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The Gynecologist's Role in the Natural Family Planning Program

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When I first started my practice in Wichita, a 14 year old girl and her mother came to the office. The mother said: "Dr. Barba, please put my daughter on birth control pills, otherwise, she will come home pregnant one of these days."

The daughter was a very attractive young girl who looked very much older than her age and I said to myself: "My, times sure have changed. A girl on birth control pills at such an early age!"

I sat down with Mary and her mother and very carefully explained that I did not believe Mary should be indulging in sex at this very young age.

Her mother interrupted me and said Mary was not really that young anymore. She had been having regular menstruations for over one year now; and the mother just knew that if I did not put the girl on birth control pills or give her something to prevent pregnancy, she was going to get pregnant and she just could not afford to have a 14 year old daughter pregnant at this time.

I pondered what to do. I had never given contraceptive pills to anybody so young, yet her mother's words stuck with me: "If you don't give her something to prevent pregnancy, Mary is surely going to get pregnant."

Then I told Mary (not her real name, of course): "I am going to put you on birth control pills, but I don't want you to feel that you are free to indulge in sexual activity."

Her mother said: "Listen to the doctor, Mary, and Doctor, would you also tell her to stop coming home late at night? She always worries me when she does that."

Mary had heard what I said and promised not to come home late at night.

When I left the office that day, I felt my feet were a little heavier, my steps a little slower. I wondered whether I had done the right thing in putting Mary on the pills. But, I reasoned, at least she won't get

pregnant. Better to prevent pregnancy than have her get pregnant and to have an abortion or a baby at the age of 14.

I next saw Mary six months later when she came for her regular checkup so she could have her prescription for birth control pills renewed. She looked different. Her face was covered with pimples, and she could not look me straight in the eyes. She was like a child who had done something wrong and was ashamed of it. As I looked at the girl, I suspected she had been fooling around and I felt I was partly responsible for it. By giving her birth control pills, I had made it possible for her to indulge in sexual activity without fear of pregnancy. It seemed I was partly to blame for her moral deterioration. This bothered me a great deal, but I had nothing better to offer.

I had heard of the Ovulation Method of Natural Family Planning. I asked Dr. Hanna Klaus how the method worked and how effective it was. She had said, "Oh, about 98% effective. Almost as effective as the birth control pills." I thought then that she had to be kidding. When I thought of the Ovulation Method, the Rhythm Method came to my mind and I knew it was not the most effective method of birth control. That is how we ended up with our third child. Of course, we all know that the Rhythm Method is not the same as the Ovulation Method.

Before I came to Wichita, I had never heard of the Ovulation Method, the Billings Method, the Mucus Method or the Natural Family Planning Method. I had come from the great city of New York, practiced in a large Catholic hospital center, yet I never heard or knew any gynecologist or any doctor talk about or use Natural Family Planning.

I was ignorant of the method. In fact, at one time, I had a patient come into the office with her Ovulation Method chart. I looked at the chart, saw all those white and green babies, and gently set it aside. I had no idea what it was all about. I confessed to the patient that I did not know how the method worked, but I did know that it could not be more effective than the birth control pills. Since that is what I was familiar with, I suggested that she should use the birth control pills.

The patient looked very disappointed. She must have thought all doctors knew about this method of contraception and for a gynecologist not to know about it was unbelievable.

What she does not know is that this method is not taught in medical schools. You could not find it mentioned in any of the standard medical textbooks and if mentioned at all, it is only briefly, and there is no explanation how it works. The patient left and I never saw her again. I am sure she must have gone to somebody who knew more about the method.

I continued to prescribe the birth control pills until sometime later.

My wife had been on the pills for several years. She had had three Caesarean sections, was in her mid-30's and had been complaining

that she was progressively gaining weight and could not lose it. She blamed it all on the pills. So we decided to try the Natural Family Planning Method. We have used the method successfully and are happy with it.

I thus learned about the method and believe it is very effective if used properly. We had, at various times in the past, used the condom, the diaphragm and different spermicidal agents. Nothing can compare with the Ovulation Method.

Although I personally used the Ovulation Method, I continued to use the birth control pills in my practice. My conscience always bothered me when I remembered Mary.

Then I distinctly remember two very busy days in the office. Not particularly busy seeing patients, I got busy just talking to patients on the phone. And it seemed I was just answering those having problems with the birth control pills.

"Dr. Barba, I am on birth control pills. I was supposed to have my menstruation two weeks ago, but it has not come yet. Do you think I am pregnant? Should I continue taking the pills? I have stopped taking them because I was afraid I was pregnant and I did not want to harm the baby."

"Dr. Barba, I am bleeding all the time. My period is all messed up. Should I double up on my pills? Maybe you need to change them."

"I have been having these terrible headaches. Do you think the pills have anything to do with my headaches? They only started when you put me on the pills."

"Dr. Barba, I am gaining too much weight. Maybe I should be on some weaker pills. You know my friend, Joyce? She is on the same yellow pills, and she is losing weight. How come I am gaining?"

"Dr. Barba, I feel very bloated. My fingers feel numb and stiff and swollen. I can't even wear my ring anymore. Do you think this is due to the pills?"

And on it went.

I slammed down the phone at the end of the second day. I called the office staff and said: "That's it! I'm tired of all these calls. From now on, if anybody calls to make an appointment for birth control pills, married or not, tell them Dr. Barba does not prescribe birth control pills anymore. If they are old patients, ask them to come in. I will renew their prescription for six months. That will give them enough time to look for another doctor or to learn the Ovulation Method of family planning."

Despite my problems with the pills, it was not easy to decide to give them up completely.

I had at first announced that I would give them only to married women, but even this was difficult. Our receptionist would ask the caller whether or not she was married and occasionally she'd meet someone who would say; "What's the difference whether I am married

or not? I want to have the birth control pills; and I need them more than a married woman. Why are you asking this silly question?"

At that time I was starting my practice, and a great majority of my patients came mainly for contraception. I knew I would lose a great number of them if I stopped dispensing birth control pills. But my conscience, plus all the other problems related to the use of the pills, finally prompted me to stop prescribing them.

I now have not seen that go-go dancer who came promptly every six months for her pills and those many young unmarried teenagers, those girls who had just had their babies, some married ones who had enough children, and the 18 year old girl who originally asked me to tie her tubes after she delivered her first baby.

I must say I do not regret having stopped prescribing the pills. I have no more patients who come to me every six months just so I can renew their prescriptions.

When still using the pills, I often felt like the people in the Motor Vehicle office who gave out driver's licenses. They renewed the license so a driver could go out to drive. Only mine was a different role. I renewed their prescription so they could go out and enjoy their sexual life without fear of pregnancy. I hated myself at times, especially when I gave them to teenagers like Mary or those who had just had babies at age 15 or 16. But I always consoled myself by saying: "I guess it's better than for them to go out unprotected, to get pregnant and have an abortion," as some of them had done.

I feel happier now. I have no more doubts in my mind. My conscience is clean. Our phones do not ring as often as they used to for those many questions and problems related to the pills. My beeper does not beep as often as it did for refills on the birth control pills. And, I tell you, that alone to me is a big relief. I feel it was all worth it.

You may ask: "What is the gynecologist's role in Natural Family Planning?"

Most of my patients never heard of Natural Family Planning, the Ovulation Method, the Billings Method or Mucus Method of Family Planning. One does not need to spend a long time talking to the patient about the method. I start by emphasizing that in order to get pregnant there must be the union of an egg and a sperm. A woman is fertile only during a certain time. A man is fertile all the time. A woman can get pregnant only one day during a menstrual cycle. If her menstruations are every 28 days, she can get pregnant only one day during those 28. The reason is that the egg comes out of the ovary during the process of ovulation only once a month. And that egg lives less than 24 hours. If you ovulate at this very moment, tomorrow after this time you can have sex as often as you desire and you won't get pregnant because the egg is already dead. To have a baby, there must be a union of an egg and a sperm.

The trick, therefore, is to know when ovulation occurs. This is what a woman has to learn — to recognize those signs that tell her she is ovulating. The method is not as simple as I have stated. One must learn the method well to use it effectively; for this reason we have instruction classes where the method can be learned.

Then I show them the picture of my three little girls. These girls were all delivered by Caesarean section, thus it is quite risky for my wife to have another pregnancy. Yet we use this method because I know it is effective if used properly. I do not tell patients to use this method while I use another.

The physiological changes which occur in the body, on which the Ovulation Method is based, are probably better understood by the gynecologist than by any other physician. Thus, the gynecologist has a major role in Natural Family Planning.

He or she must realize that Natural Family Planning is based on certain medical facts, the knowledge of which is the basis for its use. The gynecologist must have working knowledge of the method to serve the patients who seek its use and can lend support only if he or she has adequate knowledge of the method. This information will not be found in textbooks, but must be assimilated from conferences such as the one we now have.

The people who use this method and who believe that this method is effective must likewise seek medical help from the physicians who have a working knowledge of the Natural Family Planning Method for contraception or to achieve pregnancy.

Dr. Ruth Taylor once mentioned that when the Pap smear was first introduced as a diagnostic test for cervical cancer, only a few physicians performed them. As more and more people learned of the importance of the Pap smear, they went only to the doctors who did them. Soon the other physicians had to do them, too.

If more people who use Natural Family Planning sought the medical help of those physicians who have a working knowledge of it, I believe that more physicians would endeavor to learn about it. They may not use it as the sole method of family planning but they should know enough about it to afford their patients a choice in planning their family. After all, recent statistics show that this method is highly effective.

I believe that if we do a good job in Wichita, that good work will not go unnoticed. Then someday we will have someone to speak — not only on the gynecologist's role in Natural Family Planning but the physician's role in Natural Family Planning as well.