

After ten heartbreaking losses, RRM helped uncover the root causes and led to three healthy pregnancies ...Heather



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by
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The Incredible Value of Women as Daughters of God

Increasingly, the chasm between the Catholic understanding of womanhood and the image of womanhood promoted through radical feminism, is so great as to feel insurmountable.

For all my harsh criticism of some strands of contemporary feminism, with its idols of abortion and contraception, and its nihilistic vision of womanhood, I would be the first woman to say that we should not forget the world in which feminism emerged, nor should we willfully ignore the considerable progress there has been in some areas when it comes to granting equality between the sexes. We have to acknowledge those positive changes. As a woman, I enjoy rights, every single day of my life, that were denied previous generations.

But are women *valued*? Does the way the medical profession interacts with women in any way reflect the *value of women as God's daughters*? The Aristotelian tendency to view women as faulty men casts a long shadow over women's healthcare. For all the talk of autonomy and empowerment, there remains an ingrained sense that the female body is problematic in itself, even – and in particular – in its healthiest state. I have heard the contraceptive pill referred to as 'the cure for being female' partly because of the tendency by some doctors to prescribe the Pill for everything from the desire to avoid a pregnancy to period pain. The many side effects suffered by women as a result of swallowing a grade one carcinogen are accepted as a necessary sacrifice on the part of women in exchange for being liberated from motherhood.

This cavalier attitude to women was thrown into relief by the male contraceptive trials some years ago. Was I the only woman who giggled over my cornflakes, hearing that the trials had had to be cancelled, because men were suffering such terrible side effects – migraines, depression, weight gain, acne – in short, the very symptoms women have been expected to put up with for years. The vastly different approach to male health vs female health that this decision appeared to imply, did not go entirely without comment in the media. I should also clarify that I believe it was perfectly correct to halt those male contraceptive trials. I do not think that men are wimps, I just do not believe that women should be expected to be martyrs to the pharmaceutical industry.

cont on p. 14



Fiorella Nash studied English Literature at New Hall College, Cambridge and went on to complete a MPhil in Renaissance Writing. After graduating, Fiorella became a full time researcher and writer for the London-based Society for the Protection of Unborn Children and has over ten years' experience researching life issues from a feminist perspective. She makes regular appearances at both national and international conferences and has appeared on radio and in print discussing issues such as abortion, gendercide, maternal health and commercial surrogacy. She is currently studying at KU Leuven for a licentiate in Canon Law. CANFP members will remember Fiorella from her engaging presentation at the closing banquet of the 2015 CANFP conference in San Francisco. This article is adapted from a presentation Fiorella gave in Rome. In addition to her bioethics research, Fiorella is known to many as an award-winning novelist under the nom-de-plume Fiorella De Maria.



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Start With The Beginning

As we continue our journey together, may we start with the beginning, that is, The Beginning, when God created us and died for us, and never stops loving us

One of my favorite songs by David Wilcox, the American folk singer and songwriter, is called *Start with the Ending*. With its playful, upbeat melody and tongue in cheek lyrics, mingled with more serious words of wisdom, the song manages to bring out some important truths. The first verse goes like this:

*Secret of a happy marriage
Maybe you should write this down*

You wanna keep a love together?

*The best way is to end it now
When you both know it's over*

*Suddenly the truth comes out
You can talk about your secret passion*

You can talk about your restless doubts

The premise of the song, which Dave explains in a YouTube concert version, is that when two people realize that each is far from perfect, each is to find the other in one's own brokenness. The recognition of one's short-sightedness leads to clearer vision, as the second verse explains:

*After you've both decided
You were missing something that you need*

The ways that you were too short-sighted

*Get easier for you to see
After all the expectations*

*Shatter on the kitchen floor
You just see another human*

suffering

And wonder what the war was for

In our chaotic culture, we sometimes lose sight of whom we are trying to reach. We have this amazing message that we want folks to receive (NFP is good for you!) and we may try many creative and positive ways to get the message out. When it falls on deaf ears, it can be easy to feel discouraged and frustrated. Yet, we do experience breakthroughs. Often, the breakthroughs occur after spending a good amount of time with a friend, a spouse, a colleague, a family member, a parishioner, or even a congregation. In the time spent together, truth is able to be received in the soul of one who is like a child.

Jesus Christ once said: "I give you praise, Father, Lord of heaven and earth, for although you have hidden these things from the wise and the learned you have revealed them to the childlike." Lk 10:21 Our Lord knew what He was talking about. You see, whether one speaks of Jesus's earthly ministry or the Son's eternally divine Sonship, the Son always has an infinitely profound understanding that He is loved, as Son, by the Father in the Holy Spirit. Each of us is loved infinitely by God as His sons and daughters. Moreover, being made in God's image, we are given the amazing gift, and important task, to love our own biological and spiritual children with all our hearts. We want them to know that they are loved so much that God sent His Son to die for them. In our human suffering, as David Wilcox sings, we are able to come to



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the truth that we are loved by another and by the Other who created us and died for us.

Start with the Ending has a happy ending by the way. The last verse goes like this:

*Happy anniversary darlin'
We go back a long, long time
I think about our lives together
So grateful that you're here in mine*

And I know you'll keep on changing

*Moving in this dance with me
I love the way we embrace the future*

And keep the past a memory

As we continue our journey together, may we start with the beginning, that is, The Beginning, when God created us and died for us, and never stops loving us. May we always know more and more how much He loves us as His sons and daughters and how much He desires that our sons and daughters know how He made us to be and how He made us to love. ■

Director's Desk

Sheila St. John

Speaking up for Women



sheila@canfp.org

We are at a critical juncture in women's healthcare

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At a recent introduction to NFP for engaged couples, a woman asked me to elaborate on the use of NFP to achieve pregnancy. She assumed she was not like most who come to learn NFP, she *wanted* to be pregnant. She was marrying soon, and being in her 40s, she was rightly feeling a sense of urgency.

I explained to her what all NFP providers know--it is not at all unusual to come to learn NFP intending to achieve pregnancy. Commonly, the proportion of those coming to achieve pregnancy exceed the statistic of the one in six who struggle with infertility. For some providers, MOST who come to them are seeking to achieve pregnancy.

This is not so surprising, when we consider that for those seeking to avoid pregnancy, contraception has become entirely normalized in our culture. Guttmacher Institute reports that 99% of sexually active women not currently seeking pregnancy have used contraception, and 88% are currently contracepting. Contraception is a covered benefit of private insurance and medicaid. It is not unusual for young women to be prescribed contraceptives in middle and high school, if not for birth control, then for painful periods, irregular cycles, acne, etc. If a woman does not wish to use contraceptives, she must be a strong self advocate, repeatedly declining them throughout a lifetime of encounters with healthcare providers.

Contrast that with NFP. Most women, nearly all, have never been offered NFP as a tool for spacing pregnancy. Those who are interested in it, must seek it out on their own.

The result of living in a culture that has normalized that being a woman means being on contraception is that it is challenging to break through that conditioning, to see fertility as a normal, healthy process, and NFP as the tool to understand it.

What about women encountering difficulty conceiving? The only solutions this same healthcare system usually offers are a few token tests, perhaps an IUI (which are notoriously unsuccessful), and when that fails, the woman are emotionally primed to accept the verdict--IVF is your only hope.

Unlike contraception, IVF however has not yet been normalized in our culture. It is not usually covered by insurance, and is cost prohibitive. For many reasons, too numerous to cite in the scope of this brief article, most do not pursue it. And so with their healthcare provider offering little else besides IVF, women do their research, and many find the answers in RRM. Apparently so many, that the professional associations of those who provide IVF have been waging a campaign of misinformation about RRM.

In the link below, one can read multiple press releases by the ASRM misrepresenting RRM, even claiming women are not given informed consent--ironic, because women report over and over being told IVF is their ONLY option by such specialists.

Insurance does usually cover RRM, since it is good medicine--diagnosing and treating health issues. Discrediting RRM is part of a strategy to normalize IVF, and secure mandated coverage for those who provide it.

We are at a critical juncture in women's healthcare. Those who believe women deserve better than the norm of contraception to avoid pregnancy and IVF to achieve pregnancy, need to speak up--following the example of the physicians and patients who did so in DC in September. We were largely silent over the decades of normalizing contraception, and an entire generation of women paid the price. Will we be silent now? Or will we speak up against the heavily funded forces, and advocate for authentic women's healthcare for ourselves--and for our wives, sisters, and daughters? ■

ARE ASRM/IVF PROVIDERS THREATENED BY THE INTEREST IN RRM?
go to ASRM.org then NEWS AND EVENTS then ASRM NEWS then PRESS RELEASES
DIRECT LINK: asrm.org/news-and-events/asrm-news/press-releasesbulletins/asrm-hosts-capitol-hill-briefing-for-policymakers--congressional-staff-to-hear-from-providers--patients-about-importance-of-ivf-access-realities-and-limitations-of-restorative-reproductive-medicine

MEET MEMBER... *Mayra Garcia-Ceja* My Journey Into Natural Family Planning



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.

I first heard about the Creighton Model of FertilityCare on Catholic radio during my own infertility journey. I had been told by my gynecologist that my infertility was "unexplained," but I wanted to dig deeper. That's when I reached out to Dr. Lynn Keenan, who became my NaPro doctor. Along with her, I worked with Angelica Valverde, a FertilityCare Practitioner, to learn the Creighton Model. Thanks to their guidance, I was blessed with a successful pregnancy and the birth of our son, Nathan. Unfortunately, we were never able to conceive again, but the experience of using the Creighton Model and NaProTechnology to identify and address the root causes of my infertility was transformative. It aligned with my Catholic convictions about fertility, and it was clear to me

that this approach was truly different from anything I had tried before.

After Nathan's birth I continued using the Creighton Model, and as he grew, my career in agricultural finance began to feel increasingly incompatible with my responsibilities as a mother to a child with autism. In

the fall of 2017, I felt a calling

to become a FertilityCare Practitioner. I began my training that November and started seeing clients in January of 2018. It was a life-changing decision. This work allowed me the flexibility to be there for my son while contributing to my family financially. It also felt like the culmination of my own journey with infertility—preparation for the calling God had planned for me all along.

I now teach 100% virtually, in both English and Spanish, to clients locally and across the country. The freedom of working from home allows me to balance my family life and business while helping others in their fertility journeys. One of my most rewarding experiences as a practitioner was when my very first NAPRO baby was born. This particular client had struggled with infertility for several years. After working together and undergoing surgery, she became pregnant with her first child. To this day, she and her husband have grown their family from two to five, and I've continued to support her through her fertility needs. It's moments like this that bring me great joy and fulfillment, especially since I can relate so deeply to the struggles of infertility.

In my personal life, I am the wife of Jesus, married for 22 years. We are the proud parents of Nathan, with four babies awaiting us in heaven. When I'm not teaching NFP,



I love spending time with my family, friends, and participating in a virtual Bible study. I'm also a small business owner, helping women age gracefully and confidently as a SeneGence distributor. The flexibility of my work has been a blessing, allowing me to care for my aging parents and be involved in their medical and personal decisions.

When I first started learning the Creighton Model, I never could have imagined that it would lead me here. What began as my own search for answers has become a beautiful vocation—one that allows me to serve others while living out my faith and my calling as a wife, mother, daughter, sister, and friend. I can now see that every struggle, every detour, and every season of waiting was part of God's preparation. I'm deeply grateful for where that journey has led me and for the privilege of answering God's call on my life and living out the purpose He had planned for me. ■

MIEMBRO DESTACADO... *Mayra Garcia-Ceja* Mi Camino Hacia la Planificación Familiar Natural

Escuché hablar por primera vez del Modelo Creighton de FertilityCare en la radio católica durante mi propio proceso de infertilidad. Mi ginecólogo me había dicho que mi infertilidad era "inexplicable", pero eso no me bastó como respuesta. Fue entonces cuando contacté la Dra. Lynn Keenan, quien se convirtió en mi doctora de NAPRO. Junto con ella, trabajé con Angélica Valverde, practicante de FertilityCare, para aprender el Modelo Creighton. Gracias a su orientación, tuve la suerte de tener un embarazo exitoso y el nacimiento de nuestro hijo, Nathan. Desafortunadamente, nunca pudimos volver a llevar a cabo un embarazo a término, pero la experiencia de usar el Modelo Creighton y la tecnología NAPRO para identificar y abordar las causas fundamentales de mi infertilidad fue transformadora. Se alineó con mis convicciones católicas sobre la fertilidad, y me quedó claro que este enfoque era realmente diferente a todo lo que había probado antes.

MAYRA, ¿POR QUÉ APOYAS A CANFP?

"Apoyo a CANFP porque me apoyaron durante mi formación, y su directora, Sheila, se ha convertido en una mentora y amiga de confianza. A través de su directorio, he podido conectar con clientes que necesitan apoyo, y como miembro de la comunidad de PFN en California, sé lo importante que es contar con organizaciones como CANFP que promueven la verdad sobre la PFN de forma positiva"

Después del nacimiento de Nathan, seguí usando el Modelo Creighton y, a medida que crecía, mi carrera en finanzas agrícolas empezó a parecer cada vez más incompatible con mis responsabilidades como madre de un niño con autismo. En otoño de 2017, sentí la vocación de convertirme en practicante de FertilityCare. Comencé mi formación en noviembre de ese año y comencé a atender a clientes en enero de 2018.

Fue una decisión que cambió mi vida: este trabajo me dio la flexibilidad de estar presente para mi hijo y, al mismo tiempo, contribuir económicamente a mi familia. También lo sentí como la culminación de mi propio camino con la infertilidad: una preparación para el llamado que Dios tenía planeado para mí desde siempre.

Ahora doy clases 100 % virtuales, tanto en inglés como en español, a clientes de mi localidad y de todo el país. La libertad de trabajar desde casa me permite compaginar mi vida familiar y mi negocio, a la vez que ayudo a otras personas en sus procesos de fertilidad. Una de mis experiencias más gratificantes como practicante de fertilidad fue el nacimiento de mi primer NAPRO bebé. Esta clienta en particular llevaba varios años luchando contra la infertilidad. Después de trabajar juntas y someterse a una cirugía, quedó embarazada de su primer bebé. Hasta el día de hoy, ella y su esposo han crecido su familia de dos a cinco, y he seguido apoyándola en sus necesidades de fertilidad. Son momentos como este los que me brindan gran alegría y satisfacción, especialmente porque puedo identificarme profundamente con las dificultades de la infertilidad.

En mi vida personal, soy la esposa de Jesús, llevamos 22 años casados. Somos los orgullosos padres de Nathan, con cuatro bebés esperándonos en el cielo. Cuando no estoy



enseñando PFN, me encanta pasar tiempo con mi familia, amigos y participar en un estudio bíblico virtual. También soy propietaria de una pequeña empresa y ayudo a las mujeres a envejecer con gracia y confianza propia como distribuidora de SeneGence. La flexibilidad de mi trabajo ha sido una bendición, ya que me ha permitido cuidar de mis padres en su tercera edad y participar en sus decisiones médicas y personales.

Cuando comencé a aprender el Modelo Creighton, nunca imaginé que me llevaría hasta aquí. Lo que comenzó como mi propia búsqueda de respuestas se ha convertido en una hermosa vocación que me permite servir a los demás mientras vivo mi fe y mi llamado como esposa, madre, hija, hermana y amiga. Ahora puedo ver que cada lucha, cada desvío y cada etapa de espera fue parte de la preparación de Dios. Estoy profundamente agradecida por el camino recorrido y por el privilegio de responder al llamado de Dios en mi vida y vivir el propósito que Él tenía planeado para mí. ■

Medical Matters

Lynn Keenan, MD

The Beauty and Wisdom of RRM

women spoke about the frustration of being diagnosed with "unexplained infertility"

On September 16, 2025, I was honored to participate in the congressional briefing arranged by the International Institute of Restorative Reproductive Medicine (IIRRM): *The Progress and the Promise of RRM*. The briefing drew standing room only for the over 100 congressional staffers, media representatives and supporters of Restorative Reproductive Medicine (RRM) who attended.

In addition to an overview of the history of RRM, progress in research and the current state of RRM in America, there were fifteen powerful patient testimonials. We heard repeatedly how RRM helped these women overcome infertility, including those with a history of failed IVF. Several women spoke about the frustration of being diagnosed with "unexplained



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infertility", sending them on a search for answers that led them to doctors trained in RRM. An RRM evaluation for infertility often reveals four to six causes contributing to the infertility, and "unexplained infertility" is very rare¹.



Imagine a culture that appreciates fertility from menarche on...

Leah H., 29, Virginia
"RRM gave me answers and health information that 'traditional' medicine was unwilling to search for. I now have two children alive and in my arms that wouldn't exist without RRM."



IIRRM Patient Testimonials and Statistics
under nine minutes in length
[youtube.com/watch?v=W6aP-svAYdA](https://www.youtube.com/watch?v=W6aP-svAYdA)

One woman explained how the traditional approach funneled them into Artificial Reproductive Technologies, but after failing IUI twice, they were told their only hope was IVF--even though it went against their beliefs. Fortunately, they found an RRM physician who diagnosed and treated the root cause of their infertility, which in their case was endometriosis. Two cycles after surgery to address her endometriosis, she and her husband conceived, leading to the birth of their first child. With her fertility restored, they were able to achieve a second pregnancy without difficulty and now have two beautiful daughters.

An underlying theme with several of the women was that not only were they able to become pregnant through the science of RRM, but they also felt much healthier, including several who were over 40 when they achieved a pregnancy. In RRM, infertility is viewed as a symptom of underlying chronic diseases, and discovering the

root causes leads not only to a healthy baby, but also to a healthy mom. This approach to health contributes to why RRM has significantly lower incidence of pre term birth than IVF. [The pre-term birth rate for IVF is 14.3%, while for RRM it is a much lower 5.28%.](#)² [Babies born underweight are also statistically less likely with RRM \(4.1%\) compared to the US average \(8.6%\).](#)³

IVF Practitioners have claimed that RRM is only a re-labeling of what IVF doctors already do for their patients. But the unanimous testimony of these fifteen women was that the care provided by RRM was more thorough, finding and treating underlying causes. Time limitations kept the number of women who could share their story to only fifteen, but within only one week of sending out the call inviting women to share their story about RRM, 65 sent in details of the impact of the beauty and wisdom of RRM in their lives. Dr. Monica Minjeur, who reviewed and selected the

cases said it was the hardest decision--as they all deserved to have their stories told.

In contrast with the perception of some vocal critics of RRM that it delays pregnancy when compared to IVF, women shared their frustration that it was going through the IVF process, and failing, without early (or any) discussion of other options like RRM, which actually lengthened their time without a child. Many of the women commented that they wish they had heard about RRM much earlier in life.

That is our challenge today. Imagine a culture that appreciates fertility from menarche on, with cycles tracked at an early age. The self-knowledge of a normal cycle, or the recognition when cycles become abnormal, would lead to early intervention, minimizing the number who have to experience the heart breaking journey of infertility.

Check out the new open access RRM Journal at [RRMJournals.org](https://rrmjournals.org)

The Journal disseminates and promotes evidence-based information that clinicians, scientists, professionals, and patients will use to support and restore human fertility and reproductive health.

¹Arraztoa JA. Commentary On Infertility and Restorative Reproductive Medicine. J Restorative Reprod Med [Internet]. 2025 Apr. 6 [cited 2025 Sep. 25];1:1-5. Available from: <https://rrmjournals.org/index.php/jrrm/article/view/12>
^{2,3}<https://iirrm.org/medical-literature-on-rrm-outcomes/>

Why God? Why Me?

infertility strikes at the very core of a woman's identity

"Why God, why me? I pray. I believe. So why do I still feel broken, forgotten... and so painfully alone?"

If you have ever faced infertility—or are walking through it right now—you know how these questions echo in your mind. They rise during prayer, slip in while you're going about your daily life, greet you when you wake, and haunt you as you try to fall asleep.

Infertility brings a unique kind of suffering. It touches not only the body but also the mind, the spirit, and even a woman's sense of identity and purpose. And yet, in most cases, only the physical side is addressed, leaving many women without guidance in their deep need for emotional and spiritual support.

But because infertility strikes at the very core of a woman's identity, healing must also take place on a mental and spiritual level.

From a mental point of view, in moments of struggle, our brain tends to fall back on old protective patterns, trying to shield us from pain. Unfortunately, this often results in negative thoughts:

"I'll never be able to get pregnant."

"It's not worth trying anymore."

"I don't deserve happiness."

"God doesn't think I am worthy of children."

While these thoughts can feel overwhelming, there is hope, because the beauty of the human brain is that it is capable of change. Neuroscience shows that when we intentionally strengthen new neural pathways, we can begin to think differently—responding to the same circumstances with greater hope, positivity, and resilience.

Here are a couple practical ways to start rewiring your thoughts:

- **Gratitude journaling:** Each evening, write down three things you are thankful for. This simple habit trains your brain to focus on the blessings in your life.
- **Rescripting negative thoughts:** Instead of letting hopeless thoughts dominate, gently reshape them. For example, instead of: "My life has no purpose", you might say: "I have not yet discovered the fullness of my purpose, but I trust God will guide me to it." This shift allows space for hope without forcing "toxic positivity."

Equally important is tending to the spiritual dimension of infertility. Many women long to live close to God, yet find themselves projecting their pain onto Him: "God doesn't care... He doesn't keep His promises... He doesn't bear my prayers." In times of darkness, His voice can feel silent, and that silence is crushing. But guidance and support can help us rediscover Him as He truly is—not distant, but near. Through Scripture and imaginative prayer, we are



Stefania Bigi Alzati, Professional Member of CANFP, is currently a Certified FertilityCare Practitioner and Health and Wellness Coach specializing in infertility. She supports women with a holistic approach that nurtures body, mind, and spirit. Through personalized lifestyle and nutritional guidance, she helps restore reproductive health while also fostering a positive mindset and spiritual well-being.

reminded that Christ, through the cross, is always calling us closer to Him, longing to heal our hearts before anything else.

Another crucial aspect is rediscovering purpose. The inability to conceive strikes at a woman's most natural instinct, which is becoming a mother. Everything in her body speaks about welcoming a new life, and when that doesn't happen, a woman easily questions her own purpose in life, struggles to accept her present life, and pins all her hope on a future pregnancy.

it is possible to find peace, deepen faith, and rediscover a life filled with purpose

Yet healing begins when we honor this deep desire while embracing our unique gifts and talents here and now. By pouring ourselves into the present, exploring expressions

of spiritual motherhood, we not only discover new meaning but also reduce stress, support hormonal balance, and even improve the chances of conception.

Infertility is an undeniably painful path. But by tending to mind, spirit, and body together, it is possible to find peace, deepen faith, and rediscover a life filled with purpose—right here, right now. ■

Stefania offers an online session, rooted in deep compassion born from her own painful journey through infertility.

Healing Her Heart

Online Group Session for Women Facing Infertility

Infertility brings more than physical pain. It can feel like spiritual abandonment — leaving you questioning your worth, your prayers, even your purpose. But you are not broken. You are not forgotten.

"Healing Her Heart" is a free, live, online group session designed for women like you — who love God, long for motherhood, and desire to heal body and soul.

This is not therapy, nor a support group. This is an opportunity for a new start.

You'll receive loving guidance to help you **shift the way you think, feel, and believe**, with practical strategies that will empower you to walk forward with peace, faith, and strength.

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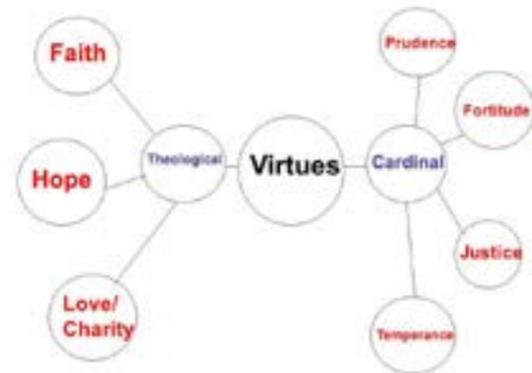
Clergy Corner

Rev. Vincent Woo

The Requisite Virtues Behind the Use of NFP

What is even more important is to teach the rationale behind the teaching, along with the virtues that must accompany it

Imagine this hypothetical scenario. A Catholic couple is determined not to use any kind of artificial contraception because they sincerely want to obey the teaching of the Church. The wife has given birth to multiple children within a decade. Due to significant emotional and psychological conditions, she wishes to use NFP to exercise responsible parenthood, in accordance with *Humanae Vitae*. However, the husband is unwilling to fully cooperate with his wife because of his physical desires. The couple fights daily and has a strained relationship. The wife feels torn. On the one hand, she does not want to refuse her husband's demands. On the other hand, she feels used by him merely to gratify his physical needs.



It is clear that something is not right. On the surface, the husband appears to be observing the letter of the law regarding the sixth commandment by avoiding contraception. However, what he is missing is

the virtue of charity toward his wife. The wife seeks to follow St. Paul's exhortation to "be subject to your husbands, as to the Lord". Yet it does not seem that the husband genuinely loves his wife "as Christ loved the Church and gave himself up for her" (Ephesians 5: 21-25).

This example should give us food for thought. When teaching couples about the Church's stance on artificial contraception, it is not sufficient merely to explain the prohibitions. What is even more important is to teach the rationale behind the teaching, along with the virtues that must accompany it. For instance, in situations when NFP is called for, charity and temperance must play a central role. As seen in the scenario above, following the law without charity and temperance can do tremendous harm to a marriage. NFP, when practiced properly, provides an opportunity for married couples to grow in these two virtues.

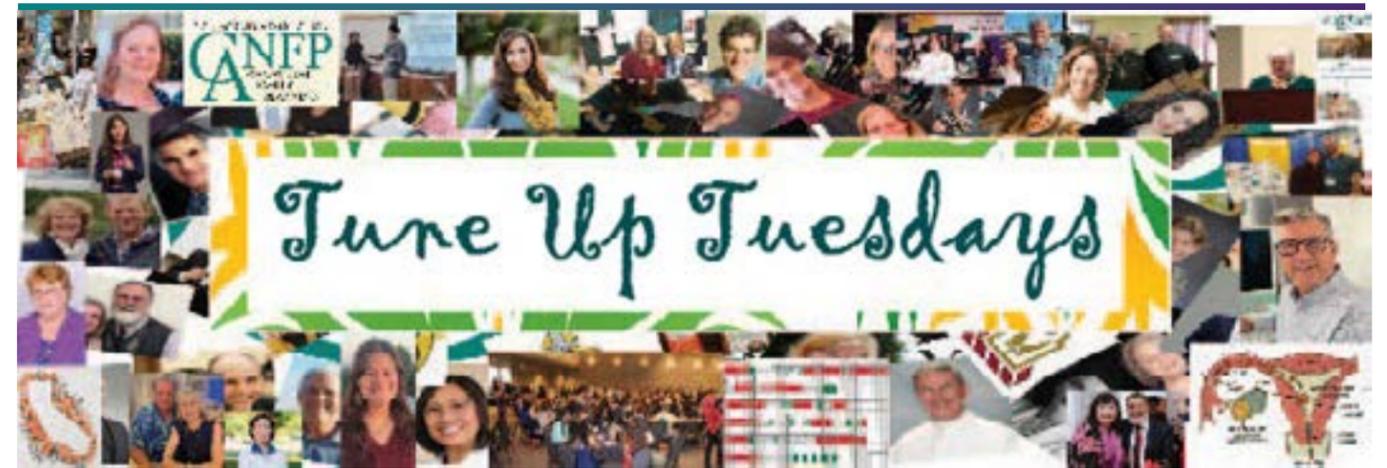
In this context, the Church defines matrimonial consent as "an act of the will by which a man and a woman



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mutually give and accept each other through an irrevocable covenant in order to establish marriage" (canon 1057 §2, 1983 Code of Canon Law). A superficial observance of the moral law, without the virtues of charity and temperance, risks becoming Pharisaical. In contrast, when a couple truly practices virtue in marriage by mutually giving and accepting each other in every marital act--not only in body but also in heart and soul--the image of the Church is clearly manifested.

Let us pray that all married couples would be imbued with the virtues of charity and temperance, so that they can truly live out the total and mutual self-giving love that is expected of them. ■



What: Monthly Zoom Seminars
When: 4th Tuesday of every month, from 7p-8pm*
Who should attend: November Session is open to ALL Members of CANFP
Format: 15-20 minute presentation followed by discussion and Q & A
**Participants are welcome to continue informal discussion and networking when session concludes at 8p*

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HOW TO REGISTER: Current Professional, Church, and Institutional Members of CANFP will be sent registration link monthly by email. Contact CANFP if you do not receive link. *Not a Member of CANFP?* Become a Professional, Church, or Institutional Member at BECOME a MEMBER at CANFP.org and request link to access **Tune Up Tuesdays**.

Final Session of 2025 is open to ALL CANFP Members!
Ask the Board 11/25/25



Fr. Blaise Berg, STD
President
San Francisco Region
Assistant Professor of Dogmatics at St. Patrick's Seminary, Menlo Park, CA



Gary Schuberg
Vice President/Treasurer
Los Angeles Region
Husband, Father, Business Owner, and lifelong Pro-life Advocate



Sheila St. John
Executive Director
Monterey Region
Founding Board Member of CANFP, NFP Teacher and Advocate since 1982



Robert Chasuk, MD
Board Member
Monterey Region
Family Physician Certified in NaProTechnology, offered via telehealth at MyCatholicDoctor.com

We wind up our first year of **Tune Up Tuesdays** with a special **Meet the Board** session! CANFP Members and the leadership of the Executive Board--
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Together---Let's make a difference in 2026!

This month's **Ask the Board** session is open to **ALL Members of CANFP!**

Ask the Expert

Calcified Placenta

Question

I have had two pregnancies, with both I had placenta calcified, a son born at 35 weeks, (after spotting he had stopped growing), and a daughter born at 32 weeks. After constant tests determined we had only couple of days left of the placenta working.

&

We are considering a third pregnancy, and worried, obviously. The doctor has suggested lots of vitamins, cyclogest daily, progesterone test at start of pregnancy, so many precautions. The problem is cyclogest from early on in pregnancy, I understand, can prevent preterm labour, which really wasn't the problem. Is there anything you can suggest I do or avoid to try and make the placenta work right through? They did tests after the last pregnancy, and couldn't really determine why this keeps happening. Would you have any suggestions? Thank you, *Nicole*

Answer

Dear *Nicole*, I assume that you and the placenta were screened for a variety of infections and other diseases after each pregnancy. This is definitely an area where the assistance of a perinatologist would be imperative. From a NaProTechnology point of view, I would suggest that you monitor serum progesterone levels throughout the entire pregnancy. If levels are low, then supplement with isomolecular progesterone (that is, the real thing). *George Delgado, M.D.* ■



George Delgado, MD, President and Founder of Steno Institute and Medical Director of Culture of Life Family Services (COLFS), San Diego, is a Professional Member / Supporter of CANFP. Board certified in both family medicine and hospice and palliative medicine, Dr. Delgado received his medical degree from the University of California, Davis, and completed his residency at Santa Monica Hospital/UCLA. Dr. Delgado is a Natural Family Planning Medical Consultant, trained in NaProTechnology. He and wife have four children and seven grandchildren.

Where is the Mucus?

Question

I have PCOS, my doctor ran some tests and I was put on thyroid medication, also I was put on 2mg of Estradiol and 200mg of Prometrium (progesterone). After a cycle of that I started a five day cycle of taking Femara (letrozole). It has been three days since I stopped taking the Femara and I have had no mucus. So if the Femara is to help induce ovulation, shouldn't there be maybe a little mucus starting? Is Femara (Letrozole) the drug of choice over Clomid? *Erika*

&

Answer

Dear *Erika*, Femara can and is used to induce ovulation or to boost estradiol levels. Femara is an aromatase inhibitor that is also used to treat breast cancer. It blocks the conversion of precursors by the enzyme aromatase to estrogens. The pituitary gland notices that there are fewer estrogens around and responds by sending more LH and FSH to stimulate the ovaries. Like Clomid, Femara can actually diminish mucus by being somewhat anti-estrogenic in its actions. Often, we recommend the use of mucus enhancing agents to rectify the situation. We often start with Mucinix ER 600 mg twice a day and pyridoxime (vitamin B6) ER 500mg (only available in health food stores) once a day, both from peak -5 (estimated) to peak +3. Certain antibiotics like amoxicillin and prednisone are also used to enhance mucus. *George Delgado, M.D.* ■

Ask the Expert

Four Miscarriages in 18 Months

Question

I have had four miscarriages in the last 18 months and am desperate to do everything I can to not repeat it again. I already have three healthy children - six, four, and two and a half - these pregnancies have been problem free. I get pregnant within three months of trying and my cycle is 31 days long every time (ovulating day 18). Most of the miscarriages are missed until the scan (12, 5, 10, 9 weeks). The last time I was taking aspirin as levels were slightly high. Other than that all other tests seem normal. This time I am waiting for the results of chromosomal tests. Can you have chromosomal abnormalities after having three live births? Will clomid or progesterone help me as my doctor has not suggested these? *Kirrihy*

&

Answer

See [Ask the Expert CANFP.org](http://CANFP.org) for over a thousand Q and A's

Dear *Kirrihy*, You can have chromosomal abnormalities even after several normal children; be sure you get the full report of the genetic analysis. Also, be sure you discuss the results of the cardioliipin antibody evaluation.

The other thing you should do before starting on Clomid or progesterone is a comprehensive hormone profile. First you should locate a Creighton Model FertilityCare Practitioner and learn to chart your cycles. Then he or she can refer you to a medical consultant who can do the NaProTechnology evaluation. Once you have completed all the pieces of the evaluation puzzle, you can then be advised as to which steps you can take, in the future, to minimize the risk of miscarriage. In health, *George Delgado, M.D.* ■

Question

Hi, I went off birth control two months ago and for the past two cycles I have had light spotting and mild cramping about a week before my menstrual cycle. My menstrual cycle lasts for about four to five days. My husband and I are trying to conceive and my OB/GYN has prescribed PROVERA. She says that my progesterone level could be low and if I take it for two cycles that it will regulate me back to "normal", however, when I filled the prescription it says it cannot be taken during pregnancy and women who may become pregnant should not take PROVERA. My doctor never told me any of this info, but when I called and talked to the nurse they told me to follow what the warning says and use some form of contraception while I am taking the PROVERA. Are there any other options other than Provera that I could take and still continue trying to conceive? *Angie*

&

Answer

Dear *Angie*, Spotting and cramping a week before your menstrual cycle very well may be from low progesterone levels as your body recovers from the birth control pill. You really have three options: wait and let your body work through it, have a more thorough evaluation by a health care provider familiar with NaProTechnology or supplement with progesterone.

Provera (medroxyprogesterone acetate) is a progestin, a chemical that has some of the actions of progesterone. It also has male hormone effects which could be harmful in pregnancy. When I want to supplement progesterone levels, I use the real stuff, micronized progesterone (a common brand name is Prometrium). The warning about use in pregnancy will still be there, only because problems have been detected with medroxyprogesterone acetate (Provera). According to the research of Thomas Hilgers, M.D. there have never been documented problems with using progesterone in pregnancy. In health, *George Delgado, M.D.* ■

The Incredible Value of Women *cont from front page*

Fiorella Nash



Fiorella Nash addressing attendees at closing Banquet at CANFP San Francisco conference in 2015

Without wishing to ignore the very real advances for women, I would argue that the ability of a woman to give fully informed consent is still seriously limited within some areas of medicine and most egregiously, this failure to treat women with dignity and respect is hidden away behind lofty promises of respecting female choice.

So much time and energy is expended selling abortion and contraception that other areas of medicine can be easily overlooked. We all know that there is a great deal more to women's health than not getting pregnant but the use of abortion as a kind of safety valve does not just have an impact on attitudes towards sexuality, it can also have an impact upon the level of care women in problem pregnancies are permitted.

A study by Pregnancy Sickness Support in the UK of women who underwent abortion whilst suffering from Hyperemesis Gravidarum, found that 85% of the women surveyed said that the healthcare professionals they turned to simply did not understand how ill they were, leading to

around 40% being offered no help whatsoever and others complaining that they were treated like silly children making a fuss about nothing or actively faking symptoms for attention. The overwhelming majority of women surveyed desperately wanted their babies and would not have had abortions if they had been properly supported.

As this study was conducted in partnership with an abortion chain, the emphasis was very much on reducing the stigma associated with abortion rather than the more obvious need to avoid women being pushed into abortions they do not want.

Some years ago, I heard a NaProTechnology practitioner from Dublin make the point that he could not get any support for natural fertility awareness because there was very little money to be made, unlike the lucrative field of ART, but if the dignity and wellbeing of women really mattered, resources would be invested in assisting women in ways that work best for them rather than that generate the highest profits.

One of the most attractive aspects of NaProTechnology from the perspective of pro-life feminism, is the way in which it respects the whole woman: NaProTechnology respects the woman physically, emotionally, mentally and spiritually, rather than viewing a woman as merely a malfunctioning body. It is heartening to hear doctors in this field speak of the need

to pray for and with the couples who come to them, to know the moment when a couple need a break from treatment to focus on their marriage, to place a couple's welfare front and centre of any treatment plan. If we consider the terrible strain fertility treatment can put on a marriage, there is surely no better way to care for women than to acknowledge the value of marriage and the uniqueness of the female experience.

Part of the journey doctors take with couples who are struggling to conceive, is the sad realisation sometimes that a couple will never conceive a much-desired child. One of the most memorable presentations I have ever witnessed was at an NFP conference in the north of England, during which couples who had successfully conceived came along with their children to talk about their experiences. At the end of that session, a beautiful young woman stood up, supported by her doctor, and talked about how she had not succeeded in having a baby, but NaProTechnology had worked for her, because it had helped her to come to terms with life without children and to move on. No woman should leave a medical facility broken, humiliated and with a lingering sense of having been violated by procedures intended to help her. The fact that that woman chose to stand with her head held high, supported and respected by the doctor who had guided her through that painful journey, was testament

If society granted young women an understanding of that amazing symphony ... would they perhaps grow up to understand their dignity?

to the importance of truly pro-woman medical care in that most sensitive of fields.

It may be unhelpful to bring the Blessed Virgin into a discussion in a consulting room, but Catholic doctors should instinctively understand the value of women as God's daughters. When we acknowledge that the mystery of the Incarnation began in the fallopian tube of a woman, the sacred nature of female fertility can never be taken lightly. In my novel *We'll Never Tell Them*, I referred to an old saying I heard as a child, that a man should see his wife as Our Lady in his home, and he should treat his wife with the same level of respect and reverence. Perhaps, by the same token, healthcare professionals should get into the habit of seeing their female patients as Our Lady in their consulting room or their hospital ward. If you were treating the Blessed Mother, how careful would you be, how respectful of her dignity! This is not as outrageous a proposition as it may at first appear, since Mother Teresa spoke of seeing the suffering Christ in the face of every poor person she encountered.

Inevitably – if unfortunately – a woman's understanding of her dignity and her place in the history of salvation will be heavily influenced by those she encounters. And in a society where we are losing any sense that there even is such a thing as womanhood, it is imperative that as Catholics, we do not let women down. Because a key

part of our understanding of the complementarity of the sexes is that we appreciate the extent to which the dignity of women is enriched by men as well as by other women.

Girls learn to be women, and they learn to understand that they are God's, children, first and foremost in the home, through the example of the mother but also through the behaviour of the father. The fatherless society harms the formation of girls as well as boys, because girls come to understand their own dignity by the way their fathers treat their mothers, they develop expectations about the way they should be treated by men by viewing the relationship between their parents.

When a woman goes to see her doctor, she is by definition vulnerable – sick, injured or concerned that something is wrong – and how she is treated will have a profound impact on her. What sets Catholic medical professionals apart is surely that sense of vocation, that sense of serving God in the sick and vulnerable, because in the end, our faith is both a physical and a spiritual reality. It is through the physical experience of being female that we as women can understand more fully what it means to be daughters of an incarnational God.

I discussed this topic at length with Californian NFP promoter and sister-in-arms Sheila St John and I was particularly struck by her reflection on the connection between the

physical and the spiritual within female identity. She writes: "There is a symphony of events that are all orchestrated to create, each month, the best circumstances for a woman to welcome and nurture a new life. This process is part of me, and who I am as a woman. When I more intimately understand the way God created me, I become more aware that I am a daughter of God, for only a loving God could have imprinted in my body such an intricate process to receive, nurture, and grow love. AND, made it visible to me so I can actively participate in His design. It would seem, HE is inviting us, His daughters, to marvel with Him at this amazing process that is so the core of our womanhood---to be part of it, to participate in it, consciously."

If society granted young women an understanding of that amazing symphony being played out in their bodies and taught them that their lives matter down to the tiniest details of their existence, would they perhaps grow up to understand their dignity? Would they appreciate their role of beloved daughters of God?

If the answer is a resounding yes, then we all have a role in bringing women to that understanding, the doctors and nurses who treat women, the educators who mentor girls and above all the parents who, as primary educators of their children, have the first and greatest responsibility in leading their daughters



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