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# Terminology and Core Curriculum in Natural Family Planning

John J. Brennan, M.D. and Hanna Klaus, M.D.

*The co-authors, both of whom have previously contributed to Linacre Quarterly, are much involved in the promotion of natural family planning. Dr. Klaus is an NFP consultant in Bethesda, Md. and Dr. Brennan, a Milwaukee, Wis. obstetrician-gynecologist, is a past president of the National Federation of Catholic Physicians' Guilds.*

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Within the last two years, natural family planning consumption has increased rapidly and remarkably. In 1979, the Human Life and Natural Family Planning Foundation Survey reported 75,000 new users. In 1980 that number had increased by at least 40 percent (Kane). An invitational meeting of natural family planning physicians who are actively involved with NFP service providers was convened Jan. 25 and 26, 1981 in Los Angeles. It was co-sponsored by the Human Life and Natural Family Planning Foundation, the Contraceptive Development Branch, National Institutes of Child Health and Human Development (NICHD) and the Health Services Agency, Bureau of Community Health Services. Participants represented every facet of NFP provider in the U.S., with guests from Australia (John and Lyn Billings and Kevin Hume), Italy, South India and Canada.

All available NFP studies show 98.5–100% method effectiveness. "Unplanned" pregnancies range from 0.36 Pearl to 23% on the life table in available use effectiveness studies. The group developed new terminology for the designation of pregnancies incurred with the use of natural family planning. Because natural family planning can be used to achieve as well as to avoid pregnancy, the current contraceptive terminology does not adequately describe what happens in natural family planning. Contraception intends to exclude the procreative capacity from the coital act while intercourse is continued, while natural family planning enables the user to choose to avoid or achieve pregnancy by the timing of intercourse. In order to clarify how well these methods actually serve clients as they intend to use them, the following definitions were adopted:

## (New) Definitions

*Total pregnancy rate* — all pregnancies attained through the use of natural family planning (NFP) methods, including those who use the method to achieve as well as those who use it to avoid conception.

*Planned pregnancy rate* — the number or proportion of those succeeding in achieving pregnancy.

*Method related pregnancies* — among those using NFP to *avoid* pregnancy, pregnancies which occur after a couple has followed the rules for pregnancy avoidance correctly.

*Teaching related pregnancies* — the couple (clearly) intended to avoid conception but either was not taught correctly or did not learn correctly. These rates should be low.\*

*Spacing and limiting* — pregnancy avoiders are divided between spacers and limiters.\*

*Informed choice pregnancies* — those which result from a conscious decision to use fertile days, without previous indication of planning pregnancy.

*Unresolved pregnancy* — insufficient data to categorize.

In order to harmonize the various teaching methodologies in the U.S., the core curricula of the various providers were reviewed.

## Core Curricula

All NFP teachers and teaching systems teach basic reproductive physiology regarding ovulation changes in the cervix which reflect changing estrogen levels and the values of the thermal shift, sperm survival and the application of these basic ingredients to the various reproductive states of the clients. Ovulation method groups emphasize the cervical mucus while sympto-thermal groups give equal weight to the thermal and other symptomatic parameters. It was agreed that while the amount of non-core information varies and is colored by the importance given by each parameter, users will self-select themselves into teaching methodologies which attract them for whatever reason. The success of programs depends on the competence of the teachers, their ability to inspire confidence in the users and to give them support in the learning process until they reach autonomy. Autonomy is defined as the necessary knowledge to determine the fertile and infertile periods of the couple's cycle and integrating this knowledge into the marriage.

The group also elected to try to form an organization in conjunction with the annual Natural Family Planning Physicians Seminar

which Dr. Prem sponsors at the University of Minnesota. Ruth S. Taylor, M.D., will assist Dr. Prem in this undertaking.

Title X providers must include instruction or referral to NFP centers by law. A directory of non-Title X providers is available from the Human Life and Natural Family Planning Foundation, 205 South Patrick Street, Alexandria, VA 22304. Cost: \$4.

\*Alternate definition: those pregnancies resulting from an error in the application of the rules. George Maloof suggests that clear definition of intention is difficult, sometimes impossible, to attain, and often people may not "hear" due to a mental block, confusion, etc. He objects to the use of spacing and limiting categories as encroaching on the freedom of the couple.

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