



CANFP NEWS

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Is NFP the Problem?

by **Monica &
Renzo Ortega**

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Many couples quietly struggle with NFP (natural family planning), feeling disconnected, frustrated, or even resentful, particularly during extended periods of abstinence, irregular cycles, or biomarkers that are difficult to interpret. Their marriages experience friction when expectations are unmet and sexual intimacy becomes unpredictable or even unavailable. “NFP was supposed to be good for our relationship, but it seems to bring more grief than glory.” Often, couples in this place conclude that something must be wrong with the Church’s teaching itself. The blame falls squarely on NFP as the source of the problem.

If we didn’t have to practice NFP, we wouldn’t have any of these problems.

But we’d like to offer an alternative point of view: NFP is revealing something that is in need of healing.

NFP is, without question, a practical and valuable tool. Women use it for fertility awareness, and couples use it for family planning. It aids in understanding overall hormonal health, helps time conception with greater precision, and allows couples to avoid pregnancy without the use of contraception. In all of this, NFP honors the way our bodies were masterfully created.

While all of this remains true, it does not fully address the heart of the tension and suffering couples experience when NFP seems to “cause” problems. These concerns are real and valid, but the finger-pointing is often misplaced. When

reframed, NFP exposes challenges within the individual and within the relationship. And because NFP is practiced within the sacrament of marriage, the revelation does not stop there. It becomes an invitation—to deeper intimacy with one another, a broader understanding of the science of creation in light of faith, and a more intentional pursuit of virtue and charity.

In our years of ministry with couples, here are some of the most common concerns we have both lived and observed, along with what may be revealed through the practice of NFP.

“NFP doesn’t really work—it’s too complicated or unreliable.”

NFP is not only scientifically sound; it is aligned with the reality of how men and women are created. Women can only conceive during the ovulatory phase of their cycle and cannot during the luteal phase. This is biological fact. That said, this does not mean NFP is always simple or user-friendly. It requires effort, interpretation, and flexibility, particularly when cycles are irregular or appear different from the norm.

Beyond this legitimate concern, however, lies a deeper question waiting to be revealed: Do you trust one another? Have you entrusted your family to the Lord? Is hesitation rooted in fear—fear of charting incorrectly, fear of your spouse’s self-control, or fear that God’s providence may not be enough?

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President's Perspective

Fr. Blaise Berg, STD

the contraceptive pill "kills" the most perfect form of the bodies, souls and unions of those who invite it into their lives

A Metaphysical Crisis

When it comes to commentators on today's culture, especially when it comes to topics such as marriage and motherhood, I hold Mary Harrington in high regard. According to a brief bio in *Wikipedia*, Mary Harrington is a British journalist and contributing editor of the substack *UnHerd*. The *Wikipedia* entry notes that in 2023, an event was scheduled to take place at the Georgia Room in New York City to promote Mary's book *Feminism Against Progress*. Apparently, the book release was canceled because "the venue received critical responses on social media regarding Harrington's opposition to gender-affirmed care for transgender youth". For that reason alone, Ms. Harrington gets a badge of honor in my book.

In early March, Ms. Harrington gave a talk sponsored by *First Things* entitled "Our Crisis is Metaphysical" at the Hillsdale College, Washington D.C. campus. In the talk, which can be accessed on the *First Things* website, Mary covered much ground and spoke very fast about some deep philosophical truths. She mentioned briefly her own journey of being a philosophy "nerd" and encountering motherhood for the first time at the age of 38. And, from time to time during the talk, you can hear Mary encouraging the parents with slightly rambunctious infants to stay in the lecture hall and comfort their children rather than to feel as if they needed to leave. It made sense. After all, her talk was about motherhood.

For the sake of this message,

I would just like to highlight one particular part of the talk and provide some brief commentary. About midway through her talk, Mary explained: *In Feminism Against Progress, I argued that the point at which we began in earnest to technologize ourselves was the contraceptive pill. This was distinct from previous medical innovations in the sense that it set out not to cure illness but normal human health. You don't take the pill in hope of being restored to a more perfect expression of your substantial form and telos, but to kill the former with the aim of severing the sexual act from the latter.* Okay, absolutely, this is something that promoters of NFP have been saying for decades: the contraceptive pill "kills" the most perfect form of the bodies, souls and unions of those who invite it into their lives and "severs" the sexual act from the "telos" or end for which God created it, which is to be unitive and procreative.

Mary continued: *As I reflected on this, it felt obvious that there exists a healthy human normal, that comes in two sexes and whose stable reality is the foundational premise of all medical interventions up to the pill. It also seems to me that there is a difference in kind between medicines that seek to bring someone closer to that normal and this one, which set out to interrupt, coopt or otherwise reorder that normal for the relief of man's estate, or simply to relieve men's estate, really, or simply to serve individual preference.* With this observation, Mary again put her finger on something that we all know too



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well, while also displaying her sense of humor: for the first time in medical history, a treatment emerged (the contraceptive pill) which sought to destroy, rather than to heal, human procreation.

This step then led to what we have today, as Mary noted: *Having realized this, it then struck me how many post-pill medical, cultural and political innovations from transgender medicine to gestational surrogacy are predicated on the same refusal to see human form and human ends. The basic aspiration is to become, as Descartes put it, is to become masters and possessors of nature, including our own human nature. The central move is against the metaphysical ground of our own existence.* In other words, it all comes down to metaphysics: Who am I? Why do I exist? What is my purpose in life? As a practicing sinner, I mean, Catholic Christian, I can answer these questions theologically and add to what Mary Harrington explained philosophically, and that is that God created me, my parents procreated me and Jesus Christ died for me and rose from the dead, so that I can be united with God and receive His grace in this life and live eternally with Him in the next. Happy Easter everyone!

Director's Desk

Sheila St. John

What Are Your Gifts?

It has been busy times since we last "visited" via this platform. I am blessed with here in our quarterly CANFP NEWS.



- 1) Dr. Robert Chasuk at St. Francis of Assisi Parish, East Palo Alto
- 2) Dr. Chasuk, Sheila St. John, Fr. Blaise Berg, and Dr. Elisa Yao
- 3) Fr. Berg at St. Francis of Assisi Parish
- 4) Sheila and Joan Noyes at LAREEC

In my last article, with my AI inspired challenge to be more intentional in the coming year, I shared some concrete ways we are sharing the good news of NFP, via in person and virtual outreach.

Our board recently discussed the value of communicating in ways that impact a large audience, with efficient tools like printed media, website, social media, email communication, and virtual seminars (like our Tune Up Tuesday). While acknowledging the clear value of these means of advocacy, education, and support, they do not replace the personal encounters that build community and relationships.

Fortunately, it is not an either/or proposition.

I had much time to ponder these things on a road trip that left me refueled by visits with treasured colleagues CANFP brought into my life decades ago, inspired by time spent getting to learn more

about the local work of our CANFP members I am getting to know better, and encouraged along the way to introduce CANFP to future members and supporters. The trip began with a lovely evening spent at a teacher appreciation dinner sponsored by Deacon Budnik, Marriage and Family Life Coordinator of the Diocese of Stockton and CANFP Member and Supporter, and hosted by Fr. Mark Wagner, a former board member of CANFP. I gave a parish presentation the next day, before moving on to meetings with NFP teachers, clergy and physicians in the Diocese of Fresno, and then on to the Archdiocese of Los Angeles and the Diocese of Orange, sharing our good news with the 13,000 attendees at the Los Angeles Religious Education Congress. Simultaneously, Fr. Blaise Berg, our CANFP president, introduced CANFP to attendees up north, with medical professionals attending the Converging Roads conference at St. Patrick Seminary, Menlo Park.

I returned in time to join a parish evening event sponsored by St. Francis of Assisi, East Palo Alto, featuring presentations by Fr. Blaise Berg, myself and Dr. Robert Chasuk, which were graciously received by engaged and attentive parishioners.

While, or perhaps because, I spend much of my time tethered to my computer, reaching out to a broader audience with the tools that are so essential to our mission---these in person encounters are so vital and



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rewarding. NFP is relational, by its very nature, as is our statewide NFP community.

Where do your gifts lie? Are you energized from personal interactions? Are you fulfilled by listening to the story of a caller on the other end of the phone line? Do you leave an outreach or meeting saying that it was so fun sharing our message with those present? Or do you like to create and craft programs and messaging, curled up in the coziness of your home? Do spreadsheets tickle your attention to detail, and a blank canvas trigger vision and a proposal? Does a keyboard and a cup of tea (or glass of wine) call you to share your testimony?

I am grateful to all who support our mission--through their gifts and talents. The need is great---the workers are few. Perhaps you are being called to contribute, in your own way? Imagine the impact we would have changing the culture, if we all pooled our gifts and talents! Because there is no one way to share our mission---it ALL matters! But the reality is, to expand our impact, we must expand our team. When we do our part, bringing His plan for love and life in every way we can, He blesses our efforts! *And we have a lot of fun!*

MEET MEMBER...

Veronica Ricksen



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 had the privilege of attending Catholic schools from kindergarten through college, yet I was never taught about the intricacies of the menstrual cycle. The missed opportunity is incalculable. Young women grow into adults never understanding how sacred their bodies are, which for many, including myself, leads to poor decision-making. I was on hormonal birth control from age 15 to 25, completely disconnected from my fertility, my menstrual cycle, and any sense of respect for my body.

At 25, I heard an inner whisper telling me there was another way to care for myself. I began researching alternatives to birth control and discovered natural family planning. One book led to the next, and

I started charting my fertility signs. For the first time, I saw God reflected in my own body.

I've come to believe our fertility cycle can serve as an inner compass, attuning us to nature, and ultimately God. The microcosm unfolding in my body each menstrual cycle is no different than the macrocosm God created. The lunar cycle—from new moon to full moon and back to new again (menses to ovulation back to menses)—and the four seasons of nature—winter, spring summer, and fall

(menstruation, pre-ovulation, ovulation, pre-menstruation)—are perfect examples of this.

I became an NFP instructor because of my work as an herbalist. When I opened my private practice, nearly every client had menstrual health concerns, yet most couldn't answer basic questions: *Am I ovulating? When? How long is my cycle?* I trained as a Sympto-Thermal Method instructor so I could help clients whether they had regular or irregular cycles, PCOS, endometriosis, etc.



Teaching clients to understand their own bodies is empowering, especially given how vulnerable reproductive health challenges can be. A woman who can chart her own cycle can advocate for herself and bring meaningful data to aligned practitioners.

My current focus is serving women who want to start or grow their families and are facing fertility challenges—whether a specific diagnosis or unexplained infertility. Many



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have spent years on hormonal birth control and are now navigating the consequences of coming off it. Using my skills as both an herbalist and NFP/fertility awareness educator, I love walking alongside women in that season of life.

The biggest challenge in this work is misconception. NFP and fertility awareness methods are still largely absent from schools and doctors' offices. My advice: find a teacher you resonate with and explore the method that fits your life. There are different NFP/fertility awareness methods, so find the one that calls to you.



Aside from teaching, I'm a wife and mom—hiking in the lovely east Bay Area hills and soaking up everything beautiful about California. ■

de Mónica y Renzo Ortega

¿Es la PFN el Problema?

Pero nos gustaría ofrecer un punto de vista alternativo: la PFN está sacando a la luz algo que necesita sanación

Muchas parejas se enfrentan en silencio a las dificultades que plantea la PFN (planificación familiar natural) y se sienten distanciadas, frustradas o incluso resentidas, sobre todo durante los largos periodos de abstinencia, los ciclos irregulares o cuando los indicadores biológicos son difíciles de interpretar. Sus matrimonios sufren tensiones cuando no se cumplen las expectativas y la intimidad sexual se vuelve impredecible o incluso inaccesible. "Se suponía que la PFN iba a ser buena para nuestra relación, pero parece que nos trae más penas que alegrías". A menudo, las parejas que se encuentran en esta situación llegan a la conclusión de que debe de haber algún error en la propia enseñanza de la Iglesia. La culpa recae directamente sobre la PFN como origen del problema.

Si no tuviéramos que practicar la PFN, no tendríamos ninguno de estos problemas.

Pero nos gustaría ofrecer un punto de vista alternativo: la PFN está sacando a la luz algo que necesita sanación.

La PFN es, sin lugar a dudas, una herramienta práctica y valiosa. Las mujeres la utilizan para conocer su fertilidad, y las parejas lo emplean para planificar la familia. Ayuda a comprender el estado general de la salud hormonal, permite programar la concepción con mayor precisión y permite a las parejas evitar el embarazo

sin necesidad de recurrir a métodos anticonceptivos. En todo ello, la PFN respeta la forma en que nuestros cuerpos fueron creados magistralmente.

Aunque todo esto es cierto, no aborda plenamente el meollo de la tensión y el sufrimiento que experimentan las parejas cuando la PFN parece "causar" problemas. Estas preocupaciones son reales y válidas, pero a menudo se culpa a quien no corresponde. Cuando se replantea, la PFN pone de manifiesto retos tanto a nivel individual como en la relación. Y dado que la PFN se practica en el marco del sacramento del matrimonio, la revelación no se detiene ahí. Se convierte en una invitación: a una intimidad más profunda entre ambos, a una comprensión más amplia de la ciencia de la creación a la luz de la fe, y a una búsqueda más consciente de la virtud y la caridad.

A lo largo de nuestros años de servicio pastoral con parejas, estas son algunas de las preocupaciones más habituales que hemos vivido y observado, junto con lo que puede revelarse a través de la práctica de la PFN.

"La PFN no funciona realmente: es demasiado complicada o poco fiable".

La PFN no solo tiene una base científica sólida, sino que se ajusta a la realidad de cómo han sido creados el hombre y la mujer. Las mujeres solo pueden concebir durante la



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fase ovulatoria de su ciclo y no pueden hacerlo durante la fase lútea. Esto es un hecho biológico. Dicho esto, esto no significa que la PFN sea siempre sencilla o fácil de aplicar. Requiere esfuerzo, interpretación y flexibilidad, sobre todo cuando los ciclos son irregulares o se apartan de lo habitual.

Más allá de esta preocupación legítima, sin embargo, se esconde una pregunta más profunda que espera ser revelada: ¿Confían el uno en el otro? ¿Han puesto su familia en manos del Señor? ¿Se debe esa vacilación al miedo: al miedo a cometer un error, al miedo al autocontrol de su cónyuge o al miedo a que la providencia de Dios no sea suficiente?

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¿Es la PFN el Problema?

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Estos
son
deseos
bien
ordenados

Animamos a las parejas a que reflexionen y recen juntos sobre estas preguntas. Si hay desconfianza entre los cónyuges, analicen el motivo. Si uno de los cónyuges es más flexible mientras que el otro espera precisión, hablen de ello abiertamente y elaboren un plan conjunto. Si la tensión se debe a un temor a la providencia de Dios, lleven ese temor a la oración... juntos

Si uno de los cónyuges confía plenamente en la PFN y el otro se muestra indeciso, es fundamental actuar con delicadeza. Hay que estar dispuesto a escuchar los motivos de esa indecisión. Puede deberse a un malentendido científico, a una incertidumbre moral o a la preocupación por cómo este compromiso afectará a la vida cotidiana. En última instancia, la PFN es una decisión conyugal que requiere un discernimiento continuo. Es necesario sanar las heridas que se ponen de manifiesto en la comunicación, la confianza y el entendimiento para construir una visión compartida sobre la planificación familiar y las herramientas que la respaldan.

"La PFN ha provocado tensión emocional y sexual debido a los largos periodos de abstinencia".

Abstenerse de mantener relaciones sexuales durante los días fértiles, cuando se desea evitar un embarazo, es sin duda un reto. Sin embargo, también supone una oportunidad para ordenar adecuadamente los

deseos a través de la virtud de la castidad. Si la abstinencia resulta insoportable (o, por el contrario, demasiado fácil), es importante que la pareja se plantee juntos por qué ocurre esto. Esa misma tensión revela algo que necesita sanarse.

Si la abstinencia da lugar a la ira, el resentimiento, la amargura o la obsesión, es que aún no se ha alcanzado la plenitud de la castidad. Cuando una pareja, tras un discernimiento razonable y en oración, ha llegado a la conclusión de que evitar el embarazo es lo mejor para su familia por razones de salud, económicas, psicológicas o sociales, tal y como se expone en *Humanae Vitae*, entonces amar y desear el bien del otro tiene prioridad sobre el deseo de satisfacción sexual. Estos son deseos correctamente ordenados.

Como enseña el Catecismo, "la castidad implica un aprendizaje del dominio de sí, que es una pedagogía de la libertad humana" (CIC 2339). La libertad es la capacidad de elegir el bien mayor con paz y alegría. La castidad conduce a la libertad sexual porque ordena correctamente la pasión, permitiendo que un cónyuge amoroso desee el bien del otro, tal y como describe santo Tomás de Aquino.

El malestar físico, psicológico o relacional durante la abstinencia puede ser una señal que nos invita a crecer en la virtud. También puede indicar que falta

intimidad no sexual. La intimidad sexual es una forma poderosa de comunicación a través del cuerpo, pero no es la única. ¿Se están transmitiendo el amor y el afecto incondicionales de otras maneras? El distanciamiento del sexo puede revelar a veces una distancia emocional que no debe quedar eclipsada por el placer o la comodidad de las relaciones sexuales.

Si la abstinencia resulta fácil para uno de los cónyuges, pero pesada para el otro, esto también puede revelar una herida. La curiosidad y la franqueza sinceras son fundamentales para la sanación. ¿Por qué, en un matrimonio amoroso, el sexo no es un deseo mutuo? ¿Existe un desequilibrio en la carga familiar o emocional? ¿Se siente uno de los cónyuges rechazado o poco querido fuera del dormitorio? ¿Hay otras preocupaciones que prevalecen sobre la intimidad, y se están analizando esas prioridades juntos?

Cuando se vive con castidad, la abstinencia puede convertirse en una invitación a una intimidad más profunda, a compartir la alegría y a renovar la unión, sanando heridas que quizá nunca hubieran salido a la luz sin la PFN.

"¿Cómo discernimos por qué y cuándo utilizar la PFN?"

A menudo, uno de los cónyuges está convencido, mientras que el otro se muestra preocupado. Uno puede percibir la PFN como una exigencia, y el otro

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como una sugerencia. Si los cónyuges no se ponen de acuerdo sobre cuándo, por qué o incluso si deben utilizar la PFN, es fundamental expresar claramente sus puntos de vista y escuchar con apertura. No acepten la división. Esfuércense por alcanzar una visión compartida para su familia en lo que respecta al sexo, la intimidad y los hijos.

Este tema se ha vuelto cada vez más delicado, sobre todo en la era de las redes sociales. Abundan las opiniones sobre qué razones son válidas o egoístas para evitar un embarazo, y se debaten términos como "justo", "grave" o "prudente". Estos temas pueden resultar confusos y abrumadores.

En primer lugar, nadie ajeno a su matrimonio está viviendo su matrimonio. El día de su boda, crearon algo nuevo: una familia. Juntos, con Dios, cuentan con la gracia, la razón, la fe y el conocimiento íntimo necesarios para tomar decisiones difíciles. Los recursos externos pueden ser útiles, pero, en última instancia, el discernimiento les corresponde a ustedes tres: Dios, el marido y la mujer.

La Iglesia ofrece sabiduría a través del concepto de la "paternidad responsable" en *Humanae Vitae*, haciendo hincapié en la conciencia biológica, el discernimiento prudente de las circunstancias y la obediencia al orden moral establecido por Dios. La paternidad responsable llama a los cónyuges a reconocer sus deberes para con Dios, para consigo mismos, para con su familia y para con la sociedad.



También hay que hacer una distinción fundamental: el conocimiento de la fertilidad es el conocimiento del propio cuerpo de la mujer, mientras que la PFN es la forma en que las

parejas utilizan ese conocimiento a través de la oración, la razón y la comunicación para decidir el tamaño de la familia y el momento de tener hijos.

En lugar de defender la PFN basándose únicamente en la teoría, es fundamental considerar cómo se vive en la realidad de los matrimonios, en medio de la comunicación, el sacrificio, el deseo, los desacuerdos y el amor. Esta conversación está dirigida especialmente a aquellas parejas que se sienten cansadas de las respuestas simplistas y que anhelan algo más profundo, más humano y más fiel.

A decir verdad, la PFN puede ser la herramienta perfecta para sacar a la luz aquellas partes de nosotros mismos y de nuestro matrimonio que necesitan sanación. Si su matrimonio atraviesa dificultades con la PFN, eso no significa que haya fracasado. Puede que esté haciendo precisamente lo que debe hacer: sacar a la luz lo que no puede sanarse si permanece oculto. En lugar de ocultar los problemas mediante la anticoncepción, el sexo sin límites o eludir el diálogo, deja que la gracia del sacramento guíe su matrimonio hacia la sanación y la plenitud. ■

gracias
to translator
Maricela Miotto

Infertility, Pregnancy Loss, and Infection

New Insights

Awareness and more thorough testing of another condition, chronic endometritis, is often not done or not done thoroughly

Many of us are familiar with a typical investigation for the causes of infertility and miscarriage: hormones, polycystic ovarian syndrome, endometriosis, poor cervical mucus, autoimmune issues, and male factor. Typical tests for a woman will include cycle charting and blood specimens for hormones, blood sugar and insulin resistance, immune antibodies and nutritional markers. In addition, assessing anatomy with ultrasound, imaging studies of the fallopian tubes and sometimes diagnostic hysteroscopy and laparoscopy are performed. We find that in women 25-40% have ovulatory problems, the most common being PCOS. Endometriosis is present in 35-40%. Blocked tubes, poor mucus, uterine factors such as fibroids and polyps can also be present. Autoimmune conditions are often an issue. And “unexplained” infertility can occur 15-40% of the time.

However, infection is often an afterthought. It may not even be mentioned in some summaries of infertility testing. Typically testing for sexually transmitted disease (gonorrhea

and chlamydia) is performed in a fertility workup. Results of old infection (scarred fallopian tubes) are not uncommon and occasionally an active infection will be found. Awareness and more thorough testing of another condition, chronic endometritis, is often not done or not done thoroughly. EndomeTRITIS, infection of the endometrium (uterine lining), is a different condition from endomeTRIOSIS (in which endometrial tissue is found in abnormal locations such as the ovary or behind the uterus). Usually, chronic endometritis has NO SYMPTOMS. We are fortunate with insights from NFP charting, and suspect endometritis when tail end brown bleeding is seen at the end of a menstrual period. Low progesterone levels in the previous cycle can cause this also.

How often does chronic endometritis occur? Older literature cites about 15% with infertility and 30% with recurrent pregnancy loss (RPL). But when more thorough studies are done, substantially higher percentages are seen--- 37.6% of women with infertility and 46.7% of women with

recurrent pregnancy loss have endometritis. Studies reporting “unexplained infertility” have found an especially high incidence of 56.8%. Some studies have found this condition in as many as 66.7% of women with recurrent pregnancy loss.

How do we diagnose endometritis? There are pitfalls! The best way is with an endometrial biopsy or with curettage with a D&C. Pathologists analyze the specimens microscopically looking for plasma cells infiltrating the tissue. Plasma cells are a type of lymphocyte (white blood cell) that produces antibodies to fight bacteria. However, plasma cells are not well seen with usual methods used in biopsies. Pathologists must use a special stain for CD-138, a protein on the surface of plasma cells. And the biopsy must be done in the early part of the cycle, so that the plasma cells are not suppressed by the anti-inflammatory action of progesterone. Plasma cells are then counted, although there is not a consensus as to how many plasma cells are significant.

Endometritis can also be detected on hysteroscopy. The uterine lining is red, or with patches of red. Micro polyps and polyps are other indicators. One problem is that the surgeon may quickly do the hysteroscopy, only looking for big lesions like fibroids, and not note these other signs.

Identifying the bacteria involved in infection is important. There has been a revolution in diagnosis with molecular methods using PCR or probes identifying bacterial DNA or RNA. These methods can much more accurately identify and quantify bacteria, compared to the old methods of culture swabs, transporting them rapidly to the lab (so they don't die), and plating them on petri dishes. We used to think the uterine lining was sterile, but now we know it should contain numerous “good” bacteria in the lactobacillus category. Both older and newer types of testing can be performed to test for antibiotic resistance to select the best antibiotics for cure. Endometrial biopsy or menstrual blood can be used for microbial testing. Sometimes cervical-vaginal swabs can be used as a proxy for endometrial testing that is related, but not identical.

Clearly there are difficulties and expense in doing good testing and treatment of endometritis. Clinicians need better education. Sometimes “empirical” treatment is given based on tail end brown bleeding, or plasma cells on biopsy. Sometimes doxycycline, alone or with other antibiotics, is used, calculating that this will treat the some of the most common microbes, mycoplasma and Ureaplasma. When this is done after hysteroscopy and biopsy, a success rate of 50-80% for RPL can sometimes be achieved. More thorough testing can then be done for women

with failed treatment. In Europe antibiotic washes, instilling the medications directly into the uterus, are used for resistant cases, requiring multiple doses.

Another important aspect of treatment, in addition to eradicating bad bacteria, is replenishing good bacteria. Some newer molecular methods used by NXGEN, Evvy, Fertilysis and other labs, quantitate the normal lactobacillus bacteria. In women with reproductive problems, lactobacilli can be scanty or even absent. But they can be replenished with oral and vaginal probiotics. There is now evidence that a healthy microbiome---the community of microorganisms, and especially lactobacilli---is crucial to cellular communication, implantation and early embryonic survival and growth.

What about the man? There is not as much known, but a healthy semen microbiome with lactobacillus is related to better fertility and healthy partner pregnancies. Infection can affect sperm fragmentation and is related to pregnancy loss. Sometimes (but not always) white blood cells are seen on semen analysis. Unfortunately, many labs do not test for these, and additionally chronic infection can be asymptomatic and not generate white blood cells. Molecular testing and antibiotic resistance can be performed on semen. Currently the male partner of a woman with infection is not routinely tested or treated (except with



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sexually transmitted infections or mycoplasma/Ureaplasma). But especially when testing the semen microbiome shows abnormal bacteria matching the woman's, definitely both partners should be treated.

A healthy reproductive microbiome is essential for preventing preterm labor and ensuring a full-term pregnancy, beyond its role in infertility and pregnancy loss. Healthy bacteria are always in balance with abnormal ones. There also is evidence that the use of progesterone, especially generous doses, is very helpful in suppressing inflammation when bacterial colonization or mild infection may be present. This reinforces the experience of many of us who have used progesterone for decades. The more we learn, we find more and better testing and specific treatment for infection of women and their male partners. These newer technologies can significantly help many couples who are challenged by infertility and reproductive loss. ■

Dr. Davenport will present **New Insights on Recurrent Pregnancy Loss (RPL)** at **CANFP Tune Up Tuesday June 23, at 7p**. This June session, which will focus on **Chromosomal Loss and Infection**, is open to ALL CANFP Members. This is important information for all women, especially those who have suffered pregnancy loss, in addition to the NFP professionals who serve them. These monthly **Tune Up Tuesdays** are a benefit of CANFP Membership. Interested? You can **Become a Member at CANFP.org** where you will find convenient monthly subscriptions, as well as our most popular *best buy* annual plans. **Join us!**

Clergy Corner

Deacon Adam Bowers

Willing to Follow God

God's Providence never stopped being evident in connection with the decision to practice NFP

Years ago, when I served on our diocesan pastoral council, someone told me that our bishop said that when it comes to collaboration in ministry, one “works with the willing.” Although I have yet to have the opportunity to confirm this quotation, it nevertheless expresses wisdom and insight that is easily attributable to our bishop.

As deacon at a small parish, I frequently find myself talking to young people, couples soon to be married, and couples already married. If I am to “work with the willing”, then I must be forthright about who I am: a married deacon, and therefore a husband, and a father of five.

For me, to work with the willing means that we must carefully discern our own call and ask God to lead us to where we belong—to the area of ministry to which we are best suited. Faith is a journey, and along the way we encounter people who are at various stages of their own journey.

Mindful that we should not allow the perfect to become the enemy of the good, we are called to be faithful witnesses of the truth, and we do this by encouraging and supporting continued growth and development in ourselves and others.

When my wife and I were married more than 25 years ago,

neither of us were Catholic at the time, and so our marriage preparation was somewhat different than what couples preparing for marriage within the Catholic Church receive. For example, we did not receive



instruction on Natural Family Planning. But within a year of being married, we relocated to a new city to continue our professional education, and began the process of becoming Catholic together.

Throughout our RCIA classes, although there were more than 40 of us in the program at an archdiocesan cathedral, there was no mention of artificial contraception, or NFP. Meanwhile, my wife was attending medical school, and studying the scientific reality of when human life begins.

My wife’s medical studies (combined with what the Catholic Church teaches about the sanctity of human life) led her to experience a conversion of heart pertaining to our use of artificial birth control. In this sense, she received a call to work with me, as one “willing” but not entirely sure of the why, or the how.

Moreover, there was also the “risk” of getting pregnant at the “wrong” time, a risk that was largely my wife’s from the standpoint of her professional future. We worried that having a baby could derail the possibility of her completing medical school. We questioned whether a medical residency program would accept her, and whether it would be feasible with a baby.

Between my wife’s third and fourth year of medical school, the consequences of such risk materialized: she became pregnant. But it was all part of God’s plan. Not only was she able to complete medical school, she graduated at the same time as the rest of her class. Likewise, she had no problem matching for her top choice in her medical residency.

Those early years of parenthood were far from easy. I was starting out in my own career as an attorney, and there were times that my wife’s residency schedule made it feel as though

“What do you want, Lord?”

I was a single father. But once again God’s hand was evident in all of it. God gave me a gift by letting me be a very involved and active father, which continues to stand as one of the greatest blessings I have ever received.

In fact, God’s Providence never stopped being evident in connection with the decision to practice NFP. It led me to consider my own professional development and in what setting I would practice law.



Very shortly after our first son was born, I changed jobs and began working at the same firm where I am today. God provided a boss who announced – on the first day I began working for him – “family comes first.”

Looking back, (now with five children), that little baby who seemed so needy and helpless is a grown man with a college degree and a good job, already married with his wife expecting their first child (yay, NFP!). Each child after him was another priceless blessing.

I am certain that life for us would not be what it is if it weren’t for my wife’s call to discontinue the artificial birth control at what could have been called the “worst” possible moment.

It is natural, especially when we are young and inexperienced, to feel uncertain, anxious, and even fearful – about control, about our hopes and expectations, about the



Deacon Adam Bowers is a husband, father of five, and practicing attorney who resides in Northern California.

necessity of safeguarding our future. The world would convince us that the solution is to hold on to that sense of control, even if it is illusory.

If our experience verifies anything, it is that in our “worst” moments, God’s grace can be most evident. Having made up our own mind about things precludes asking the most important question, which is, “What do you want, Lord?”

An authentic relationship with God is built upon trust and the willingness that His will be done. When we place our trust in Him, our life may not take the course we expect, but He does not disappoint. ■

USCCB NFP Week Resources



National NFP Week July 19 - 25, 2026

NATURAL FAMILY PLANNING Designed by God Guided by Love Open to Life

NFP supports God's gifts of love and life in marriage!



Ask the Expert

Unmet Expectations and Sad

Question

&

I read the other marital sexuality Q&A and could not find the answer to this. My husband and I have been married less than a year. We are using NFP and are open to life. There have been a few times when I have not had an orgasm during intercourse. After those times, I feel sad and empty inside. It makes me feel very selfish when those feelings come over me. Am I focusing too much on the pleasure involved and not enough on the gift of self that intercourse should be? How can I change my response if it happens in the future?

Answer

Thank you for your question to Ask the Expert. First I want to compliment you on your use of NFP. There is no healthier way to live out your married life together than sharing in the knowledge of your combined fertility and loving each other as God intended, freely and openly.

Love is perfected with time. Your commitment to each other and your ability to communicate lovingly will bring about the rewards you hope and dream

for. Be thankful for the gifts you have today and be grateful for each beautiful act of intercourse because each will be unique. Like the dinners I make for my family some turn out well and some not so well to me, but all of them nourish us. I'm a better cook today than when I first married but it took practice. So don't be hard on yourself, because it is very natural to have a different response each time you have intercourse.

The magazines at the check-out stand will tell you what is important to do in marriage. What's missing often is the bigger picture of communication between husband and wife that is not just physical, including genital communication, but emotional, intellectual, creative and spiritual communication. Discuss how you feel with your husband. You want to work together. Sincerely, *Judy Wilmurt* ■

Missed My Two Month Injection

Question

&

I was supposed to go for my needle Nuristerate on the 17 of July, but did not go. I have been having unprotected sex since then. Could I fall pregnant in this stage, and how long does Nuristerate stay on the body if one doesn't go for the needle? *Nono*

Answer

Dear *Nono*, The needle shots are given six times a year so the hormones prevent ovulation for two cycles per shot. Since the recommendation is every two months that would mean you could have a spontaneous ovulation if you didn't get your next shot at the end of two cycles (or months). It is possible then that you will become pregnant without that needle shot.

There are often long-term side effects of a hormone contraception which can remain as long as a year in a woman's body.

I would encourage you read as much as you can about the natural methods of family planning if you want your body to stay healthy and fertile for yourself and family. For teachers or doctors in your area you can try a Catholic Church, or in Nigeria Dr. Henrietta Williams henriettawilliams@hotmail.com who is a Natural Family Planning Medical Consultant there.

I hope this helps. *Judy Wilmurt* ■

Judy Wilmurt, Professional Member of CANFP, and past member of the Executive Board, taught the Creighton Model FertilityCare System of NFP in the Oakland region, where she resides with her husband Eric.



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

Ask the Expert

Is Masturbation Healthy?

Question

&

I know that almost everybody says that "masturbation is good as long as it does not interfere with other parts of life". I realize this. However, I recently came upon a website making some claims as to the unhealthiness of masturbation. I realize that it is advertising a product, but I have had a little course on Biology/Human Physiology and everything makes sense to me. I would just like some confirmation by experts like you as to whether this is true factual information or made-up, misleading, lies. Thanks, *Tony*

Answer

Tony says that almost everybody says "masturbation is good as long as it does not interfere with other parts of life", then goes on to express some concerns raised by a website selling products to theoretically help curb a person who habitually masturbates. He would like to know if one addicted to masturbation could have hair loss, loss of energy, etc.

The pleasure of orgasm is something to be shared with one's spouse during intercourse. It occurs as the couple is giving each other the gift of their bodies and of their fertility.

To masturbate is to focus one's energies on the self only for the pleasure of orgasm only. Done frequently it will interfere with a person's ability to enjoy love making with your spouse as the body becomes used to a rather short cycle of stimulation to release, not to mention (in the instance of a gentleman) the inappropriate waste of a vital fluid. Whether or not frequent masturbation can cause a whole panoply of other problems I do not know. I reviewed the American Urologic Association's website on this topic and did not find

it addressed, nor did a cursory review of NIH's Medline turn up much. *Dr. Gregory Polito* ■



Gregory Polito, MD, KM, Past President of CANFP, retired from a urologic practice, with a sub-specialty in vasectomy reversal

Could I Still Be Fertile Three Months After Vasectomy?

Question

&

Hi, I'm a 29 yr old male who had a vasectomy in the beginning of this year. I was wondering if it's still possible to get my wife pregnant? I have not gone in for my follow up visits. We haven't used any other type of birth control. It's been three months since I've had the procedure done. I've seen the other questions regarding this, but they said it was YEARS after the procedure was done. Since it's been only 3 MONTHS, I was wondering if it's still the same, or could there still be sperm left in there to get her pregnant? Thank you for your time. *Terry*

Answer

Dear *Terry*, Twenty-nine year-old Terry asks if he can still get his wife pregnant three months following a vasectomy, admitting he has not seen the physician since his procedure (and presumptively has not done a semen analysis to look for the presence of sperm).

Yes, your wife may get pregnant because sometimes sperm are stored in the prostate or the seminal vesicles and take awhile to clear in spite of many ejaculations. You may feel "safe" only when a semen analysis demonstrates no sperm.

If a person continues to have a few sperm in the fluid even months after surgery and after many ejaculations that person is probably spontaneously reconnecting one of his sides...or has the rarely seen but not impossible third vas deferens. *Dr. Gregory Polito* ■

Is NFP the Problem?

cont from front page

These are rightly ordered desires

We encourage couples to evaluate and pray with these questions together. If distrust between spouses is present, address the reason why. If one spouse is more lax while the other expects precision, talk about it openly and make a shared plan. If fear of God's care underlies the tension, bring that fear to prayer...together.

If one spouse is confident in NFP and the other is hesitant, gentleness is essential. Be open to hearing the reason for that hesitation. It may stem from scientific misunderstanding, moral uncertainty, or anxiety about how this commitment affects daily life. Ultimately, NFP is a marital decision that requires ongoing discernment. Healing the brokenness revealed

in communication, trust, and understanding is necessary to build a shared vision for family planning and the tools used to support it.

"NFP has caused emotional and sexual strain due to long periods of abstinence."

Refraining from sex during fertile times, when avoiding pregnancy, is undeniably challenging. Yet it is also an invitation to rightly order desires

through the virtue of chastity. If abstinence feels unbearable (or, conversely, too easy) it is important to get curious about why, together as a couple. The strain itself is revealing something in need of healing.

If abstinence leads to anger, resentment, bitterness, or fixation, then the fullness of chastity has not yet been achieved. When a couple has prayerfully and reasonably discerned that avoiding pregnancy is best for their family for health, financial, psychological, or social reasons, as articulated in *Humanae Vitae*, then loving and willing the good of the other takes precedence over the desire for sexual release. These are rightly ordered desires.

As the Catechism teaches, "chastity includes an apprenticeship in self-mastery which is a training in human freedom" CCC 2339. Freedom is the ability to choose the greater good peacefully and joyfully. Chastity leads to sexual freedom because it rightly orders passion, allowing a loving spouse to will the good of the other, as St. Thomas Aquinas describes.

Physical, psychological, or relational discomfort during abstinence may signal an invitation to grow in virtue. It may also indicate that non-sexual intimacy is lacking. Sexual intimacy is a powerful form of communication through the body, but it is not the only one. Are unconditional love and affection being communicated in other

ways? Distance from sex can sometimes reveal an emotional distance that should not be overshadowed by the pleasure or convenience of lovemaking.

If abstinence feels easy for one spouse but burdensome for the other, this too may reveal a wound. Genuine curiosity and openness are key to healing. Why, in a loving marriage, is sex not a mutual desire? Is the familial or emotional load uneven? Does one spouse feel unloved outside the bedroom? Are competing concerns taking precedence over intimacy, and are those priorities being examined together?

When lived chastely, abstinence can become an invitation to deeper intimacy, shared joy, and renewed togetherness— healing wounds that may never have surfaced without NFP.

"How do we discern why and when to use NFP?"

Often, one spouse feels convinced while the other feels concerned. One may experience NFP as a requirement, the other as a suggestion. If spouses disagree on when, why, or even whether to use NFP, it is crucial to articulate perspectives clearly and listen openly. Do not settle for division. Work toward a shared vision for your family regarding sex, intimacy, and children.

This has become an increasingly tense topic, especially in the age of social media. Opinions

much good comes to couples from putting NFP into practice— for their relationship, their virtues and their spiritual maturity

abound about what constitutes valid or selfish reasons for avoiding pregnancy, with debates over terms like just, grave, or prudent. These discussions can be confusing and overwhelming.

First, no one outside your marriage is living your marriage. On your wedding day, you created something new: a family. Together, with God, you possess the grace, reason, faith, and intimate knowledge needed to make difficult decisions. Outside resources can be helpful, but ultimately discernment belongs to the three of you: God, husband, and wife.

The Church offers wisdom through the concept of "responsible parenthood" in *Humanae Vitae*, emphasizing biological awareness, prudent discernment of circumstances, and obedience to the moral order established by God.



Responsible parenthood calls spouses to recognize their duties toward God, themselves, their family, and society.

A key distinction must also be made: fertility awareness is knowledge of a woman's body, while NFP is how couples use that knowledge through prayer, reason, and communication to discern family size and timing.

Rather than defending NFP with theory alone, it is essential to consider how it is lived within real marriages amid communication, sacrifice, desire, disagreement, and love. This conversation is especially for couples weary of oversimplified answers who desire something deeper, more human, and more faithful.

Truthfully, NFP may be the perfect tool for revealing the parts of ourselves and our marriages that need healing. If your marriage struggles with NFP, that does not mean it has failed. It may be doing exactly what it is meant to do: exposing what cannot be healed if it remains hidden. Rather than masking issues through contraception, unlimited access to sex, or avoided conversation, allow the grace of the sacrament to lead your marriage toward healing and wholeness. ■



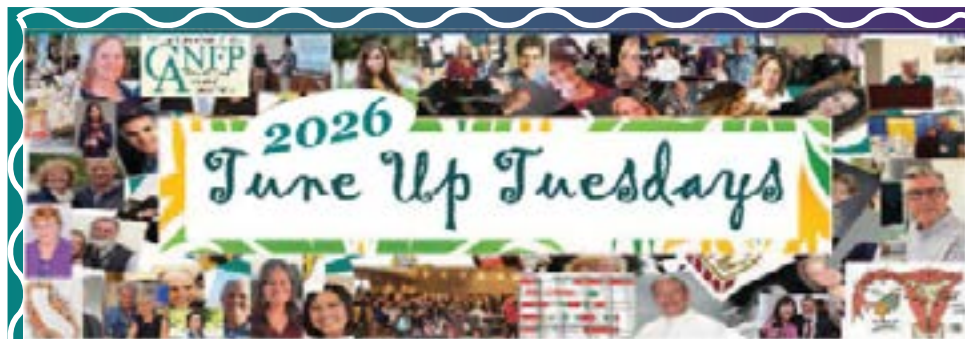
Monica and Renzo with CANFP President Fr. Blaise Berg and Sheila St. John, Executive Director, at Together in Holiness Conference in San Francisco Region, Fall 2025.

by Renzo and Monica

Additional Authors available at canfp.org

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Direct Link:
<https://canfp.org/product/lovemaking-how-to-talk-about-sex-with-your-spouse/>

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Books and other resources



What: Monthly Zoom Seminars for CANFP Members
When: 4th Tuesday of every month, from 7p-8pm*
Who should attend: ALL CANFP Members! See Schedule to identify which Sessions are open to 1) ALL Members, 2) Professional Members only or 3) Clergy Members only
Format: 15-20 minute presentation followed by discussion and Q & A
*Participation are welcome to continue informal discussion and networking when seminar concludes at 8p



SAVE THE DATE for these 2026 Tune Up Tuesdays!

Theresa Notare, PhD
NFP Week—Effective Strategies to Promote NFP



May 26th

Looking for ideas for promoting NFP during NFP Awareness Week (July 13-21, 2026)? Have fun when across the nation have succeeded in using this week to raise awareness on NFP, ranging from simple activities to more elaborate projects. Join us to discuss how you too can make an impact!

Theresa Notare, PhD, Assistant Director, National Family Planning Program, Secretariat for Life, Marriage, Family Life and Youth, United States Conference of Catholic Bishops (USCCB), is responsible for supporting the Catholic bishops and their staff to create and/or strengthen diocesan Natural Family Planning (NFP) ministries. Dr. Notare's expertise is in Church teaching on human sexuality, marriage and family life, menstrual care and responsible parenthood, contraception and the methods of NFP.

Mary Davenport, MD, MS, ABOG
Recurrent Pregnancy Loss (RPL) Chromosomal Loss and Infection



June 23rd

Important information for all women, especially those who have suffered pregnancy loss, in addition to the NFP professionals who serve them.

Mary L. Davenport, MD, MS, ABOG is an integrative obstetric-gynecologist in the Central region. She works with myofascialrelease.com and is Medical Director of the Real Options program centers. A Professional Member of CANFP, she serves on the CANFP Advisory Board.

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