress, and on many a night we've eventually carried him back to the room he shares with his brothers. But his visits are, like Dominic himself, sweet, endearing, and full of love.

When we were expecting Dominic, we didn't know that he had Down syndrome, but we were mindful of the possibility, given our age, his small size, and a maternal premonition which we would have dismissed as imagined, except that it proved true. In the tense final moments of his difficult, drawn-out delivery, as we prayed for a safe birth, Mary Kate heard a voice from deep within ask, "Will you accept Down syndrome?" Her swift, silent answer was "Yes!" — and immediately our Dominic was born, safe and well. It was all joy. At that moment of meeting Dominic, we were carried by grace, relief, and gratitude. Dominic's beautiful eyes, which told us of his special need, seemed just part of the gift of him. For that moment, we had no fears about his future or our own.

But fears would come soon enough. A few days later, when we received Dominic's formal diagnosis in our pediatrician's office, we both wept. The doctor let us cry. Then, in a fatherly way, he set out tasks for us to tackle, and we got to work on arranging the initial team of specialists and therapists who have since become an everyday part of Dominic's life.

This parenting journey would be a little different from the six that have preceded it, but the Lord sent us an army of helpers to cheer us on, give us tips, love our child, hold our hands. From these wise ones, we learned to think of Dominic as Dominic, as unique as any child, whose diagnosis is only a small part of who he is.

Dominic has big brown eyes, freckles, and an impish grin. He is a natural athlete who throws a ball into a hoop with ease, the same move he uses to mischievously toss tomatoes into the grocery cart. He has an impeccable sense of direction, and when we make a wrong turn, he lets us know about it.

***Mary Kate** and **Chris Weinkopf** live in Santa Paula, California, with their seven children*

He adores learning, birthdays, and slapstick humor. He dances whenever music is playing, and sometimes even when it's not. Most of all, though, he makes people feel loved, making introductions, giving gifts, touching faces, and intuitively reaching out to those who are feeling down. When he says goodbye, he hugs everyone in the room — three times!

Dominic warms hearts and changes hearts, especially our own.

"My friends with Down syndrome," his first physical therapist once observed, "tend to make their families more patient, more humble, less self-conscious." He was right.

The effect is obvious in Dominic's six older brothers and sisters. Having watched their baby brother push through two-and-a-half years of arduous PT to learn to roll, then sit, then walk, they've stopped complaining about hard work. They've also adapted their games — and invented new ones! — to make sure he's included, no longer worrying so much about who wins or who calls the shots. Dominic's mere presence has softened their edges and brought out their best.

Dominic draws out our quietest child and inspires our most efficient child to slow down, our most professorial child to become simple, and our most socially aware child to care less about what others say and do. Our most organized child rejoices in his messes, and our shyest child best understands his speech and interprets for the rest of the family. As our 13-year-old recently confided in us, "I just can't imagine who I would be without Dominic."

He's also changed the two of us, though perhaps more slowly. As we look back at those fearful, early days, we wonder: What, exactly, were we afraid of? Why did we cry upon receiving his diagnosis? Was our sense of human dignity and worth tied up more in ability and appearances than we, an idealistic Catholic couple, wanted to admit? Or did we simply not trust God as much as we thought we did, not believe that, in time, He would give us the necessary tools, and Dominic the necessary graces, to thrive?

It all seems so foolish now. But God, in His mercy, was making us — in those prescient words of Dominic's physical therapist — "more patient, more humble, less self-conscious."

When Dominic was two, we were thrilled to learn that we were expecting once more, even though, given the two miscarriages that had preceded Dominic, the odds of carrying our baby to term were against us. At 11 weeks' gestation, Lupe was born into our hands and eternal life, one tiny hand to her mouth, as if she were sucking her thumb. She had a sweet, wide face like Dominic's and his same round cheeks. Perhaps she, too, was blessed with the gift of Down syndrome.

We wonder what Dominic and Lupe might have been like together. We delight in imagining them teaming up to light the Christmas tree, en route to visiting us at 3:00 in the morning. ■

Clergy Corner

Fr. Ed Horning

When the Doctor Says "Down Syndrome"

Having a down syndrome child in the family is an amazing adventure

***Fr Edward Horning**, Professional Member of CANFP, is a Priest for the Diocese of San Diego and Parochial Vicar at Our Lady of the Valley Parish in El Centro, CA.*

As a result of prenatal testing, it may be that the doctor shares with parents a possible diagnosis of Down syndrome or other congenital anomalies. Sadly, what often follows is a suggestion to terminate the pregnancy or genetic counseling. Terminating a pregnancy means abortion. Genetic counseling could be positive in that it informs the parents about the condition(s) their son or daughter might have as the means to prepare them for the birth and life of their child. Genetic counseling goes wrong when abortion is pushed or suggested.

For those facing the birth of a child with possible congenital anomalies, I want to encourage you to give the child and situation to God who has given life in the first place. God is love and loves you and this child totally and infinitely. God has deemed this child to be particularly unique, unrepeatable and necessary. Life is a gift and life is precious! I want to encourage you insofar as possible to surrender your lives to the Lord and receive from the Lord the grace and strength to be the best of loving parents to your son or daughter.

In my family's case, after the birth of baby number five, my mom had an emergency hysterectomy. From day one, my parents practiced natural family planning and were open to the number of children that God would give them. (My mom wanted ten!) My parents met at a special needs facility, where they both volunteered.

They discerned a call to receive and adopt a special needs baby, in thanksgiving to God and openness to life. Our parents asked us kids for our thoughts on their plan. Myself, being the oldest, and my siblings agreed that we were on board. In 1994, our family received a call saying that there was a three-month-old baby boy with Down syndrome who was looking to be placed. We received him without hesitation and with great joy and love. The birth parents had not done any prenatal testing and found out about their son when he was born. They gave him up that day. Although I cannot be sure, I do wonder if the parents had done prenatal testing if he would have been aborted. We thank God he wasn't.

Nicholas is # 6. All of us love Nick probably even more than if he was a blood relative. This experience has helped us understand the love and tenderness of God when the Scriptures teach us that we have become adopted sons and daughters of God (Gal 4: 4-7; Rom 8: 14-17). Having a Down syndrome child in the family is an amazing adventure. In general, folks with Down syndrome are particularly loving, exuberant and joyful. They might even be a little moody and temperamental. Nick is no exception. He is all that and more. When he was six months old, he had heart surgery to address a hole that he had in his heart. Thirty years later, Nick is going strong. He has a blessed life. He works at a special needs center where he learns new skills and takes life classes. Nick enjoys going to concerts, ball games, and musical theater. He dances hip hop, tap, and swing. Additionally, Nick is a long-time altar server for the Saturday evening vigil Mass at our home parish. Adopting Nicholas took our family love to another level, and the love continues to grow.

If you or someone you know has received a "scary" or troubling diagnosis, I would encourage you certainly to pray and commend the little one to God's care. I would also suggest that you try to meet with parents of children who have the same diagnosis. This will help remove stigmas, calm any fears or anxieties you might have, and give you the opportunity to ask questions. My parents, my siblings and I have become ambassadors to share the good news that the condition of Down syndrome can be and is a blessing.

Rincón del Clero

P. Eduardo Horning

Cuando el Médico Dice "Síndrome de Down"

Tener un niño con síndrome de Down en la familia es una aventura mara-villosa

*El **P. Eduardo Horning**, Miembro Profesional de CANFP es un sacerdote para la Diócesis de San Diego y Vicario Parroquial de Nuestra Señora del Valle en El Centro, CA*

Traducción: ***Maria Olmos y el P. Eduardo Horning***

Como cuando en los resultados de las pruebas prenatales, el Doctor diagnostica al bebé con síndrome de Down o alguna anomalía congénita, lamentablemente lo que a menudo sigue es una sugerencia de interrumpir el embarazo o asesoramiento genético. Interrumpir el embarazo significa el aborto. El asesoramiento genético puede ser positivo cuando se informa a los padres sobre la o las condiciones que el bebe podría tener, con el fin de prepararlos para el nacimiento y el desarrollo del crecimiento de su hijo o su hija. El asesoramiento genético negativo o no correcto es cuando el medico presiona sugiriendo el aborto.

Para aquellos que enfrentan el nacimiento de un bebé con posibles anomalías congénitas, quiero alentarlos a que continúen con el embarazo y desistan de la posibilidad del aborto. En primer lugar, Dios es quien da la vida. Dios es amor y los ama a ustedes y ama infinitamente a ese bebé que está en el vientre. Dios ha hecho a ese bebe único e irrepetible. La vida es un regalo y la vida es preciosa. Quiero animarlos en la medida de lo posible a que entreguen sus vidas al Señor y reciban del Señor la gracia y la fuerza para ser los mejores padres amorosos para su hijo o hija.

En el caso de mi familia, después del nacimiento del bebe número cinco, mi mamá tuvo que ser sometida a una histerectomía de urgencia. Desde el primer día, mis padres practicaron la planificación familiar natural y estaban abiertos a la cantidad de hijos que Dios les diera (¡mi mamá quería diez hijos!). Mis padres se conocieron en un centro de atenciones de jóvenes con necesidades especiales; ambos eran voluntarios. Ellos discernieron un llamado a recibir y adoptar un bebé con necesidades especiales, en agradecimiento a Dios y a la vida. Nuestros padres nos pidieron opinión a todos sus hijos sobre el plan que tenían. Yo, siendo el mayor de los hijos y junto con mis hermanos estuvimos de acuerdo. En el año 1994, nuestra familia recibió una llamada diciendo que había un bebé de tres meses con síndrome de Down que buscaban fuera adoptado. Lo recibimos sin dudarlo y con gran alegría y amor. Los padres biológicos no se habían hecho ninguna prueba prenatal, y se enteraron de que su hijo había nacido con el síndrome de Down en el momento de su nacimiento. Lo dejaron para adopción ese mismo día. Todavía me pregunto que, si los padres se hubieran hecho pruebas prenatales, ¿lo hubieran abortado? Damos gracias a Dios que no lo abortaron.

Nicolas es el número seis en nuestra familia. Todos amamos a Nick, probablemente incluso más que si fuera un pariente de sangre. Esta experiencia nos ha ayudado a entender el amor y la ternura de Dios cuando las Escrituras enseñan que nos hemos convertido en hijos e hijas adoptivos de Dios (Gal 4:4-7/ Rom 8:14-17). Tener un niño con síndrome de Down en la familia es una aventura maravillosa. En general, las personas con síndrome de Down son particularmente amorosas, exuberantes y alegres; incluso pueden ser un poco caprichosas y temperamentales. Nick no es una excepción. Él es todo eso y más. Cuando tenía seis meses, se sometió a una cirugía cardiaca para reparar un agujero que tenía en el corazón. Treinta años después, el sigue fuerte y tiene una vida bendecida; el trabaja en un centro de necesidades especiales donde aprende nuevas habilidades y toma clases de vida. Nick le gusta ir a conciertos, juegos de beisbol, hockey y teatro musical; baila hip hop, tap y swing. Además, Nick es desde hace mucho tiempo monaguillo en la misa de vigilia vespertina del sábado en nuestra parroquia. Adoptar a Nicholas llevó nuestro amor familiar a otro nivel, y el amor sigue creciendo.

Si usted o alguien que conoce ha recibido un diagnóstico "aterrador" o preocupante, lo aliento a que ore y encomiende al bebé al cuidado de Dios. También le sugeriría que intente reunirse con padres de niños que tienen el mismo diagnóstico. Esto ayudará a eliminar estigmas, calmar cualquier miedo o ansiedad que pueda tener y le dará la oportunidad de hacer preguntas. Mis padres, mis hermanos y yo nos hemos convertido en embajadores para compartir la buena noticia de que la condición del síndrome de Down puede ser y es una bendición.

Ask the Expert

Here We Go Again---Spotting and Cramping

Question

I'm 32 years old and appear to be having my fourth miscarriage in a row. I do have a three year old. With my first child my ob found low progesterone on a fluke and I was placed on Prometrium. Uneventful full term pregnancy.

&

I had my first miscarriage 14 months ago at nine weeks. Since then, I have had periods of between 30-34 days with spotting. LPD was not found on biopsy. Hysteroscopy was normal. I conceived on Clomid this month, the RE's theory was to "build" a better egg. HCG and progesterone numbers were initially very good, and development of sack normal. Though here I am slightly over five weeks pregnant with spotting and mild cramping. I am getting very frustrated and will be taking a break from all this for a while but would like to have any other new suggestions on what to do or where to go next. Thanks so much for your time. *Karen*

Answer

Dear Karen, You do not mention your studies of estrogen levels, thickness of your uterine lining, thyroid, chromosomes on the fetus, mycoplasma-ureaplasma studies, autoimmune tests, your weight and other hormonal studies. Were chromosome studies performed on your pregnancy losses? It is possible these factors played a role in your miscarriage, or your miscarriage may have been a random act.

Physicians trained at the Pope Paul VI institute would obtain at least three estrogen and progesterone levels in the luteal phase, as well as ultrasound measuring the uterine lining, to be sure the hormones in the latter part of your cycle were adequate. I would encourage you to seek care with a practitioner trained in this method. *Mary Davenport, M.D*

Cysts and Pain with Intercourse

Question

I am 24 years old, my husband and I had a baby last May. Recently, I went in to my OB/GYN (very NFP friendly) because I had been having pelvic pain (jabbing) during intercourse. Pap smear was clear but they discovered that I have multiple cysts on my ovaries, and that my ovaries are enlarged because of them. My doc said that I did not present with all of the usual symptoms of PCOS, so he didn't give me that diagnosis. We really would like to have another child and are going to start trying. Fortunately, I did not have any trouble conceiving our first. Last year, about two months post-partum I did have a fibroid removed successfully. I think it's strange that around that time there were no other cysts causing ovarian enlargement. If this is not PCOS, is it something that could resolve relatively quickly? Why the rapid onset? Is there anything I can do? Thanks so much! *Stephanie*

Answer

Dear *Stephanie*, there are ovulation disorders that do not fit the criteria of PCOS that may prevent pregnancy. You might have abnormalities of thyroid function or prolactin. Insulin resistance can cause poor ovulation or failure to ovulate. I am assuming you have monthly cycles. If you had your baby this year or are still breast feeding this might cause impaired ovulation with multiple small cysts. Physicians trained as medical consultants with the Fertiity*Care* natural family planning method, or physicians educated in restorative reproductive medicine, could help you see if there were a serious issue through charting your cycles and blood tests of hormone levels. *Mary Davenport, MD*

Ask the Expert

30 Years of Hormone Replacement

Question

&

I am 72 yrs old, have had a partial hysterectomy back when I was 42 and have continued to take HRT. The last five yrs. I have gone to Biest only once a day for five days. Is it important to continue this therapy for the rest of my life? Thank you, *Roz*

Mary Davenport, MD, *OB/GYN and Professional Member of CANFP, offers telehealth services in NaProTechnology and Restorative Reproductive Medicine through* **MyCatholicDoctor.com**

See Ask the Expert CANFP.org for over a thousand Q and A's

Answer

Why are you on biest? You always need to evaluate the rationale for continuing a medication on a yearly basis. Circumstances can change, and you need to weigh the benefits and risks in your individual situation. Hormones should be used in the lowest doses that achieve the objectives you are using them for, and for only as long as necessary to achieve your goals. The benefits of estrogen include better sleep and improving mood for many women. There may be some advantages in preventing heart disease and cognitive function, although most improvement occurs in early menopause. If you have osteoporosis or osteopenia, estrogen may be stabilizing your bone density, and that could be a reason to continue therapy. For most women vasomotor symptoms---hot flashes and night sweats---do not go on indefinitely, although there are certain women who have intractable vasomotor symptoms for years. However, at age 72 most women should have weaned off estrogen, with the possible exception of vaginal estrogen for vaginal symptoms. If you have osteopenia or osteoporosis and/or feel terrible without estrogen, that might justify continuing estrogen. The downside of continuing biest is that your chances of getting breast cancer and stroke are slightly increased. At 72, consider a trial of stopping your hormones, and you may find you do well without them. *Mary Davenport, M.D.*

Estrace While Nursing

Question

I am 43 and have a seven-month-old that I am still nursing. She is my eighth child. I went to the OB because of extreme itching in the vaginal area and it was time for my regular pap test. She said my uterus was very small and after testing I did not have a yeast infection. She prescribed Estrace cream two oz for a week then twice the following week. She said it appears that I was going into menopause. I asked if it was okay to use with a nursing baby. She said yes, but I would like a second opinion on that and if it is not okay what would you recommend. I did use one dose, before I thought maybe I shouldn't use this right now and it did seem to help. Thanks. *Kim*

&

Answer

Dear *Kim,* If you are showing signs of low vaginal estrogen during the nursing period, it is safe to use Estrace cream, which contains a topical estrogen identical to your own body's estrogen. The small amount of hormone entering your circulation and breast milk will not be significant and, in any case will not be harmful. *Mary Davenport, M.D*

Prenatal Screening:"Weeding Out" Down Syndrome *cont from p. 1*

We had access to prenatal specialists who could not only rule out severe congenital defects, but who would have been capable of treating even the most severe complications. We had friends who had children with Down syndrome, whose children were beautiful, happy and thriving, so it was easy to envision possibilities instead of obstacles for our daughter. We live in a community with a Down syndrome clinic at the local children's hospital, whose patient care coordinator reached out shortly after birth because she had heard from friends that our daughter was having some difficulty gaining weight. We delivered at a hospital where the neonatologist greeted us after birth, congratulating us for having a beautiful daughter. Still those words from the first prenatal visit haunt me – how many other parents have been encouraged to "weed out" Down syndrome?

Dr. Brian Skotko M.D.,M.P.P., professor at Harvard Medical School and director of the Down Syndrome Center at Massachusetts General Hospital, has spent years researching this very question, He first published a survey on the prenatal experience of families who had children with Down syndrome in 2005.[1] At that time he found, "parents said that the information that they received from their clinicians was oftentimes incomplete, outdated, and sometimes offensive."[2] In January 2025, Skotko published updated research on the prenatal experience of families and found that for many the negative aspects of prenatal diagnosis were not only unimproved from earlier decades, but had worsened.[3] Skotko's team found that "57% of parents reported that their clinician inadequately explained Down syndrome after a prenatal diagnosis, causing 84% of parents to experience fear and 93% of parents to experience anxiety."[4] Few parents received up to date or helpful resources, while many report feeling pressured to have an abortion.

In a separate literature review, Skotko and his team found that as prenatal technology developed, government involvement shifted to supporting access to prenatal tests, with all countries offering prenatal tests.[5] At the same time, 75% of countries offered government subsidies for abortion in cases of Down syndrome, up from 50% in 1990.[6] In the UK, for example, abortion is illegal after 24 weeks unless the baby is deemed to be at risk of having Down syndrome or other disabilities.[7] In the United States, a patchwork of state abortion laws leaves babies with Down syndrome or other handicaps vulnerable to abortion. Although 12 states have banned abortion, all other states have legalized abortion at varying stages that would allow, at the minimum, for prenatal diagnosis followed by abortion.[8] Moreover, the American College of Obstetricians and Gynecologists recommends that all pregnant women undergo first trimester prenatal screening, regardless of the risk for fetal anomalies.[9] Women and Infants Hospital in Rhode Island helpfully explains their recommendation for a screening test followed by an ultrasound by describing it as "more effective" and promising that "It will better distinguish affected from unaffected pregnancies, reducing the chance that a Down syndrome pregnancy is missed."[10] Anecdotally, many families we know reported being harassed by their doctors with repeated phone calls after their child's diagnosis urging them to schedule their "terminations."

In 2017, CBS featured a story about how Down syndrome was "disappearing" in Iceland, thanks to universal utilization of prenatal testing.[11] Writing about this, Georgi Boorman described the use of prenatal testing as "nudgenics," a kind of soft eugenics.[12] Typically, eugenics has been a tool used by the state, which tests for genetic undesirability and then uses tools at its disposal to eliminate those it deems unfit. The Nazi program Aktion T4, the systematic euthanasia of persons with disabilities that preceded the Holocaust, is a classic example of state-imposed eugenics.[13] Prenatal testing differs from classic eugenics, in so far as the agents of the decision to end the life of the unborn child are the parents themselves. The state professes indifference to the parents' choice, while applying pressure to "nudge" them to the decision that is best aligned with the state's interests--- prenatal screening, followed by the abortion of babies with Down syndrome or other chromosomal abnormalities. Writing in the AMA Journal of Ethics, Barbara Katz Rothman and Gareth Thomas mull over prenatal screening and conclude it is a form of contemporary eugenics, one that honors the choice of the parents, yet still is predicated on eliminating undesirable persons.[14] Withholding accurate information about the child's potential for a long and happy life leaves the parents with the impression that this child will suffer, and faces a sad, tragic existence. Even worse, in the name of informed consent, parents are provided with a laundry list of complications of Down syndrome, without also pointing out that while it is extremely rare, almost unheard of, for persons with Down syndrome to experience every single potential complication. No wonder 93% of parents surveyed by Skotko felt anxious!

To be clear, prenatal testing can be used to care for children with Down syndrome. My husband and I were able to work with our doctors to make sure the medical staff were prepared for any potential complications during our daughter's birth. Had we discovered any major heart defect, labor and delivery staff would have been prepared to whisk our daughter away for treatment. So there are good arguments for being able to diagnose disability *in utero*. But the high rate of abortion after universal prenatal screening in the first trimester suggests that universal prenatal screening is not a neutral act.

Indeed in Iceland, which "achieved" a near elimination of Down syndrome, (as proponents euphemistically describe the campaign to ensure no babies with Down syndrome are born), obstetrician Hulda Hjartardottir admitted that "just offering the test is pointing you toward a certain direction."[15] Aggressively pushing universal prenatal screening before the baby feels real, before the mother sees the baby on ultrasound and feels the baby moving, and while abortion is readily available, is intended to bring about the systematic elimination of persons with Down Syndrome. As fewer persons with Down syndrome are born, it becomes harder for parents presented with a prenatal diagnosis to envision a good life for their son or daughter. This leaves us with the question---how do we reverse course? There are concrete steps that physicians and families can take. Opt for 2nd trimester tests rather than early prenatal screening, which can help plan for caring for disabled babies after birth. Have positive resources on hand, including the names and contact information of doctors who specialize in caring for children with Down syndrome, so parents feel less anxious and helpless. Create local registries of parents of children with Down syndrome who would be willing to share how rich their lives are *because* of their precious child. Finally, we must be willing to call out universal early prenatal screening as what it is, a tool that is advancing a eugenic agenda that ultimately will leave our society less humane and poorer for the loss of these beautiful souls. ■

***Theresa Farnan, Ph.D.**, is a fellow at the Ethics and Public Policy Center focusing on the challenges of gender ideology as part of EPPC's Person and Identity Project. She has taught at St. Paul Seminary in Pittsburgh, Franciscan University of Steubenville, and Mount St. Mary's Seminary. She served as a consultant to the U.S. Conference of Catholic Bishops' Committee on Laity, Marriage, Family Life, and Youth and is a member of the Catholic Women's Forum Advisory Council. She serves on the Ethics and Public Policy Committee of the National Catholic Partnership on Disability. She and her husband Michael have ten children including a beautiful daughter who has Down syndrome.*

[1] *Skotko, B. (2005). Prenatally diagnosed Down syndrome: Mothers who continued their pregnancies evaluate their health care providers. American Journal of Obstetrics & Gynecology,192: 670-77.*
[2] *Brian Skotko, M.D.,"Receiving a Down Syndrome Diagnosis During Pregnancy: Q&A with Brian Skotko," Mass General Brigham newsroom, March 10, 2025. https://www.massgeneralbrigham.org/en/about/newsroom/articles/down-syndrome-diagnosis-during-pregnancy-brian-skotko.*
[3] *Artal JM, Randall L, Rubeck S, Allyse M, Michie M, Riggan KA, Meredith S, Skotko BG. Prenatal Care of Parents Who Continued Pregnancies With Down Syndrome, 2003-2022. Am J Med Genet A. 2025 Jan 19:e63981. doi: 10.1002/ajmg.a.63981. Epub ahead of print. PMID: 39829122.*
[4] *Brian Skotko, M.D.,"Receiving a Down Syndrome Diagnosis During Pregnancy: Q&A with Brian Skotko," Mass General Brigham newsroom, March 10, 2025. https://www.massgeneralbrigham.org/en/about/newsroom/articles/down-syndrome-diagnosis-during-pregnancy-brian-skotko.*
[5] *Wilmot, H. C., de Graaf, G., van Casteren, P., Buckley, F., & Skotko, B. G. (2023). Down syndrome screening and diagnosis practices in Europe, United States, Australia, and New Zealand from 1990-2021. European journal of human genetics : EJHG, 10.1038/s41431-023-01330-y. Advance online publication. https://doi.org/10.1038/s41431-023-01330-y*
[6] *Brian Skotko M.D., "Research Spotlight: Down syndrome screening and diagnosis practices in Europe, United States, Australia, and New Zealand from 1990–2021." Massachusetts General Hospital Newsroom: Research Spotlight, May 8, 2023. https://www.massgeneral.org/news/research-spotlight/down-syndrome-screening-and-diagnosis-practices-in-europe-united-states-australia-and-new-zealand.*
[7] *"Legislation which allows abortion of babies with Down's syndrome up until birth upheld by Court of Appeal," Sky News. November 25, 2022. https://news.sky.com/story/legislation-which-allows-abortion-of-babies-with-downs-syndrome-up-until-birth-upheld-by-court-of-appeal-12755187.*
[8] *Pro-abortion health care policy website KFF has a dashboard map of state restrictions on abortion. "Abortion in the United States Dashboard." https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard/.*
[9] *American College of Obstetricians and Gynecologists, "Current ACOG guidance: NIPT Summary of Recommendations." Accessed March 14, 2025 https://www.acog.org/advocacy/policy-priorities/non-invasive-prenatal-testing/current-acog-guidance#:~:text=Prenatal%20genetic%20screening%20(serum%20screening,maternal%20serum%20alpha%E2%80%90fetoprotein)*
[10] *"Screening for Down syndrome," Women and Infants Hospital, Accessed March 14, 2025. https://www.womenandinfants.org/services/medical-screening/screening-for-down-syndrome*
[11] *Julian Quinones and Arijeta Lajka, "What kind of society do you want to live in?" Inside the country where Down syndrome is disappearing." CBS News, August 15, 2017. https://www.cbsnews.com/news/down-syndrome-iceland/.*
[12] *Georgi Boorman, "The Widespread Abortion Of Down Syndrome Babies Is A Success For 'Nudgenics'," The Federalist, August 29, 2017. https://thefederalist.com/2017/08/29/widespread-abortion-syndrome-babies-success-nudgenics/ 29, 2017.*
[13] *"Euthanasia Program and Aktion T4," Holocaust Encyclopedia, published by the United States Holocaust Memorial Museum, Accessed March 14, 2025. https://encyclopedia.ushmm.org/content/en/article/euthanasia-program.*
[14] *Gareth M. Thomas, PhD and Barbara Katz Rothman, PhD, "Keeping the Backdoor to Eugenics Ajar?: Disability and the Future of Prenatal Screening." AMA Journal of Ethics, April 2016. https://journalofethics.ama-assn.org/article/keeping-backdoor-eugenics-ajar-disability-and-future-prenatal-screening/2016-04.*
[15] *Julian Quinones and Arijeta Lajka, "What kind of society do you want to live in?" Inside the country where Down syndrome is disappearing." CBS News, August 15, 2017. https://www.cbsnews.com/news/down-syndrome-iceland/.*

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CANFP.org

info@canfp.org

831-443-3746

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