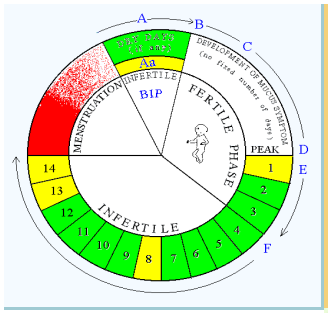
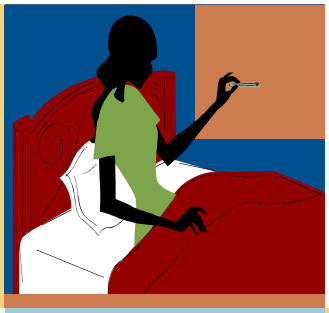
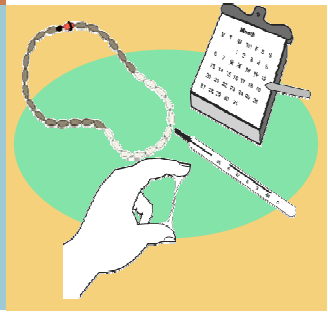
Natural Family Planning







It’s not your mother’s rhythm method!

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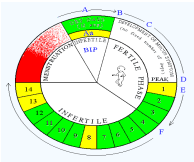
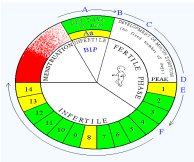
January 2007



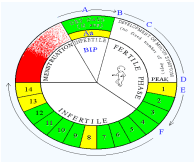
Overview

- Definition
- Data sources
- What the data can tell us
- Importance to your clients
- Who should and should not use NFP
- Physiologic basis of NFP
- Six modern methods of NFP
- NFP resources



What is Natural Family Planning (NFP)?

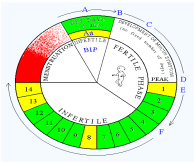
- Natural family planning consists of "methods for planning and preventing pregnancies by observation of the naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle, with the avoidance of intercourse during the fertile phase if pregnancy is to be avoided."
  - World Health Organization



World Health Organization. Natural family planning: a guide to provision of services. Geneva: WHO, 1988. Available on-line: http://www.reproline.jhu.edu/english/6read/6multi/tgwg/Tgnf__e.htm

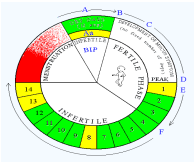
Why NFP?

- Unmet need for family planning
- Need for reproductive education
- NFP helps address these needs



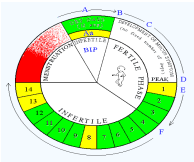
Data Sources

- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Utah Couples' Potential Use of Natural Family Planning Study



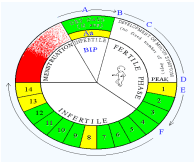
Data Sources

- PRAMS:
  - Is a CDC funded ongoing population-based risk factor surveillance system
  - Identifies and monitors selected maternal experiences and behaviors before, during and after pregnancy
  - Samples via questionnaires, 5% of Utah women who are two to six months postpartum
  - Weights results to represent the birth population for that year



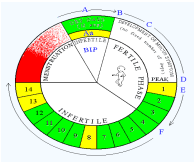
What Can the Data Tell Us?

- From 2004 PRAMS data:
  - Among women with a live birth, 31.4% reported their pregnancy as unintended (mistimed or unwanted)
  - Among women with an unintended pregnancy, 56.8% reported using a method of birth control at the time of conception
  - Of those, the top four methods were:
    - 49.9% condoms
    - 35.5% withdrawal
    - 23.5% the pill
    - 22.9% rhythm



2004 PRAMS data (cont.):

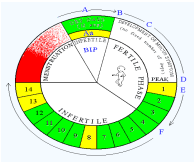
- 43.2% of women with an unintended pregnancy did not use birth control because:
  - **39.8% thought they could not get pregnant at that time**
  - 23.6% didn't mind getting pregnant
  - 13.9% indicated that their husband or partner didn't want to use anything
  - 13% had problems getting birth control when needed
  - **12.9% reported side effects from the birth control method they were using**
  - **11.1% thought their husband/partner was sterile**



2004 PRAMS Data (cont.):

Postpartum:

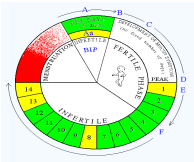
- 89.2% were using some method of birth control
- 91.1% of women initiated breastfeeding



PRAMS Data (cont.):

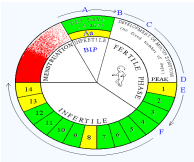
Reported barriers to postpartum birth control:

- 30.6% reported they did not want to use birth control
  - The questionnaire does not ask why the woman does not want to use birth control
- Only 10.5% reported being unable to afford birth control



Data Sources

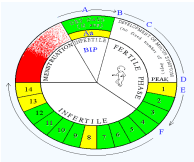
- Behavioral Risk Factor Surveillance System (BRFSS):
  - Is a random-digit-dialed telephone survey of noninstitutionalized U.S. population greater than 18 years old
  - Collects uniform, state-based data from adults on health-related knowledge, attitudes and practices
  - Weighted results can be generalized to total population
  - Utah completed family planning module in 2002 only



Centers for Disease Control and Prevention. Contraceptive use-United States and Territories, Behavioral Risk Factor Surveillance System, 2002. In: Surveillance Summaries, November 18, 2005. MMWR 2005;54 (No. SS-6). Pp. 13 and 17.

Data Sources

- BRFSS:
  - In 2004, 3% of Utah women surveyed reported that they/their partners were using “Rhythm” as their method of contraception
  - Extrapolating this data to women 18-44 years of age –
    - 15,200 women reported they/their partners were utilizing this method of family planning

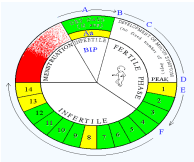


Data Sources

- BRFSS:

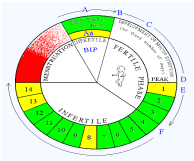
  In 2004, 1.9% of Utah men ages 18 -59 years old reported that they or their partner were using “Rhythm” as a method of contraception

  – This would extrapolate to 13,600 men/their partners using this method of family planning



Data Sources

- Utah Couples' Potential Use of Natural Family Planning (NFP) Study:
  - Utilized a 4-page questionnaire for women and a 3-page written questionnaire for the male spouse or partner
  - Sampled randomly chosen driver's license renewal records of 900 women ages 18-50 during 1994-95 (N=317 women and 181 men)
  - Offered respondents a brief explanation of modern methods of NFP

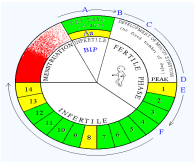


Stanford, JB. Galbraith Hutchinson A. Gregory Payne J. "Utah Couples' Potential Use of Natural Family Planning". *Utah's Health: An Annual Review*, Vol. IX 2002 Annual Review. Available on-line: http://www.uhreview.net/pub/9/2003A7.pdf

Utah Couples' Potential Use of NFP Study:

- Question:
  - "How likely do you think it is that you would ever use NFP *to avoid pregnancy*?"

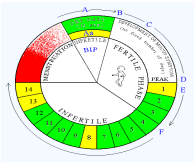
	Women	Men
Very Unlikely/ Unlikely	46%	33.7%
Unsure	24.3%	25.8%
Likely/Very Likely	26.9%	40.5%



Utah Couples' Potential Use of NFP Study:

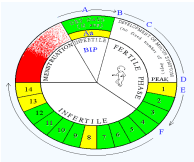
- Question:
  - "How likely do you think it is that you would ever use NFP *to try to get pregnant*?"

	Women	Men
Very Unlikely/ Unlikely	27.2%	23.7%
Unsure	16.4%	18.6%
Likely/Very Likely	56.4%	57.6%



Utah Couples' Potential Use of NFP Study:

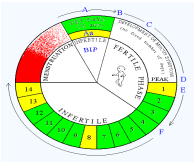
- Results (cont.)
  - Potential for future use is strongly associated with previous use of NFP to avoid or conceive a pregnancy
  - Interest *not* associated with race, religion, income, or education.



Utah Couples' Potential Use of NFP Study:

- Responses to -
  - "What would most women (or men) like about NFP?"

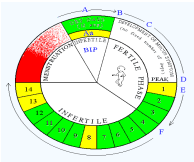
	Women	Men
It's natural	37.9%	18.2%
It has no side effects	19.6%	3.9%
It is convenient or easy	16.7%	14.4%
It is low cost	12.6%	8.8%
It helps one to learn about their own body	8.8%	5%
It is reliable or effective	6.3%	5%
It is morally or religiously acceptable	1.9%	0.6%



Utah Couples' Potential Use of NFP Study:

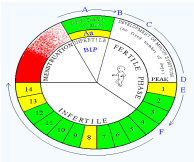
- Responses to -
  - "What would most women (or men) not like about NFP?"

	Women	Men
It is not reliable enough	41.3%	18.8%
It is not easy or convenient	26.5%	12.7%
It interferes with spontaneity	9.8%	9.4%
Concerned regarding required abstinence	6.6%	14.9%
Had reservations the self-observation is messy or unnatural	3.8%	1.1%
Would be unacceptable to their partner	0.6%	0%



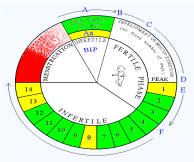
Why is the information important to your clients?

- Benefits of NFP:
  - Effective
  - No side effects
  - Low cost
  - Acceptable to many religions
  - Versatile- nearly all women can use
  - High interest in women and men (unmet need)
  - Reproductive education



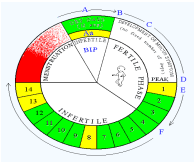
Who can use NFP?

- Women with any kind of menstrual cycles – regular and irregular
  - Standard Days Method only works with regular cycles but others work with any length cycles
- Breastfeeding women
- Any level of education



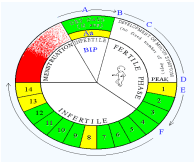
Who should not use NFP?

- Women whose partner(s) is/are not supportive of the method
- Domestic violence victims
- Women needing protection against STDs/HIV
- Women unable/unwilling to track their menstrual cycles
- Women for whom failure of the method could be catastrophic (i.e., women taking Accutane)



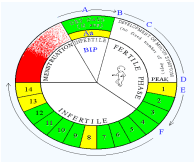
Three NFP Myths

- It does not work
- Only women with regular cycles can use it
- It is complex and hard to use



Three NFP Facts

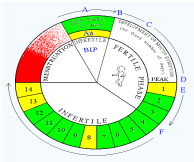
- It is effective to avoid or achieve pregnancy, if taught adequately.
- NFP methods exist for women with any kind of cycle (or no cycles).
- NFP methods are straightforward and some are very simple.



Barriers to Use of NFP

- Provider bias toward hormonal methods

- Lack of knowledge of newer methods of NFP

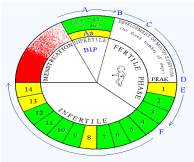


The Physiologic Basis for NFP

- **Cycles vary in length:**
  - Short cycles = 23 days or less
  - Long cycles = over 35 days

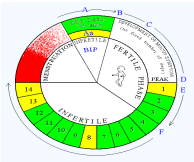
- **Few women have an absolutely regular menstrual cycle**

- **Variation of up to 7 days is perfectly normal**

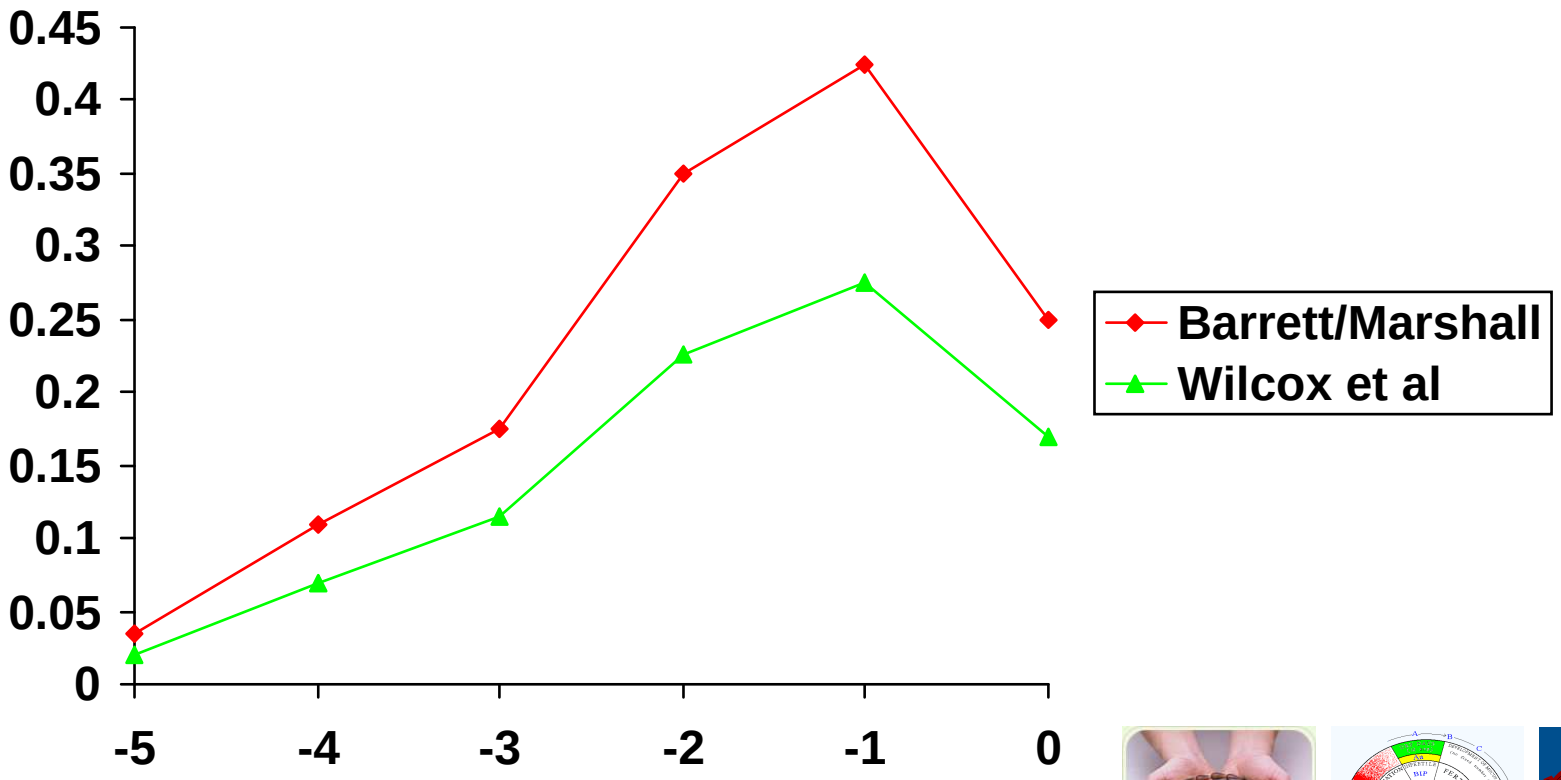


The Physiologic Basis for NFP

- When during her cycle can a woman get pregnant?

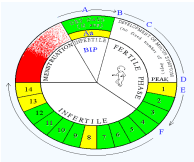


Fertile Window of Menstrual Cycle

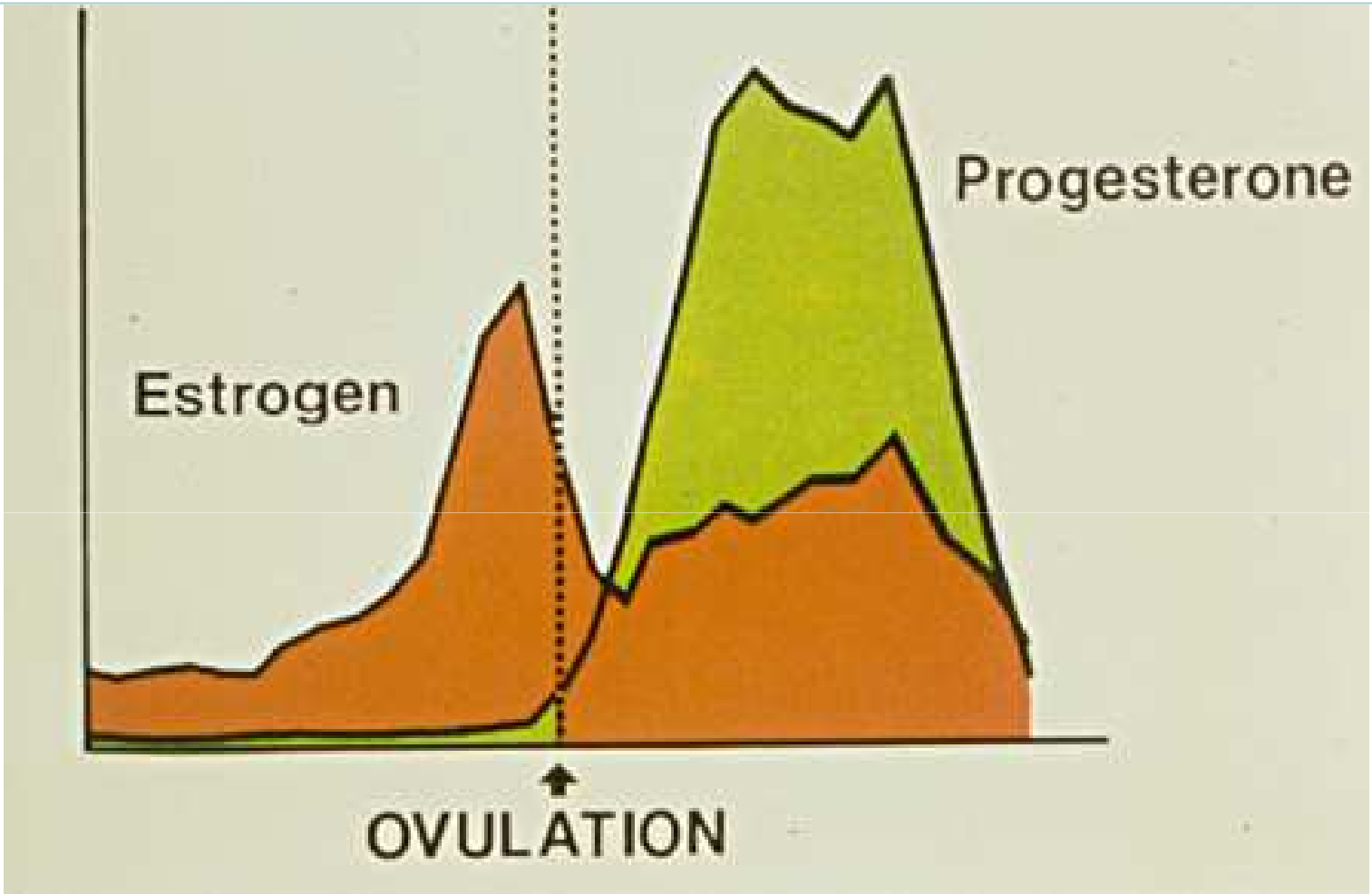


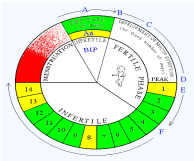
Human Reproduction 1999;14:1835-1839.

http://humrep.oupjournals.org/cgi/content/full/14/7/1835

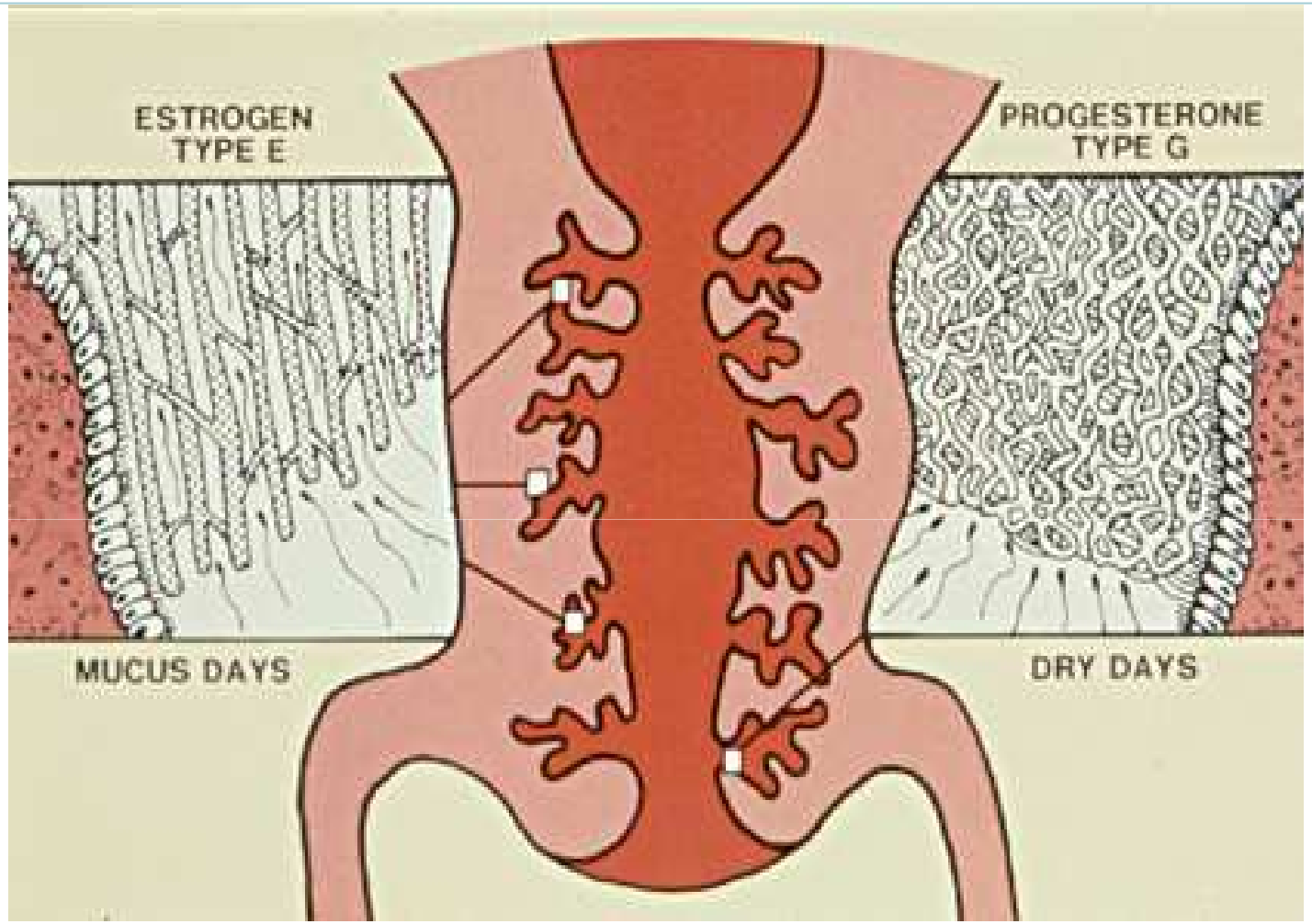


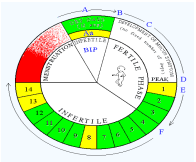
Ovarian Hormones



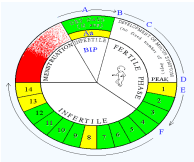


Type E and G mucus at cervix



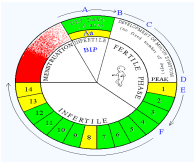


Type E and G mucus at cervix



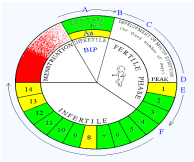
The Physiologic Basis for NFP

- **The *beginning* of the fertile window can be identified by:**
  - In regular cycles:
    - Calendar days
  - In regular or irregular cycles:
    - Observing cervical mucus changes



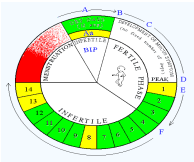
The Physiologic Basis for NFP

- **The *end* of the fertile window can be identified by:**
  - In regular cycles:
    - Calendar days
  - In regular or irregular cycles:
    - Observing cervical mucus changes
    - Monitoring the basal body temperature



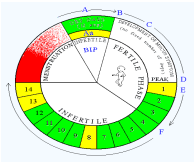
The Physiologic Basis for NFP

- **Preovulatory relative infertility**
  - Varies from 5 to 14 days with NFP methods
- **Fertile window**
  - Averages 9-10 days in most NFP methods
  - Longer than 6 days because of variation in physiologic signs
- **Postovulatory infertility**
  - Averages 6-13 days in most NFP methods



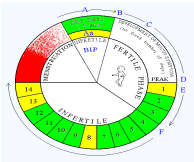
Methods of NFP

- Standard Days Method
- TwoDay Method
- Billings Ovulation Method
- Creighton Model
- Sympto-Thermal Method
- Lactational Amenorrhea



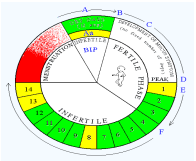
Methods of NFP

Selection of a method of NFP and teaching must be based on the needs and wishes of the woman and her partner.



Standard Days Method

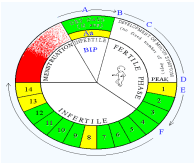
- **Description –**
- Utilizes a string of 32 colored beads representing menstrual cycle days
- Starting at red bead on first day of menses, a woman moves a black ring one bead every day
- White beads represent potentially fertile days
- To avoid pregnancy, observe abstinence on days 8 through 19 – the white bead days



Standard Days Method. Georgetown University. Institute for Reproductive Health. Available on-line: www.irh.org

Standard Days Method

- **Advantages:**
- Simple to use
- Easy to teach low-educational level women
- Taught in one session
- Low cost ($13.95 on-line @www.cyclebeads.com)



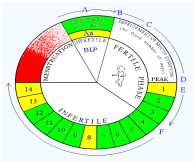
Standard Days Method

Cautions:

- Recent childbirth
- Recent menarche
- Approaching menopause
- Recent discontinuation of some hormonal contraceptive methods

Disadvantages:

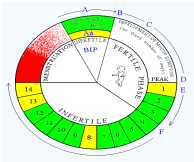
- Cycles must be consistently between 26–32 days



The TwoDay Method

Description:

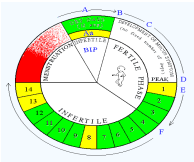
- If a woman has noticed vaginal secretions today or yesterday, she considers herself fertile today
- If secretions were noted today OR yesterday, she is potentially fertile and should avoid unprotected intercourse today to prevent pregnancy
- If no secretions have been noted for 2 consecutive days, pregnancy is unlikely today



The TwoDay Method. Georgetown University. Institute for Reproductive Health. Available on-line: www.irh.org

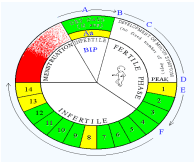
The TwoDay Method

- Advantages:
  - Simple to use
  - Useful with irregular cycles
  - Can be taught in a brief session
- Disadvantages:
  - Women with continuous vaginal secretions should not use this method



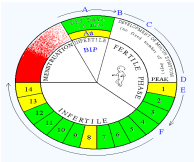
Billings Ovulation Method

- Description:
  - Is based on observations of patterns of change in cervical mucus
    - The woman is considered fertile from the first day of increasing vaginal secretions until 4 days past the last day of slippery secretions
    - To prevent pregnancy, intercourse is avoided on any day of discharge or bleeding that interrupts the basic infertile pattern



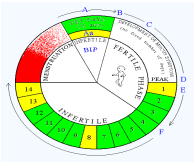
Billings Ovulation Method

- Advantages:
  - Relatively simple to use
  - Can be used with irregular cycles
  - Teaches women to identify when they ovulate
- Disadvantages:
  - Requires 3 to 4 sessions of instruction
  - Recommends 2 to 4 weeks of abstinence during initial observation of the woman's cyclical secretions



Creighton Model Method

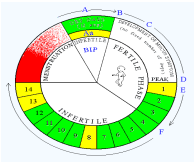
- Description:
  - Is based on observations of patterns of change in cervical mucus
  - Differs from the Billings Method in that -
    - Vaginal secretion descriptions are given standard categories
    - Educational materials and processes are more standardized



Creighton Model FertilityCare System. Available on-line: CreightonModel.com For more information go to: www.intermountainfertilitycare.com

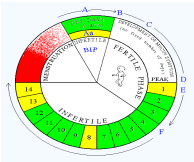
Creighton Model Method

- **Advantages:**
  - Can be used with irregular cycles, during breastfeeding and in the perimenopausal period
  - Assists the woman in understanding normal fertility recognition of abnormal menstrual cycle patterns
  - Excellent for management of infertility and gynecologic problems, such as irregular bleeding, premenstrual syndrome, and others.



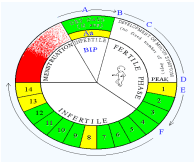
Creighton Model Method

- Disadvantages:
  - Requires at least 4 training sessions



Sympto-Thermal Method

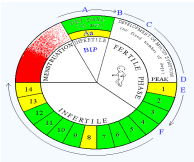
- Description:
  - Is based on changes in a woman's cervical mucus and waking or resting temperature
  - Can also utilize calendar calculations and (sometimes) cervix position



Northwest Family Services. Available on-line: http://www.nwfs.org/

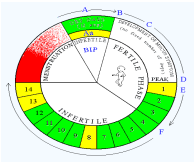
Sympto-Thermal Method

- Advantages:
  - Is reliable
  - Teaches fertility awareness
  - Useful to achieve or avoid pregnancy using multiple fertility markers
  - Can be utilized with all kinds of cycles and after discontinuing hormonal contraception
  - Training is available on-line



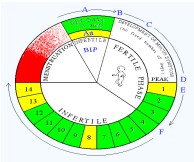
Sympto-Thermal Method

- Disadvantages:
  - Requires at least 4 training sessions
  - Requires the woman to take her temperature daily



Lactational Amenorrhea (LAM)

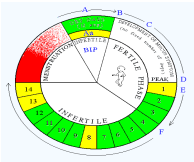
- Description:
  - Utilizes natural amenorrhea due to breastfeeding
  - Most reliable within 6 months of delivery
  - Must be exclusively breastfeeding
  - Must be prior to resumption of menses



Labbok MH. The Lactational Amenorrhea Method (LAM): Another Choice for Mothers. WHO Collaborating Center on Breastfeeding from Breastfeeding Abstracts, August 1993, Vol. 13, No.1, pp. 3-4. Available on-line: http://www.lalecheleague.org/ba/Aug93.html

Lactational Amenorrhea (LAM)

- **Advantages:**
  - Is easy to use
- **Disadvantages:**
  - Must be exclusively breastfeeding
  - Supplementation, if at all, must be infrequent, small amounts and not by bottle
  - Milk expression, such as by hand pump, is not a substitute for breastfeeding
  - Is time limited (6 months)



Percent of Women with a Pregnancy in the First Year

METHOD	PERFECT USE	TYPICAL USE
No method	85%	85%
IUD:		
ParaGard	0.6%	0.8%
Mirena	0.1%	0.1%
Female Sterilization	0.5%	0.5%
Male Sterilization	0.10%	0.15%
Condom – male	2%	15%
Depo-Provera	0.3	3%
Combined OCs & Minipills	0.3%	8%

METHOD	PERFECT USE	TYPICAL USE
Standard Days Method	5%[1]	12%[1]
TwoDay Method	4%[1]	14%[1]
Billings Ovulation Method	1-3%	5-22%
Creighton Model Method	0.8-1.2%[2]	5-16%[2]
Sympto-Thermal Method	0.6-2%[3]	2-20%[3]
Lactational Amenorrhea Method	0.5%-1.5%[3]	5.2%

[1]Georgetown University. Institute for Reproductive Health. Available Online at: http://www.irh.org/RTP-TDM.htm

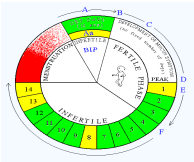
[2]Creighton Model Fertility Care System web page. Available online at: http://www.creightonmodel.com/effectiveness.htm

[3]Hatcher RA, et al. Contraceptive Technology, 18th Revised Edition. 2004. Ardent Media, Inc. New York. Pgs. 319 and 579

Assisting clients interested in NFP

All health care providers can:

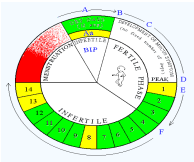
- Include NFP information when discussing family planning options
- Become trained to be able to offer simple methods of NFP effectively
- Make appropriate referrals to NFP instructors and available resources
- Provide accurate information regarding menstrual cycles



Assisting clients interested in NFP

As a health care provider you can:

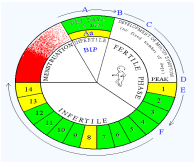
- Review charting of menstrual cycles help the client understand her cycles
- Refer to other health care providers, if indicated, for problems detected by charting



Where to find training in NFP

- **Standard Day and TwoDay Methods**
  - Live half-day training
  - On-line training with CEUs available from Georgetown University
  - Go to: www.irh.org

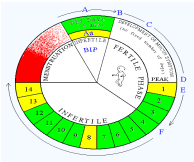
- **Billings Ovulation Method**
  - Requires weekend training session
  - Correspondence course is available
  - Six month supervised practicum is required
  - Go to:
    - http://www.boma-usa.org/



Where to find training in NFP

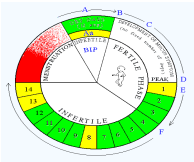
- **Creighton Model Method:**
  - Is a one year training program with intensive training over 2 weeks
  - Requires a supervised practicum
  - Go to: www.intermountainfertilitycare.com

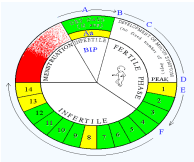
- **Sympto-Thermal Method:**
  - Requires 4 to 5 day workshop session followed by home study
  - Correspondence course is available lasting 3 to 9 months
  - An on-line course is being developed
  - Includes a supervised practicum
  - Go to: www.nwfs.org



Available Resources

- www.health.state.ut.us/rhp/natural_family_planning.htm
- www.intermountainfertilitycare.com



In summary

- NFP is NOT your mother's "rhythm" method
- Modern natural family planning methods are safe and reliable
- Modern NFP methods can meet essential reproductive needs of many Utah women and couples