- Greater spontaneity is possible once the non-fertile period has been established, as there is no need to interrupt intimacy to use a barrier device.
- All NFP methods work best when the couple work together and NFP methods promote good communication and respect for each other. Research suggests that NFP-practising couples have dramatically lower divorce rates.
- Abstinence encourages couples to find other ways of expressing affection.
- Arguably periodic abstinence makes them value sexual intercourse more as a gift from God and a gift each spouse makes to the other and receives from the other.

However...

- It can be very frustrating that, as a direct consequence of the fertility cycle, the times when a couple most desire to enjoy lovemaking are the times when it is not possible if avoiding pregnancy, and the times when it is possible are the times when it is least desired. Sensitivity on the part of both spouses, and the recognition that both are affected, is key to addressing this. It is especially hard when holidays and days off don't coincide with infertile times. Abstinence is by definition a sacrifice, and we can accept it and offer it up to God. On a practical level, it may help to plan date nights and give extra time to each other, without placing undue pressure.
- It can be hard observing signs or testing when working long or irregular hours, night shifts, weekends etc something medical professionals will appreciate.
- NFP requires commitment to learn a method and follow it strictly.
- Depending on the method chosen there may be some costs involved to cover tuition and materials, at least initially. Although family planning services are provided by the NHS, these tend to focus on contraceptive methods; NFP instruction is not offered universally.

To finish, let us recall the particular part healthcare professionals have to play in promoting an authentic vision of family life and sexual intimacy, and resisting the consequences of the 'contraceptive mentality' which Paul VI foresaw and John Paul II so often warned against. In the words of Paul VI:

"we hold in the highest esteem those doctors and members of the nursing profession who, in the exercise of their calling, endeavour to fulfil the demands of their Christian vocation before any merely human interest. Let them therefore continue constant in their resolution always to support those lines of action which accord with faith and with right reason. And let them strive to win agreement and support for these policies among their professional colleagues. Moreover, they should regard it as an essential part of their skill to make themselves fully proficient in this difficult field of medical knowledge. For then, when married couples ask for their advice, they may be in a position to give them right counsel and to point them in the proper direction. Married couples have a right to expect this much from them."

Author notes

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Fr Matthew Bemand-Qureshi is a former Anglican clergyman, now a priest of the (Catholic) Diocese of Brentwood. He is the Parish Priest of St Teresa's Newbury Park, and the Director and Chaplain for Marriage and Family Life for Brentwood Diocese. He is also an associate staff member at Maryvale on the Marriage and Family MA programme. He is married to Lucy (who sponsored him at his reception into full communion in the Catholic Church) and they have an 8-year-old daughter Felicity.

ENDNOTES & REFERENCES

[1] R. Fehring et al., Randomized Comparison of Two Internet-Supported Fertility Awareness Based Methods of Family Planning, Marquette University, 2013

(http://epublications.marquette.edu/cgi/viewcontent.cgi?arti-cle=1002&context=data_nfp)

Monitor group (n=197): 893 correct use cycles with zero pregnancies. Mucus only group (n=160): 675 correct us cycles with 2.7% unintended pregnancies. Imperfect use pregnancy rates were 7% monitor, 18.5% mucus, attributed to not applying algorithm strictly or using barrier methods in fertile period.

[2]R. Fehring et al., Pilot Evaluation of an Internet-Based Natural Family Planning Education and Service Program, Marquette University, 2011

6 month study of 222 participants. Approximately half were using the method whilst breastfeeding, and this group had 2 correct use unintended pregnancies. There were no unintended pregnancies in the non-breastfeeding group (n=114).

Also two earlier studies (note these involved using the monitor and mucus together, rather than the monitor by itself):

[3] R. Fehring et al., Cohort comparison of two fertility awareness methods of family planning, Marquette University, 2009.

R. Fehring et al., Efficacy of cervical mucus observations plus electronic hormonal fertility monitoring as a method of natural family planning, Marquette University, 2007.

In both studies the correct use unintended pregnancy rate for using the monitor and mucus observations together was approximately 2%, and the imperfect use pregnancy rate approximately 12-14%