



Diocesan Activity Report

For Natural Family Planning

Vol. 1, No. 1, Spring 1990

CERTIFICATION UPDATE

At a February 1990 certification meeting two significant steps had been taken to realize the implementation of the **Standards**:

The final editing of the **Standards** document

The **demonstrations of the implementation process** in five of the dioceses represented by the Certification Committee.

Since the DDP's national conference in July 1989, the certification committee had been hard at work. Their initial task of reading through and considering all recommendations from conference participants took place at a meeting in St. Louis, Nov. 2-5, 1989. At that meeting written critiques from various NFP providers and diocesan coordinators were also reviewed. As a result of this work several significant changes were accepted; notably, the reorganization of the content. It was decided to remove the sections on evaluation and implementation, rewrite them and place them in a workbook which would accompany the document.

Decisions made at that Nov. '89 meeting required the committee to divide into two sub-committees. The subcommittee which worked on the new proposal for the process of diocesan NFP program endorsement met on the East Coast, Dec. 8, 1989. The subcommittee which worked on a new proposal for the process of evaluation and certification met on the West Coast, Jan. 18-22, 1990. Both subcommittees were commissioned to do the ground-work on their topics. No decisions were to be adopted outside the plenary group.

The agenda for the plenary certification meeting held in Blackwood, N.J. (Feb. 25-28, 1990), focused on the final edits of the document and the subcommittee reports. Document final edits were made and the committee placed the **Standards** in the hands of Bishop McHugh to take to the bishops' Committee for Pro-Life Activities. From that point it will have to move to the entire body of bishops for their approval. Upon acceptance, the USCC will publish the **Standards** and the DDP will mail the completed document to all coordinators and NFP providers. If all goes well, the DDP is looking forward to a publishing date sometime during Fall 1990.

After rigorous discussion on implementation at the Feb. '90 meeting, the decision to test the new implementation process was accepted. Five committee members volunteered to run the demos in their programs. Results from these tests will be discussed by the committee in a Fall '90 meeting.

INFPA CELEBRATES DECADE

A continuing education conference celebrating the tenth anniversary of the Illinois NFP Association was held in Springfield, IL, March 16-18, 1990. Conference participants represented 12 states (including Alaska). Faculty featured Drs. John & Lyn Billings and Bishop James T. McHugh.

The Drs. Billings gave several presentations. Topics included: *Teaching People to Teach NFP* and *Current Information Regarding Infertility and its Connection to NFP Methodology*. In their keynote the Billings related the basic Christian vocation, "to love", to NFP instruction. "Our work gives us a tremendous opportunity to teach people to love. We must continue Christ's activity of holding out love by holding out love to people as long as they live."

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DDP SPECIAL ANNOUNCEMENT

Plans are underway to relocate the DDP to NCCB headquarters in Washington, D.C. sometime in June of this year. The forthcoming move had been discussed by the DDP staff and is a long awaited goal. Among the benefits of the move are the advantages of the support services which the USCC offers all offices located in the central building. However, the primary benefit is that NFP ministry will take its place among the other apostolates of the NCCB in a clear, physical way.

The DDP is now entering a new phase of work and the relocation will call for some adjustments and a change of personnel. Bishop McHugh will continue to direct the program and Theresa Notare will assist him. At this time the DDP wishes to extend its gratitude to our two staff members who will be moving on, Fr. Phil Kraus and Kathleen Carr. Fr. Phil has been with us for two years and we wish him many blessings in his new ministry. Kathleen Carr, who has been with us since the initial move to New Jersey, will once again take up the demanding task of being a full-time mom. We ask you to keep us in your prayers.

Until June 1st, direct all mail and inquiries to the DDP at the New Jersey address. After July 1st, send all Mail to: DDP for NFP, NCCB, 3211 Fourth St., N.E., Washington, D.C. 20017-1194. As of August 1st you can contact Theresa Notare at: 202-541-3240; Fax 202-541-3203.

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Christifideles Laici (Apostolic letter on the Laity) was the topic of Bishop McHugh's talk. He bridged its major themes with NFP ministry (cf., excerpts from Bishop McHugh's talk, p. 2). Other speakers included Robert Kambic, DDP staff consultant and member of the Certification Committee, and Dr. Hanna Klaus, NFP Center of Washington, D.C., Inc. Kambic led a discussion on the **Standards** and their value for NFP teachers and programs, while Dr. Klaus gave an update on **Teen Star**.

Following Mass, a banquet was held in honor of INFPA's decade of service. Dr. Janet Smith, the featured speaker, offered guidance on teaching youth the Church's beliefs on marriage and family life. In addition to the conference activities the OM Teachers' Association also met. Finally, evaluations showed that the conference provided new information, fresh insights and a sense of renewal for participants.

Audio tapes of the talks are available from R-B Media, Inc., 154 Doral, Springfield, IL 62708, 217-546-5261. Individual tapes are \$6.00, postage included. The set of 8 (90 min.) is \$42.00. Video tapes will be forthcoming.

CHRISTIFEDELES LAICI AND NFP DIOCESAN MINISTERS (Excerpts from Bishop McHugh's Talk at the 10th Anniversary of INFPA)

Christifideles Laici articulates Pope John Paul II's reflections on the discussions which took place at the Synod on the Laity (Oct. 1987). It is a document which attempts to address both the challenges confronting the Church and its lay people. The document includes a discussion on the roles and responsibilities which lay people will increasingly have to assume in the contemporary Church.

There are points of convergence between this document and the one on the family. Both of them are pertinent to the NFP minister for the reason that there has always been a family apostolate in the Church and therefore, a measurable amount of lay activity in the family apostolate. Within family ministry in the United States the most vital aspect is NFP. This may seem hard to believe, and even a little discouraging because of the obstacles which the NFP minister often faces. However, I maintain that the NFP apostolate not only meets the criteria for organized lay activity in the Church, but also speaks of committed people who have a great sense of purpose and responsibility. When you have limited resources, personnel and funds, this sense of purpose keeps the fire burning.

The document is addressed to the laity not simply as an incentive or motivation to their spiritual life, but to enable them to fulfill their roles in the world. The document constantly falls back to the **Constitution of the Church in the Modern World**, (Gau-

dium et spes) of Vatican Council II and echoes its major themes of human dignity, secularism, atheism, and pluralism. It centers always on Jesus Christ, the hope of humanity.

Among other elements, the document speaks of charisms and ministries. A charism is a gift of the Holy Spirit given to individuals for the upbuilding of the Church. People cannot control charisms. Ministries flow from the very mission and structure of the Church. Ministries are created by other human beings, they are identifiable. Ministries can be terminated because they are an institutional mechanism. NFP has now become an identifiable and effective ministry within the Church.

The criteria for Church ministry which the document lists are: 1) primacy of the universal call to holiness. Although many people come to NFP out of pragmatic reasons, a conversion usually takes place. Human reproduction is then seen within the framework of the universal call to holiness. Those working in the NFP apostolate strive to communicate this understanding in their instruction. NFP thus is not simply an aspect of their personal marital lives, it is part and parcel of their commitment to the Church. It is an organized activity in which they seek to further the Church's mission in the world.

2) Responsibility of professing the Catholic faith. NFP ministers have a unique opportunity to profess the faith in regard to marriage, human love, sexuality and to responsible parenthood with both conviction and expertise. 3) Witness to a strong and authentic communion with the Pope, the local bishop and the Church in the broadest understanding. As diocesan personnel, the NFP ministers are clear tools of the Church institution. 4) Conformity to and participation in the Church's apostolic goals and activities. By virtue of their commitment, NFP ministers try to enable their couple/clients to understand the vocation of marriage. Finally, 5) commitment to a presence in human society. NFP ministers may be a small group, but they are a vital presence in the Church and in the world. NFP ministers constitute a movement in the Church, an apostolate that is increasingly identifiable and that has to respond to many of the critical issues facing Catholic family life.

Through their work with families, the NFP minister is able to both instruct and motivate couples. Some of these couples may not absorb and integrate all that is initially taught. In fact, some may move through the contraceptive cycle before they finally come back to NFP. It is important for the NFP ministers to be patient and to realize that their apostolate is a hopeful one. Eventually, couples will go back to what was offered and see it as a good, as something which is consistent with their values and their professed beliefs. The NFP ministers bring to the Church and to all those they serve an appreciation, indeed a love for the family and children.

INFPA: ORGANIZED NFP PROGRAMS FOR ILLINOIS

Sharon Dausman

INFPA is a statewide organization. Some of you may have received or seen brochures on our annual conferences or spoken to a past conference attendee. Maybe you have met one of our board members at a national meeting and have heard about our organization and the services we offer.

The Illinois Natural Family Planning Association (INFPA) is a non-profit organization formed to promote and provide NFP services to all residents of Illinois. Comprised of the six regions of the state, INFPA provides a network for NFP instructors, users and advocates through quarterly newsletters & educational handouts.

The INFPA also offers teacher training for new instructors and furnishes annual continuing education conferences for experienced NFP instructors, clergy, health care personnel, and NFP advocates/promoters.

Our organization is guided by a board of directors made up of representatives from each of the six regions of Illinois. Membership is made up of individuals and/or institutions who are supportive of NFP and pay yearly dues.

That is a factual accounting of what INFPA is, but it doesn't tell you how we arrived to this point in time. In the middle 70's several of us, who are still on the board, met at a Pro-Life Convention in Chicago. The outcome of that meeting was an expression of our need to get together to share our experiences in teaching, to be enriched through education and most importantly not to feel so alone. We were blessed with Sr. Anne Boessen who obtained funding from the Bishops of our state and coordinated the first NFP conference in Illinois in March of 1978. The experience was so uplifting that we wanted to repeat it again. As our network grew, teachers from all methodologies came. Yes there were tensions; however, our conferences, from the beginning, were family oriented. That is what brought us together. By the way our children related to each other it became evident that we shared common values in family life. It didn't make a difference which method a family used. The children couldn't see any differences because the overall reason we were there was the same.

In the spring of 1979 we had our second conference and a steering committee was formed. That committee met several times to formulate by-laws of the organization and to complete the goal of incorporation. Our organization became official in May of 1980.

In those beginning years, planning the conference was our most important goal. We used part of our board meeting, which still meets only four times a year, to plan our conference programs. Later, as we grew, we added the newsletter, teachers list for the

state, educational handouts, promotional display and most recently teacher training and certification. In other words, we didn't do it all, right from the beginning.

Our organization is made up of people who are caring, committed and concerned with the issue of natural family planning. As president, I know there is a lot of work maintaining a state organization. However, there is also camaraderie, support of each other, a relaxed atmosphere and seeing people in meetings who share common values through the NFP ministry.

I see the growth of our organization like child development. There are various stages but it begins with birth. We "birthed" our organization and like the birthing process it came about with joy and pain as well. Our board has formed a family that has supported, challenged, and watched each of its members grow. When we gather together at meetings we gather in the Spirit. Where three or more of you gather in My name there I shall be.

For further information concerning INFPA, its by-laws, and policy statement, as well as samples of newsletters, past conferences and teacher training institute, contact: INFPA Information Packet, 9230 S. Winchester, Chicago IL 60620.

"THE BLESSINGS OF FERTILITY" (Excerpts)

Mary Shivanandan

The notion of children as being a burden rather than a blessing is a recent phenomenon. A long tradition exists in many cultures for the blessing of fertility. In the book of Genesis, for example, "God blessed them, and said to them: Be fruitful and multiply, and fill the earth." The very word "blessing" has been linked to fertility. Among Hindus a man is traditionally considered happy in proportion to the number of children he has.

The media both form and reflect society's attitudes. A few years ago a colleague remarked on the increasing spat of films that portrayed children as monsters. The May 1989 **Journal of Marriage and Family** elaborated on this theme in an article titled "Attitudes About Having Children" and identified several such films. It also cites Norman Ryder, who in an article titled "The Future of American Fertility," stated: "The child has come to mean rather little to the parent today and the parent rather little to the child." Another writer quoted is Kingsley Davies, who says: "Never before in recorded history. . . has fertility been so low for whole societies as it is now in the industrial world." In the United States the fertility rate is below that required to replace the population, a situation that has prevailed since 1972.

Sexual Implications

We might ask if the acceptance or suppression of fertility affects the sexual union. Niles Newton,

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M.D., while at Northwestern University Medical School, wrote extensively on women's sexual response. He noted that males form only one interpersonal reproductive relationship — with females in coitus. Women, however, form three interpersonal reproductive relationships involving two other human beings — coitus, birth and breastfeeding.

What about men? Does sex have anything to do with fertility for them? Hardly, according to B. Zilbergeld, author of **Male Sexuality**, who claims: "In earlier times, manhood could be demonstrated by siring children. . . . While this notion still retains power for some men, it has been largely replaced by a different kind of sexual demonstration — enthusiastic interest in sex and engaging in it frequently and well." Yet, in **Love and Will**, R. May says he observed in one of his male patients a vital need to "experience a fundamental procreative process, . . . partake of some deeper pulsations in the cosmos." Erik Erikson describes generativity, which includes parenting, as an essential ingredient of adult life.

Parenting

Gaudium et spes calls children the "supreme gift of marriage" and substantial contributors to the welfare and holiness of their parents. The church con-

sistently teaches that the family is the foundation of society. Can a professional day-care provider, even with one year of experience and 64 classroom hours of training in early childhood development, substitute for the unconditional love of a breastfeeding mother?

The Fruits of Fertility

There is at least one group in our society (albeit a small one — not more than 4% of all women aged 15-44) that accepts fertility as a blessing. I am referring to couples who practice natural family planning. Such couples consciously espouse a way of life that accepts fertility. They not only accept it but also receive it as a gift, a blessing.

A couple today often begin their married life with the intention of avoiding pregnancy. Some may not consider this ideal, but just by using NFP the couple must come to terms with what their fertility and sexuality mean to them on a monthly basis. They know that they are in partnership not with a drug device but with each other and with the Author of life.

(These excerpts are printed with permission from the author. The complete article can be found in *America*, (Dec. 30, 1989): 474-477.)

AN EVALUATION OF THE CREIGHTON MODEL

Review of a Research Report*

Robert T. Kambic

This is a well designed study of two approaches to teaching the Creighton Model (CM) of NFP. The CM was developed by Dr. Thomas Hilgers of the Pope Paul Institute of Human Reproduction at Creighton University. The CM is a NFP method with well defined rules for observation of cervical mucus and explicit parameters for mucus definition. The CM has a highly structured teaching format to ensure quality instruction and client mastery of the NFP knowledge. However, the CM is designed to teach one client at a time and this can be costly.

An alternative to teaching one client at a time is a Team Teaching (TT) format. This format, developed in 1973 by the Twin Cities NFP Center, consists of two couples who teach, and a minimum of three and a maximum of ten client couples.

The Twin Cities NFP Center has been using the CM for about ten years. They wanted to integrate the CM and the TT format keeping the best of both. They designed this study to insure that this was done. The principal question in this study is, "Can the results of the CM service, designed to instruct one client at a time, be duplicated if the only change in the service is the instructional format?" If CM can be taught with a TT format, more than one client can be taught at one time and the program will be less expensive without sacrificing quality.

The way to evaluate a difference in the two formats

is to teach two groups of similar clients the methods, the first group CM, and the second group CM+TT. If the two groups are different after NFP instruction, the difference is most likely due to the difference in NFP teaching formats. To ensure that the groups are the same before instruction, the investigators assign clients randomly to CM or CM+TT. To determine if the two groups were different after instruction, the investigators collected information on time spent in instruction, client knowledge of NFP, client attitudes to NFP value systems, client NFP method implementation, and pregnancy and continuation rates.

The study taught 140 couples CM and 157 CM+TT. The major difference found was that the CM+TT format was per couple, 36% less expensive than CM alone. There was no other difference in the two groups after instruction which implies that the CM+TT provides a service with quality equal to CM alone, but with a one-third cost reduction.

The study concludes that there are a number of advantages to the CM+TT format. The first is the efficiency and productivity of the instructor is improved by teaching more clients with the same effort. Second, the CM+TT format allows a more experienced NFP instructor to provide on the job training for apprentice NFP instructors. Another advantage is the CM+TT format allows for one to one meetings with the clients if they require additional assistance, but it exposes the clients to at least two role model couples, the two instructor couples, for NFP values.

The final report of this study lacks only a basic description of the clients served and a more rigorous

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treatment of pregnancy and continuation rates. Hopefully, these deficiencies will be addressed if the authors choose to publish in the scientific literature. I hope they do; the scientific literature on NFP needs examples of well designed and carried out work such as this.

**Twin Cities NFP Center, Inc. Natural Family Planning Program Format Effectiveness. Final Report Submitted to: Office of Population Affairs U.S. Department of Health and Human Services. Twin Cities NFP Center, Inc. Riverside Medical Center, Riverside at 25th Ave. South, Minneapolis, Minnesota 55454, 1989.*

EARTH DAY AND POPULATION GROWTH

Julian L. Simon

Tuning up for Earth Day, journalists and environmentalists blame population growth for every supposed ill. Under the headline "People Pollution," Ellen Goodman recently wrote the usual: "The People Problem. It's as if we talked carbon-spewing cars without any drivers." And she calls for solving the "problem" by throwing more U.S. money at "international family planning," which is a euphemism for population control. Another typical columnist, Hobart Rowen, weighs in with "Excessive peopling of the world is contributing to major environmental trauma, including famine, rain forest destruction, global warming, acid rain, pollution of air, water, overflow — and even to the AIDS epidemic."

The real problem, however, is not population growth but terminal ignorance, inadvertent or willful. I call this ignorance "terminal" because there seems no way that environmentalists and journalists will open their minds to the huge shift in the scientific consensus about these issues since the original Earth Day twenty years ago.

Today there is solid scientific proof that population growth does not hinder economic development, and does not cause resource depletion. As of 1990, there also is incontrovertible evidence that China and other countries have been using our money in programs that coerce people to have fewer children, including forced sterilizations. And this coercion is done in the name of the now-bankrupt intellectual doctrine that Ellen Goodman and others continue to purvey.

In 1958, Ansley Coale and Edgar Hoover published **Population Growth and Economic Development in Low-Income Countries**, a new twist on the original Malthusian theory of capital dilution. That book served as the manual for American foreign-aid population policy from the 1960's until now.

By 1990, however, the economics profession has turned almost completely away from the previous view that population growth is a crucial negative factor in economic development. There is still con-

troversy about whether population growth is even a minor negative factor in some cases, or whether it is beneficial in the long run. But there is no longer any support for the earlier view which was the basis for the U.S. policy and then the policy of other countries.

In 1986, the National Research Council and the National Academy of Sciences issued **Population Growth and Economic Development**. This book almost completely reversed a 1971 report on the same subject from the same institution. On the specific issue of raw materials that has been the subject of so much alarm, NRC-NAS concluded: "The scarcity of exhaustible resources is at most a minor constraint on economic growth."

Even though this U-turn is scientifically "official," there has been no public acknowledgment by the private and public agencies that have fostered population-control activities abroad — notably the Agency for International Development, the UN's Fund for Population Activities, The Population Council, and Planned Parenthood. AID has trimmed its population-control sails as slightly as possible, finding ingenious new ways to justify the same old activities.

Until the 1950's, the United States would have nothing to do with population control abroad. Then we got rolling with a vengeance. The U.S. pressure on less-developed countries to reduce birth rates began with India. Joseph Califano tells us that President Lyndon Johnson "repeatedly rejected the unanimous pleas of his advisors. . . to ship wheat to the starving Indians during their 1966 famine. He demanded that the Indian government first agree to mount a massive birth control program."

Then came forced sterilization programs in India in the 1970's. For example, Government of India "motivated" employees with three children to undergo sterilization by threatening loss of subsidized housing, travel allowance, and free hospital treatment. Public outrage led to the downfall of Indira Gandhi in 1977.

Please notice that we're not discussing true "family planning" services. Helping people achieve the family size they desire is a great human work. Many truly-voluntary U.S. programs are valuable and respectable. But coercing couples to reduce fertility with force, bribery, or group pressure is something else.

It is long past time for those who hate coercion and who truly care about the rights of women to open their minds to the new scientific consensus that the doctrines on which these inhumane activities are based and justified are scientifically unfounded. If they fail to do so, they will have no ground for surprise if U.S. zeal comes back to haunt us in the future, just as the sterilization issue brought down Indira Gandhi's government. Unless people like Ellen Goodman speak out, these disasters will be upon their heads.

SCIENCE NOTES

Hanna Klaus, M.D.

"A Study of the Vaginal Contraceptive Sponge used with and without the Fertility Awareness Method." Barbara Kass-Annese, Kathy Irene Kennedy, MA, Katherine Forrest, M.D., Hal Danzer, M.D., Anthony Reading, PhD., Holly Hughes, MS. **Contraception** 40 (December 1989): 701-714. A randomized prospective study was designed to determine that effectiveness of the contraceptive sponge used only during the fertile time and to compare this with a sponge used at every intercourse. The authors state that the actual effectiveness rates of all temporary contraceptives are not as great as their theoretical rates would predict, and that while the theoretical or method effectiveness rates of NFP are among the highest for non-permanent methods, but the actual effectiveness rates are among the lowest. (The authors cited only studies quoted by non-NFP researchers. Studies, for instance, by Westoff which come to different conclusions are omitted. H.K.)

The study randomized volunteers into a sponge-only group or fertility awareness method (FAM) plus sponge. Fertility Awareness method is a combination of the 21 day rule of calendar rhythm plus the thermal shift rule. The mucus sign was not taught to clients to avoid confusing mucus and sponge stimulated secretion. Healthy, mostly Caucasian sexually active women of proven fertility were recruited, taught the method(s) and followed.

All volunteers were instructed not to leave the sponge in the vagina for more than 24 hours nor to use it during menses. If so desired, intercourse without the sponge was advised for women in both study groups for the first four days of the cycle if the previous cycle appeared normal. Abstinence was advised for any remaining days of menses. Menstrual/intercourse diaries were reviewed and interviews summarized and analyzed. Results: 24 women in the sponge-only group and 27 in the FAM group were available for summaries. Because only one quarter of the expected number of volunteers could be recruited despite twice extending the recruitment period and because of a drop-out rate, the numbers were too small to permit calculation of contraceptive effectiveness. The main reason for withdrawal from the study was dissatisfaction with the assigned study method regardless of sponge-only method or FAM. Seven women found BBT difficult or inconvenient; two feared that FAM was ineffective. Sponge problems included vaginal infection, irritation, dryness and/or odor, difficulty in removal, penial irritation or dislike of the sponge by the partner, fear of side effects, and/or ineffectiveness. Six volunteers experienced unintended pregnancies, two with a sponge, four in the FAM group attributable either to the user or the sponge, four in the FAM group attributable either to the user or the sponge. The use of sponge as reported at follow-up indicated more non-pre-

scribed use, i.e., used during more than one intercourse or leaving the sponge in longer than 24 hours. 12 of 19 respondents said they liked using FAM with a sponge; 14 of 18 found it easy to apply the 21-day rule to determine the beginning of the fertile phase, while 15 of 18 said it was easy to recognize the beginning of post-ovulatory infertility with the thermal shift. Yet the discontinuations and poor results did not fit with the alleged ease of the method.

"The Vaginal Contraceptive Diaphragm and the Condom - A Reevaluation and Comparison of Two Barrier Methods with the Rhythm Method." Dov Dicker, Yigal Wachsmann, Dov Feldberg, Jacob Ashkenazi, Arie Yeshaya & Jack A. Goldman. **Contraception** 40 (October 1989): 497-504. The authors compared two methods of barrier contraception, the diaphragm and condom over a two-year period with 64 women who were using calendar rhythm. All three groups had high continuation rates. The pregnancy rate after 24 months by Pearl's formula was 2.48 for the diaphragm, 3.21 for the condom, and 5.19 in the rhythm group. The paper was written to emphasize the use of barrier contraception. (The only reference to motivation was an indication that all subjects were counseled in the method of their own choice. H.K.)

"Effect of Nutrient Intake on Premenstrual Depression." Judith J. Wurtman, M.D., Ammon Brzezinski, M.D., Richard J. Wurtman, M.D. and Blandine Lafferriere, M.D. **American Journal of Obstetrics and Gynecology** (November 1989): 1228-1234. Nineteen women who claimed to suffer from severe premenstrual syndrome and depressed mood were examined for nutritional history and their mood assessed with the Hamilton Depression Scale with additional symptoms of fatigue, sociability, appetite and carbohydrate craving questioned. Consumption of carbohydrate-rich, protein-poor evening test meal during the late luteal phase of the menstrual cycle relieved depression, tension, anger, confusion, sadness, fatigue, and improved alertness and calmness among the PMS patients. None of these effects was noted during the follicular phase either among the subjects with PMS or control subjects. Because the brain synthesizes serotonin, (known to be involved in mood and appetite) after increase in carbohydrate intake, premenstrual syndrome subjects may overconsume carbohydrates in an attempt to improve their dysphoric state. Examination of other hormones as well as blood glucose levels confirmed that the serotonin level was critical. It appears that carbohydrate-rich snacks, particularly in the evening, do elevate moods during premenstrual syndrome. (This is the opposite to the advice which has generally been given, to avoid carbohydrates. Sub-

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jects should be cautioned that carbohydrates, or rather increase caloric intake, is usually reflected in increased weight. If subjects are overweight or become overweight in the process of staving off their depressions, they may become depressed if they perceive a weight problem. H.K.)

"Mood and Cognitive Style in Premenstrual Syndrome." Andrea J. Rapkin, MD, Li C. Chang & Anthony E. Reading, PhD. **Obstetrics & Gynecology** 74 (October 1989): 644-649. Women with premenstrual syndrome report symptoms that are similar to those of affective disorder. Since in depression there is a change in cognitive processing and performance and inability to concentrate and sustain attention, women with PMS were tested to see whether they had the same impairment in information processing as those seen in depressed women. Ten subjects with PMS and nine controls were tested for psychological functioning, selective and incidental recall tests, and measures of cognitive performance in the follicular and luteal phases of their cycle. Women with PMS failed to show the characteristic cognitive changes that usually accompany depression. Despite substantial symptomatology, there was no significant difference in the cognitive function between PMS subjects and controls.

"Coitus During Menses: Its Effect on Endometriosis and Pelvic Inflammatory Disease." Robert B. Filer, M.D. & Chung H. Wu, M.D. **Journal of Reproductive Medicine** (November 1989): 887-890. A study of new infertility patients in a private practice included questions about coital habits during menses and history of pelvic inflammatory disease. While pelvic inflammatory disease was not affected by coitus during menses, the frequency of endometriosis was significantly higher in patients who did have intercourse during their menstrual period. While the reasons are not clear, the authors postulate that the increase in endometriosis may have been related to an increase in retrograde flow of menstrual discharge during orgasm or to a decreased immune response. Following initiation of endometriosis, the increased infertility probably resulted from the inflammatory process associated with the endometriotic implants. There was a higher frequency in white patients than black, but this may have been due to an increased frequency of menstrual coitus among whites.

"Use of Nafarelin in the Management of Endometriosis." M. R. Henzl. **Journal of Reproductive Medicine** 34 (December): 1021-1028. Since endometriosis is a serious and common disease, affecting 1 in every 15 women in their reproductive years, it

should be amenable to better treatment options than are currently available. Until now, the only choices were suppression of ovulation with oral contraceptives or similar drugs or suppression of ovulation by Danazol, a drug which suppresses gonadotropin releasing factor in the hypothalamus. Danazol is both anabolic and androgenic, meaning it builds muscles and has other male characteristics. In addition, many women on Danazol have headaches and the cost is \$1.00 a day. Chronic administration of gonadotropin releasing hormone and analogs was found to suppress rather than stimulate the pituitary-gonadal system. Large clinical trials with one of the drugs, Nafarelin, relieved the symptoms of endometriosis, primarily pain on intercourse and irregular bleeding. However, the symptoms of menopause such as hot flashes and vaginal dryness were reported by 90% of patients. Of those patients wishing to conceive, more than half succeeded (52%) with the 800 microgram dose and 32% of those with a 400 microgram dose, while 36% of the control population on Danazol was also able to conceive. Symptoms remained suppressed for the six months of treatment and up to three to six months after cessation of therapy.

"A Fifteen Year Study of Alterations in Semen Quality Occurring after Vasectomy Reversal." Ronald L. Urry, et. al. **Fertility & Sterility** 53 (February 1990): 341. Urry and Associates from the division of Urology, University of Utah School of Medicine evaluated 256 men between 2 and 12 months after vasectomy reversal. While total sperm counts were normal, the percentage of live sperm was decreased to 36% and the membrane tension was normal in only 41%. Progressive motility and total progressively motile sperm count were reduced and averaged 25% of normal while half of the men had positive titers of sperm agglutinating and/or sperm immobilizing antibodies. Many of the sperm had abnormal tails and head shape defects. While sperm counts may return to normal after vasectomy is reversed, this does not indicate normal function. (No data were furnished on number of babies sired by these men. H.K.)

"The Mind/Body Program for Infertility: A New Behavioral Treatment Approach for Women with Infertility." Alice D. Domar, Phd, Michele M. Seibel, MD, & Herbert Benson, MD. **Fertility & Sterility** 53 (February 1990): 246-249. 54 women who had negative infertility investigations were invited into a program of stress management prior to proceeding to medically assisted reproduction, such as IVF. 34% of the couples conceived within six months of cessation of treatment suggesting that the wisdom of previous generations was not misplaced. When there are no obvious factors to indicate infertility, emotional changes may permit normal processes to be successful.

NEWS BRIEFS

DDP NOTES:

Fr. Phil Kraus, S.J., former assistant director of the DDP, wishes to express his heartfelt gratitude to all NFP promoters with whom he has been privileged to work these past 2½ years. While he awaits a new assignment, Fr. Kraus can be reached at St. Peter's College, 2652 Kennedy Blvd., Jersey City, N.J. 07306: 201-433-2527.

Certification Committee Named National NFP Advisory Board

At the Certification plenary meeting in February 1990, Bishop McHugh named the Certification Committee as the new **NFP National Advisory Board**. The Board, along with the DDP staff, will be responsible for the implementation of the **Standards**. Details of the mission of the Board, length of appointment and additional responsibilities will be disclosed at a later date.

UPCOMING EVENTS:

Couple to Couple League — Convention 1990 will be held July 8-12 at Thomas Moore College in Crestview Hills, Kentucky. Speakers include: Msgr. William Smith, Fr. John Powell, Dr. Janet Smith, John & Sheila Kippley, and Sr. Monica Foltzer. *Contact: CCL Convention '90, c/o Paul & Linda Weckenbrock, 7445 York Ridge Road, Guilford, IN 47022.*

Twin Cities NFP Center, Inc. announces a "Team Teaching Education Program." Designed to prepare NFP Practitioners and NFP Practitioner Associate Teaching Teams, the program will begin August 15, 1990. *Contact: Twin Cities NFP Center, Inc., Riverside Medical Center, Riverside at 25th Ave., South, Minneapolis, Minnesota 55454; 612-340-9830.*

SPECIAL ANNOUNCEMENTS:

Archdiocese of Los Angeles has begun a third NFP teachers' training group at Santa Marta Hospital. *Contact: Centro Billings de Los Angeles, Alejandro & Lilia Morelos, Directores, 933 S. Grattan St., Los Angeles, CA 90015; 213-251-3214 & 818-572-9563.*

OM is offered in English, Spanish, Chinese and Korean throughout the Archdiocese. *Contact: Msgr. Charles B. Fortier, Office of Family Life, (same address as above), 213-251-3214 & 213-221-0696.*

MATERIALS

Development & Enrichment Programs for Parents and Adolescents (DEPPA) of South Carolina and Kansas have published *The Wonder of Me: Fertiltiy Appreciation for Adolescents and Parents*. Written by Ruth S. Taylor, M.D., M.P.H. & Ann Nerbun, R.N., M.S.N., the text presents anat-

omy and physiology from the standpoint of fertility, the power and ability to give life. It can be used in sexuality education courses for adolescents and for parent/adolescent groups. Prices vary according to amounts ordered. *Order: DEPPA Publications, P.O. Box 383, Sumter, SC 29151; 803-773-5190.*

Diocese of Memphis NFP Center now has a "How to Present a Mother/Daughter and Father/Son Program Manual" available for purchase (\$25.00). The highly successful fertility appreciation and chastity programs are for 9-12 and 13-17 year old girls, and 11-14 year old boys. The manual has detailed information covering every aspect from planning to presentation and includes three audio tapes of the Memphis program. According to NFP Center director, May Pat Van Epps, "No one can do a better job presenting these programs than NFP teachers!" *Send check or money order to: Diocese of Memphis NFP Center, St. Francis Hospital, 5959 Park Ave., Memphis, TN 38119; 901-765-1757.*

Diocese of St. Cloud is reprinting the booklet *Ovulation Method*. Originally published by the Human Life and NFP Foundation, this resource has become a popular tool in OM instruction. *Contact: Kay Ek, Director, NFP, Family Life Bureau, Suite 102, 305 Seventh Ave., No., St. Cloud, MN 56301; 612-252-4721.*

Sacred Heart Medical Center has reduced the price of their video *Natural Family Planning* to \$49.95 for health care clinics and NFP centers. The video is a brief, motivational, instructional resource that introduces NFP. The approach is broad-based and applicable as an introduction to both OM and ST teachers. *Order: Sacred Heart Medical Center, c/o Care Video Productions, P.O. Box 45132, Westlake, OH 44145; 216-835-5872.*

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Diocesan Development Program for Natural Family Planning
A program of the NCCB Committee for Pro-Life Activities

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The **Diocesan Activity Report-NFP** 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 teaching, NFP methodology and related topics; and by providing a forum for sharing strategies in program development. Contributions are welcomed. For more information contact the editor.

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