

Natural Family Planning

Diocesan Activity Report



Vol. 2 No. 2 Spring 1991

Preliminary Findings of the National Quarterly NFP Report of the DDP/NFP

Robert Kambic, M.S.H.

In 1987, the DDP introduced a national reporting system for NFP. The purpose of the system was to find out how many clients were being taught NFP by diocesan programs in the U.S.A. and to use this information to help NFP. The project involved a voluntary collection of data from diocesan NFP coordinators. The data system was designed to be completely confidential so that no client name or ID number could ever be obtained by the DDP national office. The data collected quarterly included: 1) the number of teachers reporting; 2) the number of clients taught; 3) the number of clients followed up; 4) the number of clients avoiding pregnancy; and 5) the referral source of the client.

To date, the DDP has collected data from 56 dioceses for the years 1987-1990. Some dioceses have responded for every quarter and some dioceses for only some quarters.

The reporting dioceses teach an average of 129 women per year, but there is a wide spread among dioceses in the number of women taught. The lowest 6 (11%) of dioceses all teach less than 40 women per year however the highest 6 (11%) of dioceses teach from 288 to 664 women per year.

The number of NFP teachers in a diocese also gives an idea of program size. The 56 diocesan NFP programs have from 1-17 NFP teachers with the average number of teachers being 5.2. The lowest, 6 (11%) programs, all have only one teacher whereas the highest, 6 (11%) programs, have 13-17 teachers.

In this preliminary review of the data, it is apparent that the programs teaching the most women are the well established programs that have a large percentage of Catholics in their service area. However, they have an established reputation in the community and it is reflected in their service statistics.

Future, more detailed analysis, will include looking at urban and rural programs, percent of women getting follow up, and sources of referral. Yearly trends will be reviewed and estimates of the number of women taught NFP each year will be made. ■

Bob Kambic will lead an informal Round Table discussion on "data collection in the diocese" during the DDP National Conference in June 1991.

IN THIS ISSUE . . .

....As we anticipate the upcoming DDP National Conference at Catholic University in Washington, D.C. (June 26-29, 1991), we offer the following articles from our guest columnists. Each columnist will be leading either a workshop or Round Table Discussion during the Conference.

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"HOLINESS AND SWEETNESS A CALL TO A WIDER APOSTOLATE"

(Continued from Winter 1991)

Part II: "A Wider Apostolate"

Deacon Walter Sweeney

What we in the NFP apostolate have been charged with is the teaching of the Catholic Church itself. And it needs to be communicated through all the channels by which the Church normally teaches. Ours is not a marginal message. We were not called to sit on the sidelines, nor to be pushed to the margins of the Church's life. We are called to enter into the center of the Church's ministry to marriages and families. Here are some of the diocesan paths already opened to us:

1) **Marriage Preparation Programs:** Volunteer couples are always needed, and we should encourage our NFP couples to enter more fully into this work. It gives a chance to show NFP as integrally connected to all the other aspects of marriage and family life presented. This is really the only place so many of the Church's couples can be addressed personally, and it is also a place couples expect to hear what the Church has to say, even if they do not think they agree with it.

2) **Family Life Offices:** Competent people with a comprehensive vision of the teaching of the Church are needed to administer family ministry programs for dioceses and parishes. This requires some training but those who have grasped the most troubling and difficult core of the Christian vision of marriage are uniquely qualified to absorb in an authentic way the other aspects of this ministry. Jump in, you will be learning a language that will help couples and families put the truth into practice.

3) **Sexuality Education:** Programs in schools, colleges, young adult programs, and in parish and diocesan offices are desperately in need of people

who can teach credibly. NFP couples openly live, the full Catholic message about sexuality and therefore can fulfill this void. You who have already been called to teach in the face of resistance and indifference are just the ones most needed in this work.

"Ours is not a marginal message."

Who is to preach, to counsel, to make the significant comment at the right pastoral moment about NFP and its many and significant benefits? Doesn't it seem that the only way this will really happen is if some of us are called into the various pastoral ministries? This is what is beginning to happen. Have you felt called into a pastoral ministry of some kind? There are many opportunities for lay people and married couples in parishes, in catechesis and in teaching. In the apostolic exhortation **Christifidelis Laici** the world's bishops, and the Holy Father himself, plead with each Christian to enter the harvest field. If the Lord seems to be moving you into something, go for it. "Why", asks the harvest master, "are you standing about idle all day long?"

The training of the clergy and lay workers, not only in the facts of NFP but, in how it fits into the total teaching on Christian marriage and family life, is work we must move into. This is especially important because attitudes are so firmly fixed during official training times, especially if it is presupposed that the official and normative teaching is being transmitted. Who better than those who are living out these norms to help instruct those who are charged

with administering and overseeing the activities of the faith?

At a time when NFP seems not to have spread as far or as fast as all our years of intense effort would warrant, it may be time to look to ourselves for the next step forward. The indifference and even persecution we may sense is not going to budge on its own. Why do we wait for others who cannot grasp what we are experiencing to spread the word? While many courageously are attempting to do so, only those who have tasted and live the fullness of the Christian sexual life can really bring the message into the mainstream of Catholic life and thought.

Look to your NFP programs. Can they operate at their present levels even if some of the teachers move into other family ministries? Are the recruiting and training of new NFP teachers delayed because it appears that there are already "enough" NFP teachers for the number of couples being taught? Are you encouraging your learning couples to become active in other family ministries and in pastoral ministry to bring NFP into their own lives? A little courage may be required here, a little letting go, a little dying to self so that some of the fire we have in a seed falls to the ground and "dies" that it can grow into something monumentally larger and better! ■

Deacon Walter Sweeney is Associate Director of the Family Life/Respect Life Office of the Archdiocese of New York. He coordinates Marriage Preparation Programs for the Archdiocese; teaches family ministry courses in various seminary and graduate programs; and trains parish family ministers. For six years he coordinated the Archdiocesan NFP program which is now directed by Sheila Power Potter. He, his wife Kathleen, and Don Paglia (National Association of Family Life Ministers), will lead a workshop on "NFP and Family Life ministry" during the DDP National Conference in June 1991.

Coordinator's Corner

"Fertility Education for Young Men"

Steve Burke

Diocese of Providence, R.I.

Among the challenges which we face as diocesan NFP providers is the cultivation among our youth of a sensitivity to and appreciation for our fertility. This challenge becomes especially demanding when we turn our attention to young men. Both conscious and unconscious blocks present themselves in their worlds and in ours. I would like to uncover some of these obstacles and outline practical steps we can take to overcome them.

Some obstacles to fertility appreciation among young men exist under the cover of false societal expectations. For example, the belief that sexual acting out among young men is "just a part of growing up"; or, the common boyhood reasoning that showing one's feelings is "a sign of weakness" (or homosexuality). Confusing and conflicting messages regarding what "being a man" really means continually assault our youth.

Obstacles in our own world as NFP providers often include such factors as the content of fertility education curricula being weighted heavily toward concerns about women; or, women themselves being the most targeted population for such education. When we pause to consider that even the majority of fertility appreciation teachers seem to be women, we must ask ourselves if men are being presented, at best, in negative relief? How do our young men perceive this? What message do we give our sons if they never see a man in place speaking candidly, and faithfully about fertility?

In the face of such obstacles our educational task may seem overwhelming. However, there are some practical solutions. First, know the groups of men

you wish to target. What characteristics in addition to age, literacy, and socioeconomic class define a group and your approach to it? You may be able to include their fathers in order to enlist the support of the most important male in their lives. And, as we know, in the best of worlds both mothers and fathers should be urged to involve themselves in the program together. Parents are the first teachers, yet often they need the tools and encouragement to help their children. We must remind parents that the strongest lesson children learn from their parents is how well the parents love each other. If we teach as a couple, we will model this lesson.

"What message do we give our sons if they never see a man in place speaking candidly, and faithfully about fertility?"

Programmatically, there are key components to an effective fertility education for young men: 1) Accurate information within the context of demonstrated healthy attitudes toward sexuality by the teachers; 2) A male teacher as an active part of a couple team; 3) Content balanced between male and female concerns; i.e., strengths, weaknesses, realities we all face, etc.; 4) A commitment to *small* groups for reasonable time periods; and 5) A commitment to multiple sessions (teaching through relationships).

With regard to effective teaching, men should take a more prominent role. They should have an ability to talk about feelings, e.g., tenderness, exposure of weakness, forgiveness, and men's need for intimacy. They should have a reverence for life and sexuality, an ability to link these important issues to the teachings of their faith. They need

a sense of humor; an ability to tell stories (personal and otherwise) to illustrate a point; an ability to use familiar images and parallels with nature; and above all, an ability to *listen* to young people.

With these elements in place we will be able to create our own blocks, i.e., "building blocks", to move beyond the current obstacles facing our young men as they grow into full adult manhood. ■

In addition to coordinating NFP services, Steve Burke is also the director of Family Life for his diocese, and a member of the NCCB's NFP National Advisory Board. Steve and his wife Sheila will be leading a workshop on "counseling skills for the NFP teacher" during the upcoming DDP National Conference in June 1991.

"New Beginnings in Northern California"

Regina Corley,

Diocese of Santa Rosa, CA

The new beginning for the NFP Program of the Diocese of Santa Rosa was initiated by Most Reverend John T. Steinbock when he decided that an NFP program should become a permanent and readily available service in the diocese. With this good will, support, and my own striving for patience, program development in our diocese has become a matter of taking advantage of as many circumstances as possible—the harvest is ready and only wants laborers!

A primary step in planning the development of our diocesan NFP program began with my attendance at the DDP conference on the **National Standards** in 1989. Two years later we have something only very loosely resembling the ideal, yet it is more than I initially thought possible. We have six OM teachers (myself included), and five public service sites (four of which are hospitals). The teachers of course, are the most important part of any program

and without them plans, money, promotion, and marketing are all wasted.

NFP promotion or outreach is necessary for an individual program as well as for the growth of NFP overall. Thanks to the efforts of June and Roy Frakes (W.O.O.M.B. Bi-Lingual/Bi-Cultural), the Drs. John and Evelyn Billings offered us the week of 8-15, 1991. They gave presentations at the Graduate Theological Union, Berkeley, the University of San Francisco, a diocesan high school, two hospitals, a press conference, and a two-day workshop. We have only started to reap the benefits of their work!

Somewhere between promotion/outreach and direct service stands chastity education. For two years I have been saying, writing, thinking, and chatting about "Teen STAR" to administrators, teachers, parents, and anyone who would even begin to listen. This August, thanks to a collaborative effort with Terri Maese of San Jose and others, we will be having a Teen STAR training here in Northern California.

Chastity education is important to us and we have also drawn from the diocesan NFP network for help. In May, with a team of NFP teachers and users we presented the Mother/Daughter-Father/Son Program, (NFP Center of Memphis). One barrier to the acceptance of chastity education was breached in part by having Molly Kelly in the area speaking to private and public schools. Administrators have to see that young people will listen to someone talk about chastity for forty-five minutes before they will think about a curriculum or program.

There are more than a few areas where we lag behind: Spanish language NFP classes, Sympto-thermal instruction, convincing marriage preparation presentations, and clergy support to name a few. (This last area is being addressed in the next diocesan clergy education week.)

We are striving to present NFP as a tool for living out the Church's teaching on conjugal love and responsible parenthood. We hope to communicate the point that departures from this teaching are compassionate or convenient only in theory, not in reality. The fact that NFP is truly consistent with our Lord's plan for marriage and the family is finally what makes beginning and persevering possible. "Fidelity," as Mother Theresa points out, "is the thing that matters."

Regina Corley, a graduate of the John Paul II Institute on Marriage and the Family, Rome, is one of our newest and youngest NFP Diocesan coordinators. She will be leading an informal Round Table Discussion on "NFP outreach" during the upcoming DDP National Conference in June 1991.

SCIENCE NOTES. . .

Hanna Klaus, M.D.

"Impact of tubal sterilization and vasectomy on female marital sexuality: Results of a controlled longitudinal Study." R.N. Shain, W.B. Miller, A.E.C. Holden, and M. Rosenthal. *American Journal of Obstetrics and Gynecology* 164:763-771 March 1991.

Shain, et al. studied 152 women who had undergone tubal sterilization, 106 vasectomy wives, and 83 women not planning sterilization before surgery and five years later. Five years later, no group of women expressed any change in satisfaction with their own sexual response, but *all* showed a significant decrease in sexual desire, decrease in sexual frequency, and satisfaction with their sexual relationship. While the authors conclude that there were no detrimental effects, as well as some short-term benefits of both procedures on female sexuality, they noted that there was increase in coital frequency at the end of the first year in women who had had tubal sterilization which later dropped, but no change in vasectomy wives. Retrospectively, 45% of tubal sterilization women and 54% of vasc-

tomy wives had feared pregnancy. Afterwards, 96% of the former and 91% of the later group were no longer afraid. Decrease in marital coital frequency over time has been previously documented, as has the positive relationship between sexuality and general marital adjustment. Higher educational attainment has a dampening effect on couples' sexuality, perhaps because these couples also have higher incomes, hence may have greater access to leisure time alternatives to sexual activity. They may also have more demanding and high stress positions and have less physical energy. While the initial freedom from "fear of pregnancy" did not result in a sustained increase in coital frequency, the authors provide no explanation. Rather, they would like to explore further. They have investigated whether the husband or wife are the initiators in sexual activity, but have not explored the non-genital parameters of married life.

"A Meta-analysis of the Effect of Estrogen Replacement Therapy on the Risk of Breast Cancer." K.K. Steinberg, S.B. Thacker, J. Smith, D.F. Stroup, M.M. Zack, W.D. Flanders, and R.L. Berkelman. *Journal of American Medical Association* 265:1985-1990 April 17, 1991.

Secondary (meta) analysis of 16 studies exploring the effect of estrogen replacement therapy on the risk of breast cancer was conducted. If estrogen was taken for more than five years after menopause, the risk of breast cancer increased for any woman. After 15 years, it increased by 30%. Women with a family history of breast cancer were at increased risk regardless of the duration of the use of estrogen. Without estrogen, the increased risk was 1.5 while it was 3.4 with estrogen replacement. [Coupled with other studies which show that constant estrogen/progestin supplementation (as opposed to cyclic progestin) almost destroys the beneficial effect of estrogen on serum lipids (cholesterol, HDL, and LDL cholesterol, etc.) one wonders about the present rush to supplement everyone. For women at risk for osteoporosis, estrogen presents a significant treatment modality. Ed.]

"The Stages of Reproductive Life and Implications on Contraceptive Choices." D.A. Grimes. *Contraception Report* 11:1 1991 12-14.

This article abstracts from J.D. Forrest's paper, *Contemporary Ob/Gyn 1988 Special Issue:12-22*. Forrest, Vice President of the Alan Guttmacher Institute, divides woman's reproductive life into five stages and identifies contraceptives appropriate to each stage [presuming a woman may require contraception as soon as she becomes fertile. Ed.] Stage 1: Menarche to First Intercourse - no contraception required. Stage 2: First Intercourse to Marriage - reversible methods. Stage 3: Marriage to First Birth - reversible methods. Stage 4: First Birth to Completion of Family - reversible methods. Stage 5: Completion of Family to Menopause - Sterilization. While periodic abstinence is listed among the available methods, it is designated as having low effectiveness for preventing pregnancy and none for preventing PID.

"Reasons for Delay in Contraceptive Clinic Utilization: Adolescent Clinic and Nonclinic Populations." L.S. Zabin, H.A. Stark, and M.R. Emerson. *Journal of Adolescent Health* May 1991; 12:225-232.

Zabin and her group from Johns Hopkins are firmly persuaded that unintended adolescent pregnancy can be prevented by "reliable contraception." Previous interview material found an interval of almost a year from first intercourse to obtaining contraception. They sought to discover the reasons for the delay. Among whites, the fear that parents would find out was an important reason, which was less important for blacks. Other studies have shown that not only access, but the *perception* of birth control might be a problem. Two school populations were studied and compared with young people who had attended a clinic. The 435 sexually active black young women under 18 years of age who had not attended a clinic felt that birth control was too dangerous to use, that they were afraid their families would find out, or that they were waiting for a closer relationship with their

partner. The ranking of these three major causes varied somewhat between those who had never been to a clinic and those who had been to a clinic or who had come within a two-year interval from the baseline interview. Nevertheless, the numbers didn't change significantly. [Since the options which the Johns Hopkins Clinic offered are limited to pills and barriers essentially, one is left to wonder what the outcome would be if a modality which values rather than disvalues fertility were used. Ed.]

"Melatonin in Health and Disease." (Letter) A. Brzezinski and F.C. Zimmerman. *Fertility and Sterility* May 1991 55:1025.

Zimmerman et al. found that administration of melatonin, a hormone of the pineal gland, did not abolish the LH surge when the dominant follicle had already reached a size of 15 millimeters (maximum size is usually 25-30 millimeters). Brzezinski writes that in his unpublished study of 20 women who received ovarian stimulation for in vitro fertilization, the melatonin concentration did not change despite dramatic increase in estrogen levels. Animal studies found that melatonin alters the frequency of LH pulses, but this requires 40 days to become evident. Similar changes have been found in women with "hypothalamic amenorrhea" (loss of menses due to disturbances in the hypothalamus such as tumors, rapid weight loss or psychologic stress). Zimmerman responds that melatonin levels are also elevated in women taking oral contraceptives and suggests that melatonin may be the chronobiological regulator which is needed to restore cyclicity. (Chronobiology is the division of reproductive biology which studies the influence of time. This includes day-night cycles, as well as seasonal and monthly cycles.)

"Neonatal Herpes Simplex Virus Infection in Relation to Asymptomatic Maternal Infection at the Time of Labor." Z.A. Brown, et al. *New England Journal of Medicine* May 2, 1991; 324:1247-52.

A few years ago it was thought that any pregnant woman who had a posi-

tive culture or a positive herpes simplex infection of the genital tract should have elective cesarian section to prevent infection of the newborn. The pendulum has swung and a reassessment was undertaken. Nearly 16,000 pregnant women who had no symptoms or signs of genital HSV infection were cultured in early labor. Follow-up of women with positive cultures and their exposed infants found: 56 (0.35%) positive viral cultures, 35% had serologic evidence of a recently acquired subclinical first episode of infection, while 35% had a reactivated infection. Neonatal HSV infection developed in 33% of the infants who were born during the mother's first episode of infection and in 3% born during a reactivated infection. Three infants has HSV despite negative cultures of the mother. Of the 10 affected infants, 1 died, 3 were severely disabled and 1 moderately disabled - a total morbidity of 50%. The authors suggest re-evaluation of current practices to include prophylactic anti-viral therapy for the baby. In spite of this, several of the babies suffered a severe fate. [Once again, restricting sexual intercourse to a single lifetime partner appears the only certain preventative. Ed.]

"Spinal Bifida in Infants of Women Treated with Carbamazepine during Pregnancy." F.W. Rosa. *The New England Journal of Medicine* March 7, 1991 324:675-677.

A review of a number of reports, as well as new series, finds that the risks of fetal spinal bifida are 1% in women who are epileptic in taking carbamazepine (tegritol) to control their epilepsy. If any epileptic contemplates planning pregnancy, pre-conceptual counseling and adjustment in drugs is necessary.

"Lack of Effect of Induced Menses on Symptoms in Women with Premenstrual Syndrome." P.J. Schmidt, L.K. Nieman, G.N. Grover, K.L. Muller, G.R. Merriam, and D.R. Rubinow. *The New England Journal of Medicine* April 25, 1991 324:1174-9.

Since no physiologic abnormality in the luteal phase has been consistently

shown in women with premenstrual syndrome (PMS), the investigators shortened the luteal phase, during which PMS symptoms usually appear, with mifepristone (RU 486). This was a carefully designed double blind study. Women with PMS had as many symptoms in the cycles when menses were induced early as during their ordinary cycles. It is concluded that whatever is the cause of PMS, it is not directly the result of the hormonal events in the cycle, at least as they are presently understood. ■

STATEMENT OF BISHOP

JAMES T. MCHUGH

ON U.S. SUPREME COURT

RUST V SULLIVAN DECISION

23 May 1991

The decision of the U.S. Supreme Court in *Rust v Sullivan* is positive and encouraging. This decision is consistent with the clearly expressed intent of Congress when it adopted the 1970 Family Planning Act. The original law stated that none of the funds allocated under the federal Family Planning Program were to be used for abortion as a method of family planning. Congress intended to distinguish abortion from family planning and to deny funding for the promotion of abortion or the provision of abortion services in the family planning programs.

The Congressional policy has been repeatedly maintained by Congress; it has been the policy of every administration since 1970, including President Carter, and it has been upheld in other decisions by the U.S. Supreme Court. Furthermore, it has been continually reflected in public opinion polls. Clearly, the decision today is consistent with Congressional intent and with the thinking of the American people. Refusal of government funding for the promotion of abortion is not a

LETTERS TO THE EDITOR

Dear Editor,

I would like to clarify an apparent misunderstanding concerning the use of the BBT graphs. In a Letter to the Editor (**NFP Diocesan Activity Report**, Winter 1991), the writer mistakenly indicates that my article in the Fall 1990 issue states that "BBT graphs are not helpful during breastfeeding, premenopause, and post pill." Nowhere in the article did I make such an all-inclusive statement. We actually are in agreement on when the BBT graphs are helpful. My objection to her letter is that it states incorrectly that I said BBT graphs are not helpful during the above mentioned situations.

I listed the situations when the BBT graphs are not helpful as follows: "During breastfeeding. 'The temperatures tend to be erratic until the woman resumes frequent mucus activity or her menstrual cycles return.'"; "During premenopause. If the woman is not ovulating regularly it is better for her to judge her cycles by her other natural signs."; and "Post pill. 'Depending upon the woman's pattern during the first few cycles, she may find either the mucus sign or the BBT to give her more information.'"

I also list in detail where the BBT is particularly helpful. This list includes all the situations (and more), that the author mentions in her letter. This includes using the BBT to verify ovulation when the mucus is unclear, or during "patches of mucus as can happen in long cycles, during the breastfeeding/weaning experience and in many coming off the Pill patterns." It will also tell the premenopausal woman if she is still ovulating.

I hope this letter will clarify her concerns and that as NFP teachers dialogue with each other it will advance working together in greater understanding.

Thank you.

Laura Padden
NFP Program
Sacred Heart Medical Center,
Spokane, Washington

**From the Editor: we invite dialogue such as the above in "Letters to the Editor". The policy on the duration of such dialogue is TWO ISSUES. For example, if an article appears in Fall, responses come in for Winter, then the Spring issue would be the final time for discussion of the original article. We hope you will understand that due to space restrictions at times your entire letter to the editor may not be printed. Thank you and send in those letters!*

violation of free speech or a woman's decision to obtain an abortion. It simply safeguards the rights of those who do not want to be compelled to pay for

abortions by tax-supported government programs. ■

NEWS BRIEFS



UPCOMING EVENTS

Teen Star Workshop will be held: July 5-8, Wichita, KS; July 19-22, St. Louis, MO; July 29-Aug. 1, San Antonio, TX; Aug. 12-16, San Francisco, CA; and Aug. 19-22, Corpus Christi, TX. *Contact: Hanna Klaus, M.D., NFP Center of Washington, D.C., 8514 Bradmoor Drive, Bethesda, MD, 20817; 301-897-9323.*

NFP of Central Texas, Inc. (Diocese of Austin), will host the Drs. Billings July 7-16, 1991. The Drs. Billings will speak to four different groups: NFP Teachers; NFP Users; Clergy; and Medical-Health care professionals. *Contact: Nancy McCaslin, Diocesan NFP Coordinator, NFP of Central Texas, Inc., 2026 Guadalupe St., Austin, TX 78705; 512-474-2757.*

American Academy of NFP will hold its annual conference July 17-20, 1991, in Charleston, West Virginia. Keynote speakers will be Drs. John and Evelyn Billings. *Contact: AANFP, 615 South Ballas Road, St. Louis, MO 63141; 314-569-6495.*

Billings Ovulation Method Association will inaugurate its required recertification and advanced certification conference for teachers of the Billings Ovulation Method July 29-August 1, 1991, in San Antonio, TX. To emphasize the importance of continuing education and scientific update for control of quality teaching the Drs. Billings will head the faculty. Among the guest speakers

will be Dr. Erik Odeblad, and Dr. Miriam Labbok. A **Teen Star** workshop will be held concurrently with the conference. *Contact: NFP Center of Washington, D.C., Inc., P.O. Box 30239, Bethesda, MD 20824-0239; 301-897-9323.*

Pope Paul VI Institute and Creighton University School of Medicine will sponsor six Creighton Model NFP Education Programs beginning November 2-10, 1991. *Contact Creighton Model Programs, Pope Paul VI Institute, 6901 Mercy Road, Omaha, NE 68106; 402-390-9168.*



SPECIAL ANNOUNCEMENTS

Dr. Edward F. Keefe, M.D., has been appointed as lecturer on the subject of "Natural Fertility Control" at the New York Medical College. N.Y. Medical College is a Catholic institution in the Archdiocese of New York.

NFP In The Italian Public Sector, *Reported by Mary Shivanandan.*

Emma Fattorini, Professor of History, University of Rome, member of the Democratic Party of the Left (PDS—formerly Communist Party), declared "*Humanae Vitae* a great document" at a NFP seminar called "The Control of Fertility Today", in Bologna, Italy in January 1991. The seminar was held to inaugurate a 14-month training course for midwives in the public sector in the Emilia Romagna region of northern

Italy. The Natural Family Planning Institute of Verona, under Dr. Sandro Girotto, was invited to give the course. This is the first NFP course to be offered through the public sector in Italy.

Professor Fattorini, who described herself as a former feminist, spoke of the need to go beyond the contraceptive era and to validate the woman's role as mother. She described *Humanae Vitae* as great because it reunited the procreative and unitive dimensions of sex, which had been separated in the contraceptive revolution. In addition to Dr. Fattorini, this one day seminar included Rev. Giancarlo Grandis, ethical consultant to the NFP Center of Verona, who spoke on the anthropology associated with the natural methods; Dr. Girotto, from the NFP Institute of Verona, who presented the medical and scientific aspects of NFP; Dr. Gianni Fattorini, State gynecological consultant, and Ebe Quintavalla, executive director of the Social Health Service, who outlined the State's policy and initiative in introducing NFP into the public sector; finally, I presented a paper representing the Catholic woman's viewpoint. At the end of the day, more midwives signed up for the course than could be accommodated.

Dr. Girotto expressed interest in obtaining information from others who conduct courses in NFP in the public sector. If you are interested in sharing your expertise with Dr. Girotto, please send letters to: *Dr. Sandro Girotto, Istituto per la Regolazione Naturale della Fertilita, Via Seminario, 10, 37129 Verona, ITALY.*

"Quality and Collaboration" The Implementation of the National Standards

26-29 June 1991

Time is running out to get your registrations in for the 1991 national diocesan NFP coordinators' conference! The Conference will be held at the Catholic University of America, Washington, D.C., June 26-29, 1991. Arrangements have been made with Northwest Airlines to provide a 40% discount on coach fare tickets (1-800-366-4821). Limited scholarships are available for diocesan NFP coordinators.

Our purpose during the conference will be to launch the implementation process of the **National Standards**. This is an important meeting for us all because the implementation of the **National Standards** provides us with a tool to systematically work toward full integration and socialization of NFP ministry within the diocesan structure.

Hope to see you in June!



NATURAL FAMILY PLANNING

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The Natural Family Planning Diocesan Activity Report is published quarterly. Its purpose is to serve the Roman Catholic diocesan NFP programs of the United States through offering: national and international news of NFP activity; articles on significant Church teachings, NFP methodology and related topics; and by providing a forum for sharing strategies in program development. Contributions are welcomed. All articles may be reproduced in whole or in part without alteration or change unless otherwise noted. Such reprints should include the following notice: "Reprinted [excerpted] from NFP Diocesan Activity Report [date], DDP for NFP, NCCB, Washington, D.C. Please send a copy of the reprint to: DDP for NFP, 3211 4th St., N.E., Washington, D.C. 20017.

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