

# AN INTRODUCTION TO NATURAL FAMILY PLANNING -

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It is now the 50th anniversary of arguably the most controversial papal document of modern times: Paul VI's encyclical *Humanae Vitae*. It is a document that is criticised or dismissed far more often than it is actually read - and as a relatively short and accessible document, it is something that every Catholic with even the slightest interest in the church's teaching on marriage really ought to read.

The encyclical *Humanae Vitae* was preceded by a papal commission studying the moral acceptability of contraception, prompted by what has been described as the greatest scientific advance of the 20th century: the hormonal contraceptive pill. It is well known that the Pope Paul VI disagreed with the opinion held by a majority of members of the commission and, exercising the power of the keys, insisted that there should be no change in the Church's long held teaching that the use of contraception is objectively contrary to the divine will. This teaching has been reaffirmed by each of his successors, and in a particularly solemn form, bearing all the hallmarks of a statement of infallible teaching, in Pope St John Paul II's apostolic exhortation *Familiaris Consortio* (1981).

The aim of this article is to explore the principles behind an alternative approach to family planning and responsible parenthood, which is entirely in harmony with the church's teaching - the approach commonly referred to as Natural Family Planning or NFP.

Ironically, though NFP is often dismissed as being something only ultra-serious Catholics bother with, there are some who think that NFP isn't Catholic enough: part of a so-called 'contraceptive mentality' that is hardly better than using contraceptives. On the contrary, NFP is fundamentally different. To see why, we need to understand a little of what the church actually



teaches, and what prompts it, as a lone voice in our society, to reject the use of contraception.

Marriage preparation should include a proper introduction to the principles of NFP, but in practice the amount of information couples receives often falls short, if it is even mentioned at all. Despite the best efforts of Pope St John Paul II, the church's teaching in this area is not well understood, even by many priests, and even where there is a desire to pass on this teaching there is a shortage of instructors able to address the practical side of NFP. Ideally, NFP should feature (with appropriate sensitivity) in the remote preparation for marriage that occurs in catechetical programmes for young people, in the home, and in the delivery of Sex and Relationships Education in schools.

## The four criteria of conjugal love

The teaching on contraception in *Humanae Vitae* is presented in the context of a rich theology of marriage, entirely consistent with all that the church has taught before but with a new emphasis on conjugal love. The love of husband and wife must fulfil four criteria:

- Fully human - not merely natural instinct or emotional drive but an act of free will leading to human fulfilment.
- Total - sharing everything in a gift of oneself to the other.
- Faithful and exclusive until death.
- Fruitful - going beyond the love of husband and wife to bring new life into being.

This love is clearly not just expressed in the vows made on the wedding day, but something lived each and every day and expressed in many different ways. There is one act, however, which communicates this love in an especially powerful way, and that is of course the sexual union of husband and wife. Though marriage is not just about sex, it is very significant. The two key aspects of sexual intercourse - uniting the couple, and generating new life - coincide with what the church has always held to be the key reasons for marriage: mutual companionship, and the raising of children. If their sexual union is to be an authentic expression of their love then it too must fulfil each of the four criteria above.

Marriage is not only a sacrament of the church: John Paul II described it as the 'primordial sacrament', a kind of sacrament of creation in that it is a sign of God's goodness and love in which all people are invited to share. The fact that most intimate physical union between man and woman occurs in the very same act which is capable of generating new life cannot be a mere coincidence. Marriage is never just a private matter, nor is it merely a human matter either: sexual intercourse always has the potential to be an occasion when, knowingly or not, the human couple and God cooperate in the work of creation. That is why the church considers sexual intercourse as a profound gift to be treated with reverence and respect. That stands in

contrast to the view that prevails in much of society today, which sees sex as 'no big deal'; indeed Paul VI predicted such a shift in his encyclical 50 years ago.

It is notable that if we exclude the different aspects of sexual union, that is to say if we separate the unitive aspect from the procreative aspect, then the four criteria of authentic conjugal love are no longer fulfilled. This separation occurs in various ways:

- It goes without saying that the unitive aspect is completely missing in cases of non-consensual sex or in an abusive relationship. There is clearly not a human or free act nor an act of giving to the other.
- When a couple have sex outside marriage, even in a long-term relationship, the unitive aspect is not fully present as the total and exclusive commitment essential to conjugal love has not been made.
- The use of contraception not only negates the procreative meaning, the criterion of fruitfulness, but also diminishes the unitive dimension as there is no longer a total gift of self - the gift of fertility is excluded.

### ‘Responsible parenthood’

Having clearly set out that inseparable connection established by the Creator between the unitive and procreative meanings of the sexual act, Paul VI goes on to teach about ‘Responsible Parenthood’. This, he says, can include the decision to have more children, as well as the decision ‘for serious reasons and with due respect to moral precepts ... not to have additional children for either a certain or an indefinite period of time.’

The practice of NFP evidently fulfils the four criteria for conjugal love: it emphasises sexual intimacy as a conscious choice for the other, it involves the total giving and receiving of each other through cooperating and respecting each other fully, it only makes sense in the context of a faithful and exclusive union, and it is based on a desire to cooperate with the creator of life.

The teaching that spouses could legitimately delay having children was not something introduced by Paul VI as a sop to those who wanted to see contraception legitimised, as earlier teaching also spoke of this. Notably Pius XII in his *Allocution to Midwives* (1951) stated that the use of infertile periods is lawful provided the reasons are sufficiently serious, and in the *Allocution to Family Associations* (1951): expresses hope that ‘science will succeed in providing this lawful method with a sufficiently secure basis’. As early as 1880 a Response of the Sacred Penitentiary states that spouses using the periods of abstinence to avoid pregnancy ‘are not to be disturbed’.

### ‘Contraceptive mentality’

The question arises of what constitutes ‘serious reasons’. It is, first and foremost, the responsibility of the couples to discern for themselves if it is right for them to avoid pregnancy for the time being, and many things can be considered serious reasons: health of the couple and other children, economic circumstances, difficulties with previous pregnancies. No one outside a marriage, unless a

couple have chosen to discuss their reasons, can know what has led to that discernment. The charge that NFP is often used with a ‘contraceptive mentality’, citing a phrase of John Paul II, is unwarranted and represents a misuse of this phrase. A brief survey of John Paul II’s use of the phrase ‘contraceptive mentality’ in documents from *Familiaris Consortio* onwards shows that it refers consistently to the damage done to society and the human person by the widespread acceptance and use of contraception. Undoubtedly NFP can be used selfishly, but it is not for others to judge that, and it certainly isn’t correct to equate even allegedly selfish use of NFP with contraception. Moreover, those couples who take on NFP, with the self-discipline and sacrifice it entails, surely deserve the benefit of the doubt: one has to assume that a couple choosing NFP are by the fact of that choice showing that they are taking this issue seriously.

NFP is intrinsically opposed to a contraceptive mentality. Paul VI had this to say: ‘Self-discipline of this kind is a shining witness to the chastity of husband and wife and, far from being a hindrance to their love of one another, transforms it by giving it a more truly human character.’

Nevertheless the phrase ‘Contraceptive mentality’ does remind us not to think of NFP as just another contraceptive method. NFP is not ‘catholic contraception’, as it differs fundamentally in its approach. Those who practice NFP are not doing anything to prevent conception occurring, and always have to be open to the possibility of pregnancy occurring. Not that NFP methods are unreliable - they aren’t - but it is a very different mindset: most abortions are due to contraceptive failure but that is unthinkable to a Catholic couple practicing NFP.

It is important that our use of language reinforces the distinction between contraception and NFP, especially in teaching young people or in medical settings. Though it is easy to start talking about ‘safe’ periods, perhaps it is better to talk factually of fertile/infertile periods. Indeed, the same approach is very useful for couples trying to conceive, and for the investigation of health problems, therefore some practitioners prefer to talk about ‘natural fertility awareness’ rather than NFP. The NHS Choices website lists NFP as a method of contraception - it should hardly surprise us they use this language, and we should be glad it is at least being presented as an option (after all people who aren’t Catholic may choose a natural method for their own reasons) - but we should not make that mistake.

### How it works

NFP is an umbrella term for a number of methods which use different biological signs to determine when conception may or may not occur. Different methods suit different couples and those who practise or teach NFP may have limited knowledge of how other methods work. It can therefore be difficult for couples wanting to start NFP, and for priests preparing couples for marriage, to know where to begin.

The various methods nevertheless rely on some basic biological facts. As readers of this publication will surely be aware, pregnancy occurs when a female egg is fertilised

by a male sperm. An egg is released once per cycle, and typically survives 12-24 hours. The male sperm can typically survive up to five days inside a woman's body. Therefore there is a window of about six days when sexual intercourse could lead to pregnancy. The object of NFP is to determine when this fertile period begins and ends. The most basic method, but least reliable, is simply to use calendar data to estimate fertility based on the length of the menstrual cycle. The most common methods of NFP are based on observation of certain signs, either by themselves or in combination: these include changes to cervical mucus, other changes to the position and feel of the cervix, and temperature on waking. Drs John and Evelyn Billings pioneered the use of cervical observations to determine fertility and their work led to the Billings Ovulation Method. The Creighton Model FertilityCare system also uses cervical observations though adopts a different approach to charting and interpreting the signs, whilst the Sympto-Thermal Method (taught by the Couple-to-Couple League and the NFP Teachers Association) combines observation of cervical mucus and temperature. The key to all these methods is learning the method from a trusted teacher, observing and charting the signs of fertility, and applying the rules carefully to identify the start and end of fertility.

The above methods use secondary signs that are triggered by the rise and fall of certain hormones during the cycle. A different approach is to measure the hormone levels directly. An example is Persona, sold in pharmacies and produced by Clearblue who make a range of pregnancy and fertility tests. This device tracks the levels of oestrogen and luteinising hormone. However the original model's advertised success rate of 94% does not compare well with other methods, and since it merely gives a traffic light indicator it doesn't give much information about what is actually going on in the cycle. Since the device never received FDA approval in US and therefore could not be marketed there, the Institute of NFP, part of the College of Nursing at Marquette University in Milwaukee, Wisconsin developed their own hormone-based method. They had previously come up with a method that combined a simple classification of mucus with calendar data, and following extensive research adapted this method to use the hormone data from the Clearblue Fertility Monitor - a device similar to Persona but designed to help couples conceive. Though this counts as 'off-label' usage and the Monitor includes a stern warning not to use it as 'contraception' nevertheless there was some unofficial cooperation between MU and Clearblue in developing what is now known as the 'Marquette Method'.

In practice the method involves testing a sample of urine on waking on certain days of the cycle, and the device reports L, H or P: H (high) indicating a raised level of oestrogen which occurs in the days before ovulation, and P (peak) indicating a surge in luteinising hormone, which means ovulation is expected in the next 24-48 hours. The period of potential fertility is considered to last for four full days after the first P. Identifying the start of fertility relies on data from past cycles as the increase in oestrogen does not usually occur early enough to take into account the maximum survival period of the male sperm.

Marquette University has carried out several trials into the efficacy of their methods - mucus only, mucus combined with the hormone monitor, and the hormone monitor only. Although the second method is most conservative by design, the lowest failure rate is with the monitor by itself, perhaps because that is the simplest method. The results of the trial are impressive: across two recent trials 311 participants using the monitor had zero 'method failures' - that is, zero unintended pregnancies occurred when the rules were followed correctly. The most recent of those trials, involving 197 people, recorded 893 correct use cycles with 100% success.<sup>[1]</sup> Marquette University has also developed a protocol for postpartum and breastfeeding use, and claims the method is suitable for perimenopausal women. Although there are currently no accredited teachers based in the UK, the method is intended to be self-taught using information available online. Users of the method can access support from other users and from researchers at the College of Nursing via an online discussion forum or one-one messaging (a subscription is required to access some of this support). The Marquette Method is by no means perfect, and one issue is that the luteinising hormone surge is not always picked up by the monitor - on average this is expected approximately 1 in 10 cycles but the reality for an individual may differ. The algorithm is designed to take this into account, essentially falling back on historical data - this means assuming ovulation was as late as it ever has been in the last six months, which may mean an artificially shortened non-fertile window (and if this happens often, it's little better than a calendar method). To avoid this situation, Marquette now suggests an additional test in the evenings prior to the anticipated ovulation day, using simple ovulation test sticks - obviously this makes more work, as it isn't possible to know in advance if the morning test will work that cycle!

### Challenges and benefits of using NFP

For a Catholic person who desires to live in faithfulness to the church's teaching, it is not simply a matter of weighing up the pros and cons of NFP compared to other approaches to family planning. Nevertheless it is important to acknowledge that there are challenges to using NFP, as well as additional benefits.

The benefits first, and it is worth noting that some non-Catholics use NFP for these reasons:

- It is 'natural' in the everyday sense that no chemicals, hormones or foreign objects are involved (however it is worth noting that the Church uses 'natural' in a different sense: 'natural law' is what we can determine from the evidence of creation using the faculty of reason that is proper to our human nature, as opposed to that which we can only discern with the supernatural gift of faith. A 'natural' interpretation of the biological data concerning the purpose of sexual intercourse leads to the rejection of contraception. Contrast this with the Church's acceptance of much of modern medicine, which is aimed at restoring the integrity of the human person).
- In particular, there are no side effects from long-term hormone use.

- 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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## 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?article=1002&context=data\\_nfp](http://epublications.marquette.edu/cgi/viewcontent.cgi?article=1002&context=data_nfp))  
Monitor group (n=197): 893 correct use cycles with zero pregnancies. Mucus only group (n=160): 675 correct use 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%