



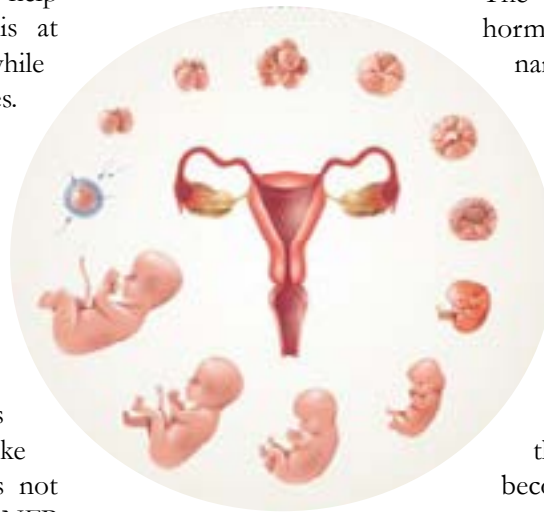
Thomas
Cavanaugh, PhD

EXAMINING THE DIFFERENCE BETWEEN NFP AND CONTRACEPTION

Let's compare natural family planning (NFP) with contraception. This may help us to remember what is at stake in embracing NFP while rejecting contraceptives. To assess a tool, we ask: what is it for? One significant defect of contraception is that it purposefully renders sexual intercourse baby-free. Yet, a baby is one prominent goal of intercourse – another is union of the couple. Unlike contraception, NFP does not render sex sterile. Rather, NFP respects the baby- and union-oriented character of intimacy.

Say someone acknowledges that contraception morally differs from NFP. How big a difference are we talking about? Thomas Aquinas (a philosopher, theologian, wise moral thinker, and saint whom the Catholic Church repeatedly recommends as a guide) speaks of contraception as preventing “the generation of human nature.” In other words, contraception prevents a baby. He says that such acts take a “place next to” acts that destroy “an already existing human nature.” Or, in other words, acts that, for example, destroy a baby.

So, how is contraception next to such an act?



Consider how a common contraceptive that prevents a baby can also cause miscarriage.

While usage varies, about one-eighth (12.5%) of women in the U.S. who use contraception rely on hormonal intra-uterine devices (IUDs). As its name suggests, the IUD is placed within the woman's uterus.

Hormonal IUDs are coated with a progestin (a synthetic

progestogen that mimics the natural hormone progesterone). The naturally synthesized hormone progesterone gets its name from ‘pro’ meaning “to further or promote,” gestare meaning “to carry, bear, or carry in the womb,” and ‘one’ which as used here means a “chemical bond.” Thus, progesterone – as its name suggests – is a chemical molecule that helps a woman become and remain pregnant.

So, why use a progestin to prevent a baby? There are a couple of reasons. First, as found in a hormonal IUD, progestin inhibits ovulation, or egg-release: no egg, no sperm meeting egg (fertilization). That is, no baby. In effect, progestin makes the woman's brain and body think that the sperm and egg have already met, that she is with baby. In response, the woman's body reduces ovulation. It does not, however, entirely eliminate ovulation.



cont on p. 5



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Follow the Science!

the medical profession should not be carrying out amputations of completely healthy body parts

Follow the science! More than any other time in the history of the big wide world do we seem to adhere to this “sacred” dictum. Adhere to science we do, as long as it fits our apparent “sacred” needs. But when science reveals something that we do not like, for example, when it means we have to change our behavior, we find it convenient to ignore it. Let’s look at a few examples of how science has revealed some important facts about our bodies and our fertility. Two examples are presented in this issue of **CANFP News**. First, as **Dr. Thomas Cavanaugh** points out in his article, IUD’s work in three ways: two of which are contraceptive and a third which is abortifacient. Perhaps, most users of IUD’s are under the impression that the science tells them that IUD’s do not destroy human life; they only impede it. Yet, science tells us otherwise. The IUD can kill the fertilized egg. Thus, it causes the death of babies. Second, in her article, **Sheila St. John** reports that recently the American Medical Association has gone on the record to state that hormonal birth control and IUD’s increase the risk of breast cancer. Most NFPer’s have known this for decades. But to be given an official “scientific stamp of approval” by the AMA is a big deal. Does that mean that folks should stop using hormonal birth control and IUD’s? God forbid, we should change our behavior!

No, as Sheila points out, some doctors recommend that one stay the course, even if it means shortening one’s life, or more accurately a mother’s life. Thus, we have another “sacred” dictum: sacrificing the lives of children and shortening the lives of mothers is necessary so that we can continue to live the way we want.

I offer a third example. Recently, in Palo Alto, I attended a screening of the film, *“The Detransition Diaries: Saving Our Sisters”* **Jennifer Lahl** (a featured speaker at



our [2015 CANFP Conference](#) in San Francisco), President of the [Center for Bioethics and Culture Network \(CBC\)](#), **Kallie Fell** and **Kirstin Wallace**, also on staff at the *CBC*, were on hand for Q&A after the showing. “*Saving Our Sisters*” is a documentary which describes the journeys of three woman who thought they could solve their apparent challenges with gender dysphoria through medical prescriptions and even surgery. One of the women even had “top surgery” (a double mastectomy). In response to one question, **Jennifer Lahl** observed that the



Fr. Blaise Berg, STD, President of CANFP, and Assistant Professor of Dogmatics at St. Patrick’s Seminary, in Menlo Park, CA., has served on the Executive Board of CANFP since 2003

medical profession should not be carrying out amputations of completely healthy body parts. The rush to use medical treatments and surgeries to address a challenge that could be met through less invasive methods such as counseling seems to be the result of a rather convoluted understanding of the available scientific data, such as evidence that individuals experience just as much trauma post-transition as they do in the pre-transition period.

Follow the science! Yes, sure, science is important. But it is not the end all, be all. As a religious leader and a Catholic priest, I cannot help but point to the Creator and Redeemer of Science: the God who created us, sustains us in being and redeemed us through His Son. Only when we have a proper understanding of God’s Divine Order of all creation, and especially, of the human body and soul, can science take its rightful place in that order. That’s what NFP is all about, and that’s what CANFP strives to promote. ■

Director’s Desk

Sheila St. John

AMA Warning:

Hormonal Birth Control Pills and IUDs Increase Breast Cancer Risk

The American Medical Association (AMA) has announced that use of hormonal birth control, including hormonal IUDs, increases by as much as 30% a woman’s relative risk of breast cancer, and led with this news in the March 23, 2023 AMA Medical Bulletin.



“nobody should be going to their doctor after reading the study asking to be taken off their medication”

Wait, you might ask--- didn’t we already know that these hormones increase the risk of breast cancer? We did. If you attended the CANFP State Conference in San Francisco in March 2001 (yes, 22 years ago, to the month, prior to this AMA warning) you heard Dr. Chris Kahlenborn spell out the increased risk of breast cancer associated with hormonal contraception for us, as he documented so thoroughly in his book *Breast Cancer: It’s Link to Abortion and the Birth Control Pill* published a few months prior.

Then there is the fact that the World Health Organization (WHO) declared the pill a **Group 1 (known) Carcinogen** (prior to that, it was identified as a *possible* carcinogen) a few years after Dr. Kahlenborn’s book, I believe.

So why the big announcement now? The announcement was the result of a study published in the March 21, 2023 PLOS (*public library of science*), a peer reviewed weekly medical journal. This study concluded that not only does the two hormone combination pill increase the relative risk of breast cancer by 20-30%, but so does the progestogen pill, and the hormonal IUD, both often assumed to be of less risk than the combination pills. And so the “news” is that **All** Types of Hormonal Birth Control increase the risk of breast cancer---and even that conclusion the AMA misrepresents, with their announcement that leads with their title, **SOME** (*emphasis mine*) forms of hormonal birth control lead to increased breast cancer risk.

Was this significant health danger to women shouted from the rooftops? Were physicians advised to reconsider their prescription practices? Was it accompanied by advice that women consider safer methods for planning their family?

On the contrary, according to the online March 21, 2023 edition of *TIME*, **Reeve** (the author of the study) assures us that “findings do not indicate the need for any changes in how physicians prescribe birth control for any of the myriad reasons that someone might want to take it. And nobody should be going to their



sheila@canfp.org
Sheila St. John has taught NFP in the Monterey Region since 1982. She served on the founding Board of CANFP in 1992, and continuously since, including five years as President, prior to accepting the role of Executive Director in 2001.

doctor after reading the study asking to be taken off their medication”

Reeve is further quoted as reassuring women that may use or consider hormonal IUDs or progestogen only birth control pills:

“There’s no reason to be any more concerned than you would be about using a combined oral contraceptives.”

Well, I guess on that we can agree. Pick your poison.

“Picking the right birth control is all about balancing the small known risks with the proven rewards, says **Reeves**, “and that’s what women do every day.”

Nothing to see here folks. Move along.

Dr. Cavanaugh, in this edition, examines some differences between contraception and NFP, with a focus on the very IUD that this study evaluated. We can add one more difference to the list. NFP will not kill you. ■

<https://cbc-network.org/film-detransition-diaries/>

Meet Our Member

Peggy Stofila

Jeannine & Ben Lochtenberg

Jeannine and Ben Lochtenberg are both from large families. Jeannine is one of seven children and Ben one of nine. They knew that they wanted to have a big family of their own. They married in 1987, were open to life and had four children in six years. They moved to Manhattan Beach and became parishioners of American Martyrs. They felt called to become involved in the parish, so in 1993, they started to teach a PreCana class. They taught about intimacy, and another couple in the parish taught the NFP portion of the class. After learning about NFP from watching the couple teach, they felt guilty because they were not using NFP. Jeannine has multiple sclerosis (MS) and was on medication that would be damaging to an unborn baby. She was afraid to get pregnant and didn't trust God. In 1996 they enrolled in an NFP course to learn the Billings Ovulation Method. They found that using NFP helped their marriage; they had better communication, had control and they no longer felt guilty! After learning and using Billings, they continued to avoid pregnancy until Jeannine had a visit with her neurologist and admitted that she and Ben wanted another child. The doctor told her "better do it soon" as Jeannine was 39 years old. She stopped her MS medication and they began using NFP to conceive and welcomed their fifth child in 2003.



Peggy Stofila, Professional Member of CANFP, lives in Torrance, where she works part time as a Physical Therapist and teaches the Creighton Model FertilityCare System

Jeannine & Ben, Why do you support CANFP?

We see a lack of families and marriage in today's society. We are concerned about how the world is and where it is going in terms of selfishness and lack of accountability, a "victimhood". We support marriage; commitment, accountability, shared values and how this is imparted to our kids and to the couples we teach. Marriage takes sacrifice. We are examples of this. As we have gotten older, we both look at our parents with such awe. The sacrifices they made, the love they had for each other, their witness. We didn't see this as newlyweds. So we support CANFP because they provide the tools to help make marriages stronger by providing information and teachers of all the NFP methods. NFP is one of the strongest things to help marriage. CANFP "gets it"

In 2000, Jeannine and Ben became teachers of the Billings Ovulation Method after the long-time teacher-couple retired. Jeannie says she gets caught up in the details of "the chart" whereas Ben, being a chemist, sees the big picture, and together they help couples understand their chart. Since becoming teachers, Ben and Jeannine have taught hundreds of couples but usually have only met with the couple twice, so they have a hard time remembering all the names and faces. They are however reminded

about their impact on couples when they see one of the spouses or the couple in the community and are often approached with "hey, you taught me NFP" or "we had this baby because of you". Jeannine shares that Ben is often the one recognized--he's a big guy with a charming Australian accent--and Jeannine is referred to as "Ben's wife". Ben recalls a business meeting he attended. During a roundtable discussion, when the room was quiet, a woman at the table said out loud "you taught me sex". It's these encounters that give them satisfaction knowing that they have made an impact..

Jeannine & Ben Lochtenberg, Professional Members of CANFP, have been happily married since 1987 and are the proud parents of five adult children. They teach the Billings Ovulation Method through American Martyrs parish in Manhattan Beach. Jeannie is the full time caregiver for her ninety year old mother who lives with them. When they have free time, they enjoy outrigger paddling. This is their "couple time" where they talk and enjoy each other's company offshore in the peaceful, quiet Pacific Ocean



EXAMINING THE DIFFERENCE...

cont from front page

being willing to prevent the conception of a human being (contraception) is next to being willing to destroy an already existing human being

This brings us to the second reason to use progestin to prevent a baby. Once inside the woman, sperm swim to her egg through cervical mucus. The best mucus for sperm to swim to the ovum is wet and abundant. Progestin dries out the cervical mucus, making it thick. Progestin also decreases the amount of cervical mucus. Both of these effects of progestin make it more difficult for sperm to swim to the egg, reducing the likelihood of sperm meeting egg.

The above two mechanisms are contraceptive in nature. That is, they lower the chance of the sperm meeting the ovum by reducing both ovulation and sperm-mobility. Thus, progestin as found in an IUD prevents the baby-making act from baby-making. It does not, however, entirely eliminate sperm meeting egg (baby-making or fertilization). This brings us to a third reason people have for using a hormonal IUD.

The third mechanism is not contraceptive in nature. Rather, it causes miscarriage. For this reason the hormonal IUD is called an 'abortifacient'. 'Abortifacient' comes from the Latin 'ab' meaning "amiss," 'oriri' meaning "born," and 'facere' meaning "to make." As its name suggests, an abortifacient causes a mis-birth or a miscarriage.

How does a hormonal IUD occasionally cause a miscarriage? Progestin thins

the lining of the uterus (the endometrium), thereby making it less hospitable to a fertilized ovum, embryo, a.k.a., baby. As noted above, the chance of fertilization is reduced but not eliminated in a woman using a hormonal IUD. Were fertilization to occur, the embryo would have difficulty implanting in the uterus due to the thinned endometrium. This effect of progestin as found in a hormonal IUD is called 'desynchronization.' As its name suggests, desynchronization makes the embryo and the uterus out of step with one another. This means that when the embryo is ready to implant in the uterus, the uterus is not ready to receive the embryo. Thus, the baby is miscarried. The hormonal IUD causes such a miscarriage. In this respect, it is an abortifacient; its use results in the loss of the baby.

Hormonal IUDs can last from three to eight years. While it is difficult to determine the frequency of miscarriage with precision and accuracy, a typical user of a hormonal IUD would likely experience miscarriage over a three-year period. Indeed, it might occur annually; again, it is difficult to determine. Regardless of frequency, the hormonal IUD occasionally causes the death of the embryo, a human being. One willing to use it knowing that it has this effect is willing to destroy a human being.

As noted above, Aquinas positions contraception as



Professor Tom Cavanaugh teaches philosophy at the University of San Francisco. In 2018, Oxford University Press published his book entitled, Hippocrates' Oath and Asclepius' Snake: The Birth of the Medical Profession. For his work on the Hippocratic Oath, he received the 2019 Smith Award for Lifetime Achievement in Medical Ethics from University Faculty for Life. He continues to research and publish in medical ethics, the history of medical ethics, and the Catholic intellectual tradition.

distinct from, yet next to, the destruction of a human being. In the instance of the widely used hormonal IUD, we see that the deliberate prevention of conception intimately relates to, indeed, is effected by the exact same synthetic molecular chemical that prevents the embryo from implanting, resulting in its death. Accordingly, we see, as Aquinas notes, that being willing to prevent the conception of a human being (contraception) is next to being willing to destroy an already existing human being. For this and countless further allied reasons, we do well to shun contraceptives while embracing wholesome NFP. For contracepted sexual intercourse drastically differs from sexual intercourse open to life. ■

Medical Matters

Dolores Meehan, RN

BE BELLA. BE NATURAL.

In Italian Bella means beautiful. In Latin, Bella is plural for Bellum which means war.



We are fighting a war to restore beauty

On January 22, 2005, our pro life community shocked the mainstream media, the abortion industrial complex and our own local politicians by bringing a desperately needed message and movement to the streets of San Francisco and beyond--“Abortion Hurts Women” and “Abortion Hurts Families and Society”. It was like the battle of Helm’s Deep. Against all odds, God’s message of hope and healing overpowered the clanging gongs and beating drums of the abortion rights protestors at that first annual West Coast Walk for Life, and every year since.

The Archdiocese of San Francisco has created an amazing infrastructure to provide hope and healing to women and men suffering from post-abortion trauma through the Project Rachel Ministry. But sadly, Catholic maternal care has disappeared from San Francisco--St Mary’s and St Francis closed their Labor & Delivery units many years ago, but it wasn’t until Seton hospital was sold in 2015, that San Francisco lost

its last Catholic hospital to welcome new life. With that monumental loss, the idea of and the imperative for, building a life-affirming, self-standing, Catholic healthcare clinic took root. God’s success through our collective efforts with the Walk for Life inspired us to meet this emerging need for authentic Catholic medical care. Bella is the fruit of those efforts.

In March of 2022, Archbishop Cordileone’s dream to have a life-affirming medical center, rooted in the Catholic ethos of human dignity, human sexuality and the primacy of the family

was realized. Bella Health and Wellness, a family medical practice, completed renovations and opened its doors in the heart of San Francisco in the Medical Arts Building at Van Ness Avenue and Jackson Street.

Why the name Bella? It’s a double entendre, In Italian Bella means beautiful. In Latin, Bella is plural for Bellum which means war. We are fighting a war to restore beauty – beauty in new life, beauty in emerging

life, beauty in changing life, beauty in life’s heartbreaks, beauty in life’s twilight and beauty in leaving this world and entering into eternal life.

Bella is here to provide care for persons of all walks of life from Napa to Gilroy; from the Mission District to Pacific Heights because all of us who seek life-affirming care are underserved. In this battle to restore our birthright---Catholic Medical care---Bella within the Catholic lens, will offer healthcare from conception to death where the Dignity of human life, the sanctity of the family, and authority of parents to care for their children is upheld and protected because it is the very foundation of our Society.

Bella is here to provide:

1. life-affirming support and medical care to mothers in crisis pregnancies
2. life-affirming support and medical care to mothers (and fathers) who find themselves carrying an unborn child with Down Syndrome, Anencephaly, etc---care that does not include terminating the life of their child
3. respite for caregivers of the disabled and chronically ill---sort of like medical babysitting. Giving mom and dad a break to reconnect, refresh and reignite.

Our approach does not treat women like broken machines but looks to the underlying causes of infertility

Bella is also the only San Francisco-based medical practice to assist infertile couples with natural, evidence-based, cutting-edge medical treatments to achieve pregnancy rather than create embryos in a lab only to be discarded if not used or aborted if not perfect. Our approach does not treat women like broken machines but looks to the underlying causes of infertility. Our medical Director, Dr. Amie Holmes, is one of the best NaPro surgeons in the country. Bella also offers a Natural Family Planning Practitioner to assist with charting and charting education.

**BE BELLA.
BE NATURAL!**

Bella is committed to support parents’ authority in providing medical care based on Catholic teachings for their children; our providers ensure that parents are involved in their children’s care. In the same way we look at the underlying causes of infertility, our providers look at the underlying causes of confusion and depression that afflict our adolescents and together with their parents, provide appropriate counseling and referrals.

At Bella we make house calls to the elderly (to keep them out of the hospital if at all possible) and provide care for patients and their families as they navigate end-of-life medical care---keeping them comfortable with nutrition and hydration in the last stages of life ensuring a gentle death in cooperation with God’s timing.

Bella is modeled after and mentored by Bella Wellness in Denver. Now in its eighth year, Bella Denver has seen astronomical growth with over 14,000 patients and a staff of 52. It’s important to know, they started in a shared medical office with two Nurse Practitioners seeing patients two days a week. With God’s grace and your assistance, we are confident that Bella San Francisco will follow suit.

We invite you to join Bella Health and Wellness as part of a larger nationwide movement committed to restoring a Christ-centered appreciation of human dignity and renewing Catholic healthcare in accord with sacred traditions rooted in Scripture and the healing ministry of Christ, which upholds the truths of the Catholic Faith in the science and practice of medicine. ■



Dolores Meehan, co-chair of Walk for Life West Coast, is the co-founder, nurse practitioner and Executive Director of Bella Health and Wellness – SF’s life-affirming family medical practice. Until recently Dolores worked as a nurse at San Francisco General Hospital while mixing in many medical missionary trips to West Africa. A fourth generation San Franciscan, she has become a strong advocate for faithful Catholicism in San Francisco, in California, and nationally. She is known as a pro-life and pro-marriage speaker and has appeared frequently on Catholic Answers Live and EWTN.



To make an appointment call **415-775-1500**

To learn more, visit bellahw.org

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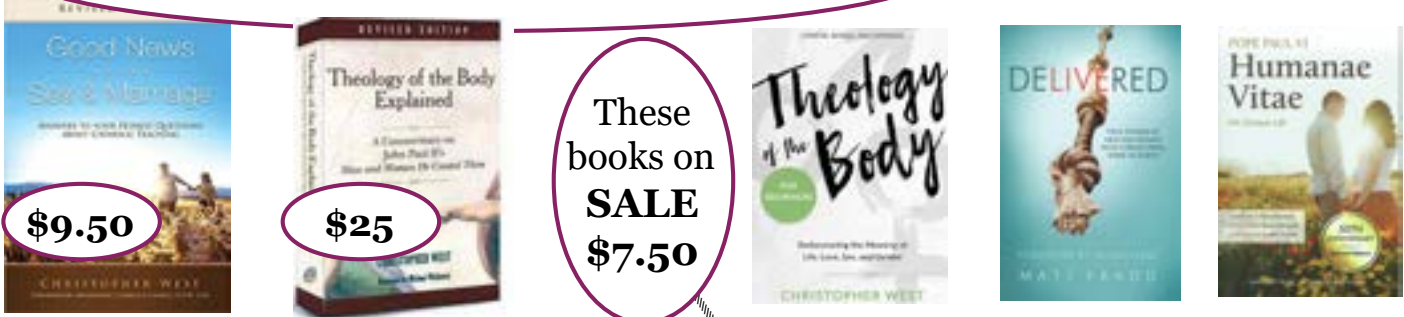
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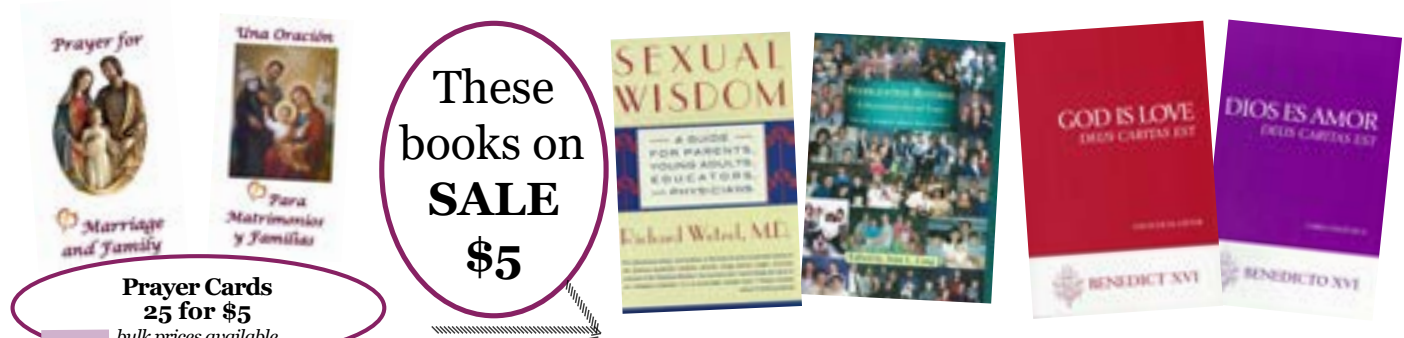
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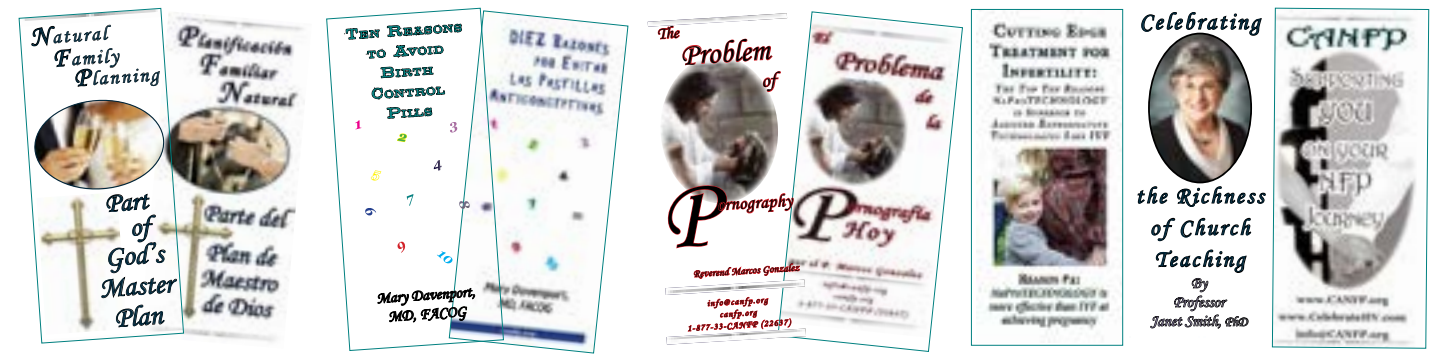
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Clergy Corner

Fr. Mario Rizzo

The Power of Words

Words matter, and couples deserve to hear the truth

If you were to ask priests what their favorite thing about being a priest is, they would most likely tell you it is celebrating the Sacraments, most especially, celebrating Mass and Confession. Not that we get some weird satisfaction out of hearing people's sins, but because it's a privilege to be an instrument of healing. In Confession, I've seen dead people walk in and leave alive. Similarly, in the Mass, priests are charged with speaking those most sacred words, "this is my body...this is my blood," as he leads the celebration of Jesus' Eucharistic sacrifice. It is a blessing to be able to speak those sacred words.

I wonder how many priests would say that marriage preparation is a favorite part of priesthood. Maybe some struggle with it because the words aren't always as clear as they are while celebrating the Sacraments. Each couple is different and has their own needs, which is why we must carefully discern what they need to hear.

Usually, most engaged couples are in a good place. They like each other, or else they wouldn't be there. I usually don't have to do any triage, apart from some basic communication and conflict resolution exercises. But what I usually do have to mention, which comes up when their contact information is shared and I see that they have the

same address is, "do you know what the Church asks of you before marriage?" You should see the faces they make as they anticipate what comes next.

"It's not the best term," I tell them, "But the Church asks you to live as 'brother and sister', which means that, until you're married, you refrain from doing what married couples do." It's not a fun conversation, but someone has to say it.

Over the course of our time together, we talk about the language of love making, or "the conjugal act," which, I tell them, is a sacramental sign itself. This means that sex is the visible sign of an invisible reality. The act of making love with one's spouse is a free act, not forced. It is a faithful act, not done with anyone else. It is a total act, which means nothing is held back, including one's fertility. And because of that, it is a fruitful act. These four elements (free, total, faithful, and fruitful) are the essential elements to married love; they're what is professed in the vows at the wedding ceremony. Thus, the physical act of making love is really a consummation and renewal of the wedding vows. Making love is an unspoken language, a body language, which is why we can't say with our bodies what we have not said with our souls. If we attempt that we tell a lie, which is why waiting until marriage is the best, even though it is a challenge.



Fr. Mario Rizzo, Pastor of Saint Joseph Basilica in Alameda, has served on the Executive Board of CANFP since 2016, while still a seminarian.

Once married, however, couples don't have free reign to engage in the conjugal act however they please. It must remain fruitful for it to be total. Which is why introducing them to NFP is the critical next step. This may be why marriage prep is difficult for priests, if they even attempt it at all, because NFP is a challenge, but a worthwhile one. The marriage prep program I use ("Witness to Love") requires an NFP course, but instead of simply directing them to an online program, I tell my couples to contact Sheila, the Executive Director of CANFP. I do this because the couples deserve it. They deserve to have someone who knows the benefits and beauty of NFP, and no one knows these like Sheila. Sheila can speak to them in a way I cannot and can put them in touch with teachers who can continue this critical conversation. Words matter, and couples deserve to hear the truth. ■

CANFP Returns to LA Religious Ed Congress



It was rewarding to return to the Los Angeles Religious Education Congress to share NFP resources, after a two year hiatus. Veteran CANFP Professional Members



Joan Noyes, LA Congress 2006



Debi Hoppe, LA Congress 2017



Joan Noyes of the Los Angeles region, and Debi Hoppe of the Orange region, both of whom have staffed the CANFP exhibit over the years at LA Congress, (as depicted in pics), joined Executive Director Sheila St. John, of the Monterey Region, in serving the needs and interests of the visitors to the CANFP exhibit. In addition to representing NFP resources from three different regions, Joan, Debi, and Sheila also brought a combined 95 years of experience teaching NFP, each of them expert in a different NFP method. It was a concrete expression of the mission of

CANFP: The California Association of Natural Family Planning supports and unites users, providers and advocates of all methods of NFP, respecting differences in methodologies and focusing on common goals.

It was wonderful to experience again the networking, support, and community that is shared by CANFP members as we collaborate to bring NFP education and services to all of California.

Four visitors to the booth were NFP teachers themselves, who sought out the CANFP exhibit to access resources and advice, on everything from difficult charts to the challenges of establishing NFP services in their respective regions.

It is gratifying to welcome the repeat visitors---NFP users or advocates who have visited the exhibit often over the decades we have had a presence at this major event---and hear an update on efforts to promote NFP in their own ministry, consult on challenges new and old, and equip them with resources.

There is always that one interaction, that is a poignant reminder of the importance of our presence. Often, those interactions include tears, and sharing of pain and struggle, and this year was no exception.

Jane (not her real name) began the conversation with a simple question. It does not really matter what the question was, because as if often the case, the question was just her way to begin the conversation she really wanted to have, but did not know how to initiate. Jane's struggle, sadly, is one we hear often by those who reach out to CANFP. The frequency and repetition of the story, only intensifies the pain and frustration of hearing it from the many who are living it.

Jane and her husband had been trying for years to start a family, unsuccessfully. They consulted their doctor, who ran a few cursory tests, informed them all was normal, and they should be "good to go"---but also referred them to a fertility expert. The fertility expert informed them that the only way they would conceive would be IVF. And that is when the tears started to flow. She said they did not want to do IVF, but felt desperate and hopeless, since the fertility expert seemed convinced that without it, they would remain childless (though their only diagnosis was "unexplained infertility").

Jane left the visit with a much more robust understanding of fertility within the cycle, how monitoring and charting her fertility would guide effective timing to achieve pregnancy and be vital for a thorough evaluation to actually diagnose and treat the causes of their inability to conceive, referrals to charting experts and physicians trained to interpret it, an armful of educational and supportive resources, assurance of our prayers, a hug and...hope. She left with hope.

Thank you to those who support CANFP, enabling us to provide truth and hope to all the Jane's out there, who may not hear this anywhere else. ■

Ask the Expert

My Temp Only Rises for One Day

Question

&

I am not married yet, but engaged, and have been studying an NFP book. I began charting temperatures about eight months ago. There is something, however, that I am concerned about. The thermal shift is supposed to last at least three days to be considered an actual thermal shift (when the temp rises) in Phase III. But in my case, what usually happens is the temperature will rise high for one day, and then drop back down the next day---it is then that my period starts. Why do I not maintain my high temperatures for long? Does this mean I am not ovulating. I have not begun using the mucus method, so I realize my results are harder to interpret, but if you have heard of this case before, you may know what it means. Thanks for your help! *Katie*

Answer

Dear Katie,

The absence of a sustained thermal shift would indicate an anovulatory cycle. However, without more detailed information on your actual temperatures, and most importantly, other signs that offer critical cross-checks, such as your mucus signs, duration of bleeding, recent cycle length history, it isn't possible to say precisely what is happening. We would suggest you begin mucus observations and contact a STM teacher directly, and together you will be able to make a more accurate determination, *Andrea & Ron Gronsky* ■

Are My Low Temps Age Related?

Question

&

I currently practice NFP (sympto-thermal method) and I have been experiencing some weird stuff (hot flashes and moodiness). Probably the one thing that really puzzles me is that lately for the past 2 1/2 weeks my temperature has not been any higher than 97.2. Most of the time it is 96.7 to 97.0. I have read in some cases that this could be premenopause. Could this be a sign? I am 42 and have had five children. We have practiced NFP off and on for the past 17 years, so I feel like I know my body.

God Bless and thank you for your site. *Ellie*

Answer

Dear Ellie,

Cycle irregularities, including delayed ovulation and anovulatory cycles, typically are the first signs that you are entering premenopause. The experience of hot flashes is also a common condition. You don't say during which phase of your cycle you are experiencing low temperatures, or what the typical length of your pre-ovulation phase is. A temperature of 97.2 or lower during the pre-ovulation phase is quite normal, as is a 2-1/2 week time span.



Ron Gronsky, PhD, and his wife **Andrea,** both Professional Members of CANFP, are now retired teachers of the Sympto-Thermal Method of Natural Family Planning, through the Couple to Couple League, in the Oakland Region.

However, if you believe from mucus observations that you may have entered the post-ovulation phase, these temperatures would be low and indicate that ovulation has probably not yet occurred. *Andrea & Ron Gronsky* ■

Ask the Expert

Does NaProTechnology Help Migraines?

Question

&

I've been charting my cycle for almost a year. After having a D&C to remove polyps and fibroids my doctor diagnosed me as having PMS and accompanying underactive thyroid. She has prescribed 200mg of Prometrium on days P+3 through P+12 of my cycle. The first month of using the natural progesterone was great.

But my current cycle has been miserable. I've gotten migraine headaches almost every other day before and during my

cycle. I've also noticed my PMS symptoms seem to have come back just as bad as before the Prometrium. However, I can deal with almost all of the other symptoms except the migraines. Could the Prometrium be causing the migraines?

On the first month of using the Progesterone the main side-effect I suffered from was a constant runny nose. Getting these headaches has also made me realize that the sinus headaches I thought I

have been suffering from over the past few years were in fact migraine headaches. They fit the same pattern: always in the morning, in my right eye, runny nose, watery eye, excruciating pain and nausea.

I'd like to continue with the Prometrium and am hoping it will cause the headaches to end. Does NaProTechnology help menstrual migraines?

Thanks, *Felicia*

Lynn Keenan, MD, Immediate Past President of the CANFP Executive Board, is a Clinical Professor at the UCSF/Fresno Internal Medicine Residency Program, Board Certified in Sleep and Internal Medicine, and Vice President of the International Institute for Restorative Reproductive Medicine. She earned her BSN at UCLA, her MD at Temple University School of Medicine, and completed her Residency in Internal Medicine at UCSF/Fresno. Dr. Keenan served on the Executive Board of CANFP since 2004, as President of CANFP since 2010, and graciously agreed to continue her service to CANFP on the Advisory Board at the beginning of 2019, upon her retirement from the Executive Board of CANFP.



Answer

1,000 Questions, with Responses from our CANFP Experts, can be found at

<https://canfp.org/ask-the-expert/>

Hi Felicia,

Yes, NaProTechnology usually works very well for migraine headaches. The most common cause is low progesterone in the luteal phase, which usually responds well to the Prometrium. However, since your headaches are not getting better, you need further investigation.

Your symptoms could be from a number of things, such as allergies, since it is spring. They may be from cluster headaches, which classically have the same timing, have very sharp pain, associated with the runny nose and watery eyes. The headaches could also be exacerbated by sleep apnea, so be sure to tell your doctor if you snore or feel sleepy during the day.

It is also possible that you just need a dosage adjustment on the Prometrium, and your doctor can check blood levels, if that hasn't been done before.

So don't give up hope - it sometimes just takes a while to get the best treatment plan for each patient, and you need to keep in communication with your doctor.

Sincerely, *Lynn Keenan, M.D* ■

Thomas
Cavanaugh, PhD

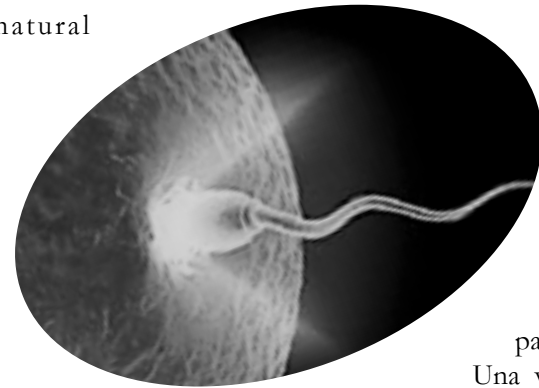
ANÁLISIS DE LA DIFERENCIA ENTRE LA PFN Y LA ANTICONCEPCIÓN

Considere
cómo un
anticonceptivo
común que
evita
un bebé
también
puede
causar
un aborto
espontáneo

Comparemos la planificación familiar natural (PFN) con la anticoncepción. Esto puede ayudarnos a recordar lo que está en juego al adoptar la PFN y rechazar los anticonceptivos. Para evaluar una herramienta, nos preguntamos: ¿para qué sirve? Un defecto importante de la anticoncepción es que hace que las relaciones sexuales no produzcan bebés. Sin embargo, un bebé es uno de los objetivos principales del acto sexual; otro es la unión de la pareja. A diferencia de la anticoncepción, la PFN no hace que el sexo sea estéril. Al contrario, la PFN respeta el carácter de la intimidad orientada al bebé y a la unión.

Digamos que alguien reconoce que la anticoncepción difiere moralmente de la PFN. ¿De qué diferencia estamos hablando? Tomás de Aquino (filósofo, teólogo, sabio pensador moral y santo a quien la Iglesia católica recomienda repetidamente como guía) habla de la anticoncepción como impedir "la generación de la naturaleza humana". En otras palabras, la anticoncepción evita un bebé. Dice que tales actos ocupan un "lugar al lado" de los actos que destruyen "una naturaleza humana ya existente". O, en otras palabras, actos que, por ejemplo, destruyen un bebé. Entonces, ¿cómo es que la anticoncepción está al lado de tal acto? Considere cómo un anticonceptivo común que evita un bebé también puede causar un aborto espontáneo.

Aunque su uso varía, aproximadamente una octava parte (12.5%) de las mujeres de EE.UU. que utilizan métodos anticonceptivos confían en los dispositivos intrauterinos hormonales (DIU). Como su nombre indica, el DIU se coloca dentro del útero de la mujer. Los DIU hormonales están recubiertos de una progestina (un progestágeno sintético que imita a la hormona natural



progesterona). La hormona progesterona, sintetizada de forma natural, recibe su nombre de "pro", que significa "favorecer o promover", "gester", que significa "llevar, parir o llevar en el vientre", y "ona", que tal como se utiliza aquí significa un "enlace químico". Así pues, la progesterona -como su nombre indica- es una molécula química que ayuda a la mujer a quedar embarazada y a seguir estándolo.

Entonces, ¿por qué utilizar un progestágeno para evitar un bebé? Hay un par de razones. En primer lugar, como se encuentra en un DIU hormonal, la

progestina inhibe la ovulación o liberación del óvulo: no hay óvulo, no hay espermatozoide que se encuentre con el óvulo (fecundación). Es decir, no hay bebé. En efecto, la progestina hace que el cerebro y el cuerpo de la mujer piensen que el espermatozoide y el óvulo ya se han encontrado, que ella está embarazada. En respuesta, el cuerpo de la mujer reduce la ovulación. Sin embargo, no elimina por completo la ovulación.

Esto nos lleva a la segunda razón para utilizar progestágenos para evitar un bebé. Una vez dentro de la mujer, los espermatozoides nadan hasta el óvulo a través del moco cervical. El mejor moco para que los espermatozoides naden hasta el óvulo es el húmedo y abundante. La progestina seca el moco cervical, haciéndolo más espeso. La progestina también disminuye la cantidad de moco cervical. Ambos efectos de la progestina dificultan la llegada de los espermatozoides al óvulo, reduciendo la probabilidad de que se encuentren con éste.

Los dos mecanismos anteriores son de naturaleza anticonceptiva. Es decir, disminuyen la posibilidad

En este
sentido,
es un
abortivo;
su uso
provoca
la
pérdida
del bebé

gracias
to translator:
Maricela Miotto

de que el espermatozoide se encuentre con el óvulo al reducir tanto la ovulación como la movilidad del espermatozoide. Así, la progestina que se encuentra en un DIU impide el acto de concebir. Sin embargo, no elimina por completo el encuentro del espermatozoide con el óvulo (creación del bebé o fecundación). Esto nos lleva a una tercera razón que tienen las personas para utilizar un DIU hormonal.

El tercer mecanismo no es de naturaleza anticonceptiva. Más bien provoca un aborto espontáneo. Por este motivo, el DIU hormonal se denomina "abortivo". 'Abortivo' viene del latín 'ab' que significa "mal", 'oriri' que significa "nacido". Como su nombre indica, un abortivo provoca un mal nacimiento o un aborto espontáneo.

¿Por qué un DIU hormonal puede ocasionalmente provocar un aborto espontáneo? La progestina adelgaza el revestimiento del útero (el endometrio), por lo que lo hace menos hospitalario para un óvulo fecundado, embrión, también conocido como bebé. Como se ha indicado anteriormente, la posibilidad de fecundación se reduce, pero no se elimina, en una mujer que utiliza un DIU hormonal. Si se produjera la fecundación, el embrión tendría dificultades para implantarse en el útero debido al adelgazamiento del endometrio. Este efecto

de la progestina, tal como se encuentra en un DIU hormonal, se denomina "desincronización". Como su propio nombre indica, la desincronización hace que el embrión y el útero se desajusten entre sí. Esto significa que cuando el embrión está listo para implantarse en el útero, éste no está preparado para recibirlo. Por lo tanto, el bebé sufre un aborto espontáneo. El DIU hormonal provoca un aborto de este tipo. En este sentido, es un abortivo; su uso provoca la pérdida del bebé.

Los DIU hormonales pueden durar entre tres y ocho años. Aunque es difícil determinar la frecuencia de los abortos espontáneos con precisión y exactitud, es probable que una usuaria típica de un DIU hormonal sufra un aborto espontáneo a lo largo de un periodo de tres años. De hecho, podría ocurrir anualmente; de nuevo, es difícil de determinar. Independientemente de la frecuencia, el DIU hormonal ocasionalmente causa la muerte del embrión, un ser humano. Quien esté dispuesto a utilizarlo sabiendo que tiene este efecto está dispuesto a destruir a un ser humano.

Como se ha señalado anteriormente, Tomás de Aquino sitúa la anticoncepción como algo distinto, aunque próximo, a la destrucción de un ser humano. En el caso del DIU hormonal, ampliamente



El profesor Tom Cavanaugh enseña filosofía en la Universidad de San Francisco. En el 2018, Oxford University Press publicó su libro titulado, *El juramento de Hipócrates y la serpiente de Asclepio*. Por su trabajo sobre el Juramento Hipocrático, recibió el Premio Smith 2019 a la Trayectoria en Ética Médica de la University Faculty for Life. Sigue investigando y publicando sobre ética médica, historia de la ética médica y tradición intelectual católica.

utilizado, vemos que la prevención deliberada de la concepción está íntimamente relacionada con la misma sustancia química molecular sintética que impide que el embrión se implante, lo que provoca su muerte. En consecuencia, vemos, como señala Tomás de Aquino, que estar dispuesto a impedir la concepción de un ser humano (anticoncepción) es casi como estar dispuesto a destruir a un ser humano ya existente. Por esta e innumerables razones aliadas, hacemos bien en evitar los anticonceptivos y abrazar la sana PFN. Porque las relaciones sexuales con anticonceptivos difieren drásticamente de las relaciones sexuales abiertas a la vida. ■



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