

Credidimus caritati
we have put our
faith in love

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Some Additional Aspects of the Physiology of the Mucus Symptom

Erik Odeblad



In a recent paper in the Bulletin it was suggested that the vulvar mucosa has the capacity to capture cervical mucus flowing downwards, and in that way augment the sensation of the peak symptom. This presentation will give some additional aspects on this question.

First it will be pointed out that the anatomical word "vestibulum" would be better than "vulva", which includes also the major labia and other structures. "Vestibulum" refers to the inner sides of the minor labiae which will be considered here.

As mentioned in the previous paper, the vestibular cells are considerably smaller than the vaginal surface cells which is also evident in the cell size distributions, see fig 1. To my knowledge this has not been studied before. Fig 2 is an example of this and also shows a "rope" near a group of vestibular cells. The cell area distribution also indicates that some larger cells, probably of vaginal origin may contaminate the "vulvar" or vestibular smears.

In order to study the ropes in some detail vestibular smears were taken from four healthy women who were using the Billings Ovulation Method™. Smears on the Peak day were investigated microscopically and a total of 450 fields of vision (area $5.10^6 \mu\text{m}^2$) were randomly selected. In totally 3,112 cells were studied and 62

ropes were found (fig 3), their average length was 71 μm . Micro-photographs (e.g. fig 2) suggest that the ropes are epithelial vestibular cells under going apoptosis (= programmed cell death). Apoptosis is frequent, e.g. our hair and nails are the result of programmed cell death with different "programmes". In this case of apoptosis, the vestibular cells will form "ropes" of cytoskeletal proteins, junction proteins and glyocalix material.

A rope of 71 μm (= 71,000 nm) may contain hundreds of charged biochemical groups (e.g. -OH, -C-NH- and -NH₂) which can catch cervical mucus glycoproteins.

From observations on patients, the inner average area of labium minor is about 3 cm², but the variation is considerable due to age, parity and body constitution. An average of $6 \cdot 10^5$ surface cells may cover the vestibulum and several hundreds of ropes may be available to attach mucus. Peak mucus consists of approximately 80% L and 20% S. The S mucus is most sticky and flexible and may bind to the ropes. S mucus then binds "loafs" of L mucus (fig 4). Perhaps this arrangement of L and S mucus is essential to evoke the Peak sensation during the daily activities of a woman. In a recently published paper (Maricich et al: Science 324:1580, 2009) it is pointed out that Merkel bodies respond to light-touch stimuli. How the other mechano-receptor (Vater-Pacini) responds is less understood.

Summary

Evidence is presented as to how the epithelia of the vestibulum (the inner-upper part of the vulva) aids in identifying the Peak. Normal epithelial apoptosis (= programmed cell death) helps to attach the mucus, giving rise to the Peak sensation.

(See pp 4-7 for figs1-4)

Cell area distributions

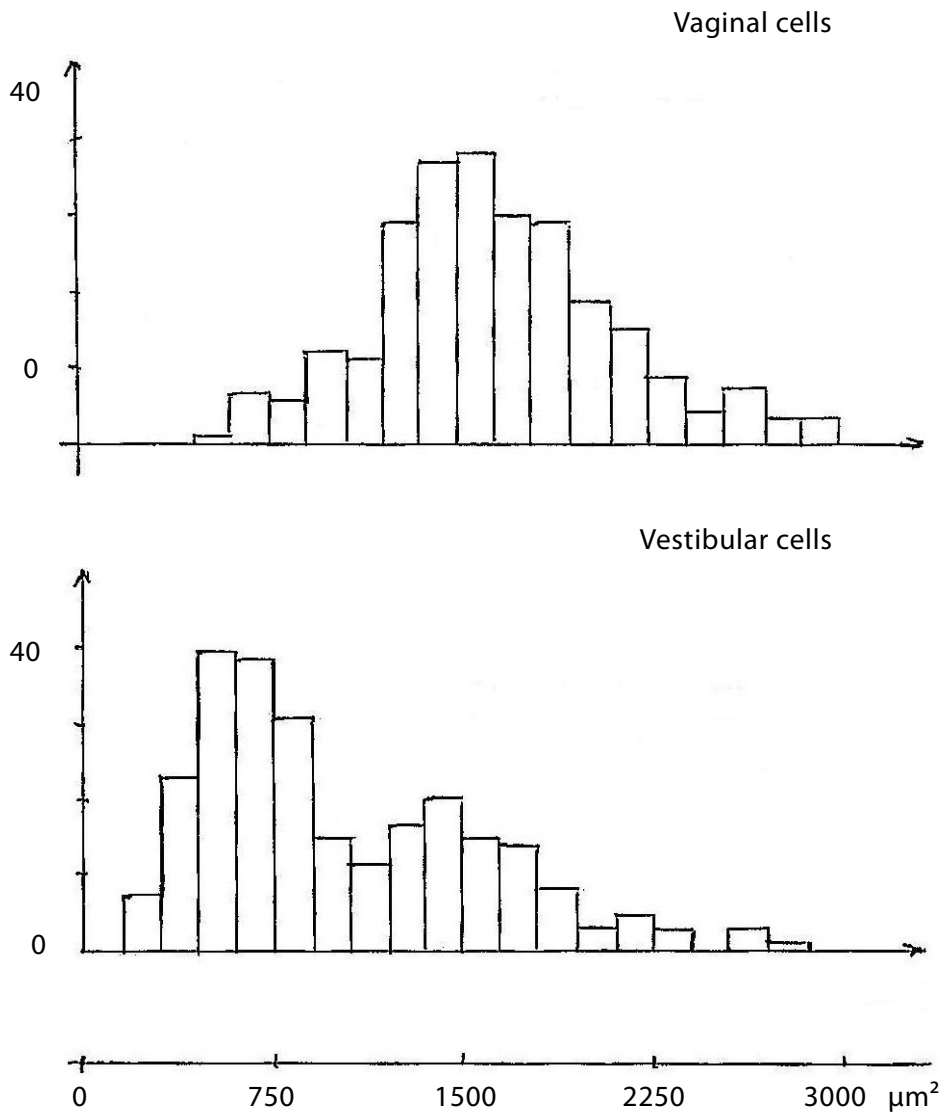


Fig 1
Cell-area distributions for 255 vaginal and 255 vestibular cells.
Note that the lower distribution seems to have two peaks,
the smaller one may be a contamination. See text

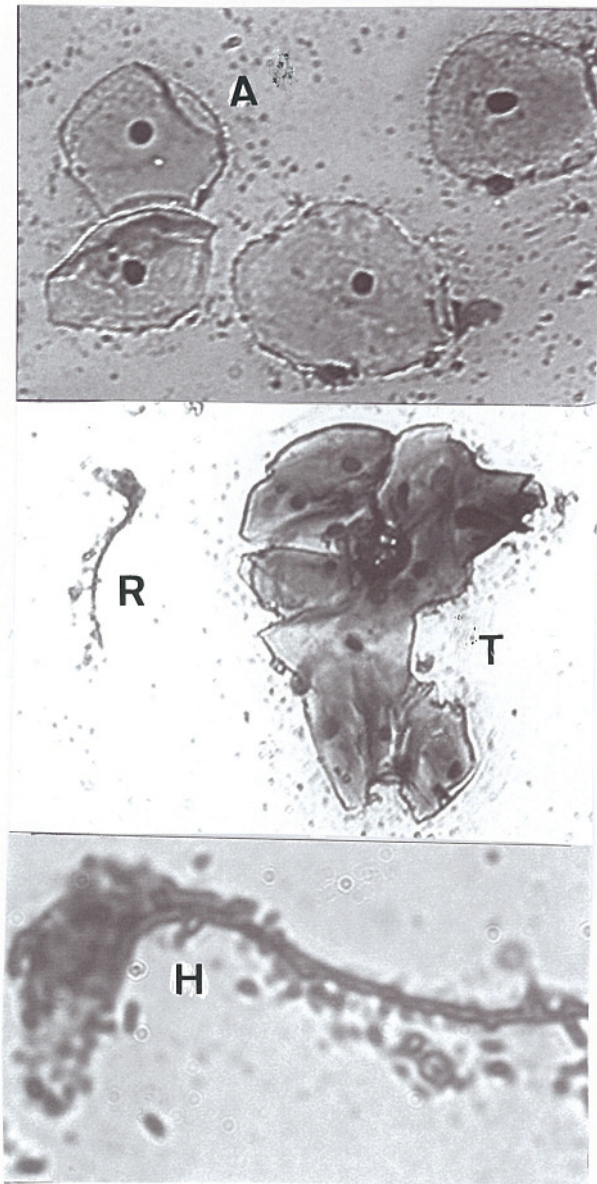


Fig 2.

Microphotographs. A = vaginal cells, 280x. T = vestibular cells, 280x.

R = rope, 290x. H = part of the same rope, 1800x.

Note the presence of cell debris along the rope.

Lenth distribution ropes, μm

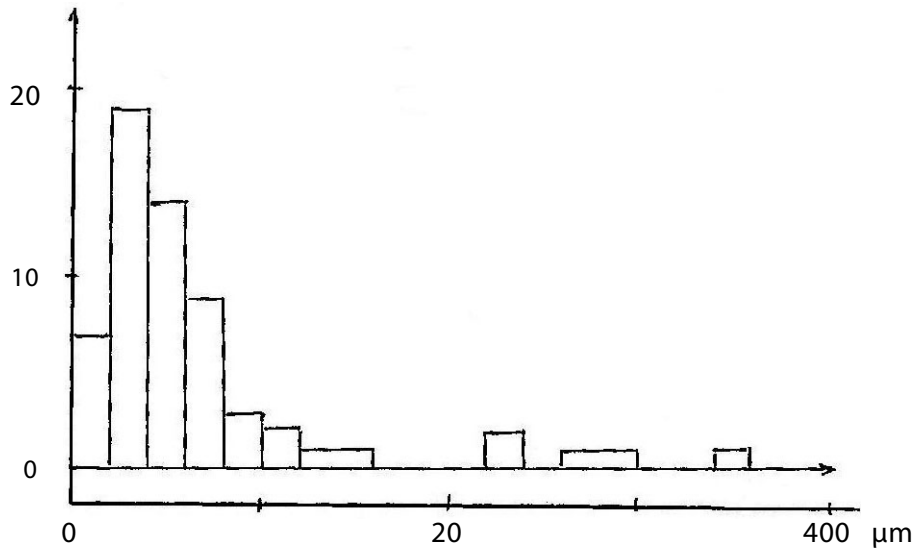


Fig 3.
Length distribution of 62 ropes. Average is 71 μm .

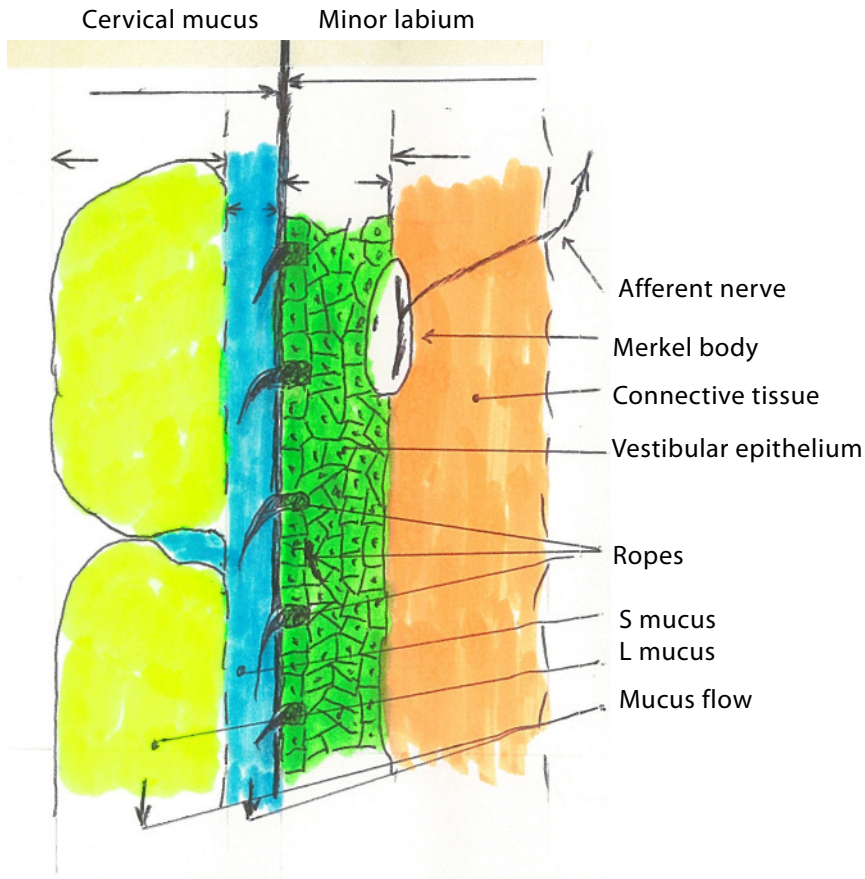


Fig 4.
Tentative model showing how flowing mucus is attached to the epithelial surface of the vestibulum.

Vale Dr Sr Anna Cappella

This year we have sadly bade farewell to two more of our dear friends and ardent supports of the Billings Ovulation Method™. The March edition of the Bulletin carried testimonials to Dr Kevin Hume. Here we have the honour of publishing a letter of condolence from Dr Lyn Billings to our friends in Rome, Italy, upon the death of Dr Sr Anna Cappella. Sr Anna was Director of the Centro studi per la regolazione naturale della fertilità dell'Università Cattolica di Roma and for the last 35 years she devoted herself to the spread of the Billings Ovulation Method™ in Italy and beyond. She is pictured below with Drs John and Lyn Billings and Kevin Hume. May she rest in peace.



Dear Friends,

I write to you all with a deep surge of His Infinite Love because we share the same sense of loss and pride in our association with our beloved Dr Sr Anna Cappella who has died.

When we dwell on the loss of such a wonderful woman, we appreciate all that she did for others in this world and realise that she did it all through her great capacity to love – from Popes to priests, religious and all people including the poor and neglected. We were privileged to be present one evening in Siena where Sr Anna's love and fidelity were acknowledged by the Dominican Community.

In thanking her for these services, we pay special thanks for the part she played in caring for the teachers of the Billings Ovulation Method™ of fertility regulation, guiding them along the path of the Natural Law according to the Magisterial Teaching of the Church.

John and I first met Anna in 1972 in Karachi in the company of Fr Luke Turon, a most remarkable man who was priest and doctor to the poor in Pakistan. He introduced us to Sr Anna. Already Sr Anna had been working in Pakistan making laboratory analysis of the cervical mucus, as well as vaginal smears and the opening of the cervical os, to correlate these phenomena with the time of ovulation. Sr Anna only reluctantly agreed to this meeting. Her training as a medical doctor in New York had left her with unfavourable impressions of family planning and of reproductive medicine making her believe it was impossible for her to cooperate. However, it was soon realised that we were all talking about the same love – hers and that which thrives in teaching the Billings Ovulation Method™ of natural fertility regulation. From that moment Sr Anna seized the Method and began teaching, realising its value in enriching marriages and families with generosity, truth and love. She set about inspiring some others to train as teachers of the Method, thus protecting couples from the damaging programs imposed upon them.

Gradually Anna's worth was recognised to have special qualities and she was directed to go to Rome to set up a Centre there, to teach and particularly to contact and train missionary sisters who were constantly passing through Rome. She attracted and gathered around her a remarkable, capable and devoted band of Italian women – doctors, sisters and mothers. Inspired by her staunch goodness and gentle care, Anna's influence extended far and wide throughout Italy and later to other parts of Europe, Africa, Latin America including Cuba, Lebanon and the Holy Land. Sr Anna attended many BOM Conferences recording every word and producing very valuable Italian materials.

It was a great sacrifice for Anna to give up her missionary work in Pakistan, but as usual following the call of Truth and Love, great things have been done. Firm friendships have been developed and still endure as a result of her travels, conferences, books and videos and in her insistence on orthodoxy of the Method. Her gentle goodness emanated from her unshakeable Faith.

We are proud to be part of an estimable group of devoted teachers who loved working with Anna and enjoyed her surety and grace. She will live on in Truth and Love and in our gratitude.

In Christo

Evelyn L Billings DCSG

23 April 2009

May the Souls of the Faithful Departed, through the Mercy of God, Rest in Peace. Amen

You are also asked to join us in prayers for the repose of the souls of **John Morzone** of Cairns, Australia and **Jim Clark** of San Antonio, USA, both of whom also passed to their heavenly reward during 2009 having spent a considerable period of their lives supporting the work of the Billings Ovulation Method™.

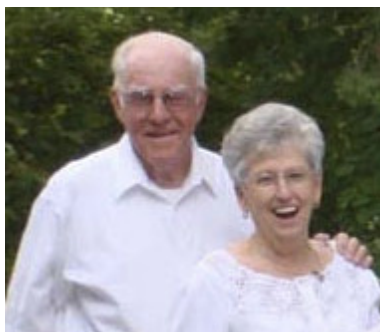
John was himself an accredited teacher of the Method and together with his wife, Irma who is also a teacher, did much to promote marriage and family life in northern Queensland where they lived.

Jim, husband of Dolores who has been a Billings Method teacher and trainer for more than 20 years, was a wonderful support to her in this work, driving her all over the country to training sessions, or, in earlier days, staying home to mind the children while she went off on her Billings work. We thank God for the lives and example of these two good men.

Please also pray for the repose of the soul of Hun-Pheng Chan, father of Dr Lek-Lim Chan from Malaysia, who passed away on Monday 5th October, just 15 days short of his 95th birthday.



John Morzone



Jim Clark with his wife Dolores



Dr Lek-Lim Chan and his family with his father Hun-Pheng Chan seated in front

Nightmare in Girl-world

Anna Krohn



"At my 21st, I want people to say 'Here comes one hot chick!'" So declared a 14-year-old schoolgirl in a class discussion a few years ago. My job was to explore the topic of self-worth and "relationships" with a large group of private school girls. I proposed that we visualize ourselves 7 years hence, and this was the first answer.

Then it hit me like a pole-dancer's kick, that despite her tender age, this girl's dumbed-down, sexed-up aspirations were a set-piece not only of her generation, but of her mother's and even of the primary-aged girls, posing their Bratz dolls, and rocking to raunchy Beyonce videos at slumber parties.

I said (a tad tartly perhaps), "Really! So you DON'T want your friends to say: there is my friend who re-watered the outback ... or found the cure for breast cancer... or is simply such a great friend? You want them to think you are a piece of take-away meat?"

Somewhere on the way from Emily Pankhurst and even Germaine Greer, the feminist revolution had taken a dismally sharp U-turn.

There have been a few acute and savage exposés of this cultural underbelly for women. Wendy Shalit's *Return to Modesty*, Naomi Wolf's *Beauty Myth* and Ariel Levy's *Female Chauvinist Pigs* are notable for their analysis of the pervasive "raunchy" culture underlying American colleges, workplaces and "image industry".

In Australia, there is a tide of anxiety rising in parents, teachers and health professionals who care about young girls and teenagers. It is clear to them that the sleaze culture has a taste for ever younger tidbits. But the

anxiety is coupled with a sense of powerlessness and a frazzle of political and moral uncertainty. Is more sexual freedom and "information" the solution? Does "artistic" expression extend to the recruitment of the playground? How can we resist without sounding like prudes?

With the release this month of *Getting Real: Challenging the Sexualisation of Girls* (Spinifex, Melbourne 2009) there is at last in one publication, an incisive, eloquent and original collection of essays, which form a formidable social force, coming together from a surprising range of professional and philosophical positions.

Melinda Tankard Reist, women's advocate and writer is the guiding force, editor and a key contributor to this collaboration, which she calls a "collective shout" against the "pornification of childhood."

In our discussion last week, I suggested to her that the book was important because it connected some of the causational dots between so many troubling issues - from corporate greed, shock jock artists, unregulated advertising, child eating disorders, internet and telephone porn, cyber-bullying and the increasing accounts of child-on-child sexual assault and violence.

She said she was pleased with the readiness of each contributor, whether activist or academic to join the project. *Getting Real* consists of fifteen essays, with writing by actress Noni Hazlehurst, the comedian turned activist Julie Gale, radical feminist academics Renate Klein and Abigail Bray, the Australia Institute's Clive Hamilton and Emma Rush, psychologists and psychotherapists Louise Newman, Melissa Farley and Betty McKellan, parenting expert Steve Biddulph and other contributors. It comes with strong endorsements from an equally diverse range of prominent figures.

"The women of Spinifex Press have also been so passionate about this book and about the injustice done to young women and little girls through the pornification of their expectations, imaginations and self-images."

"Despite the diversity of the writers, we all agreed that opposition to the hyper-sexualisation of girls deserved a strong and united front. The time was also well past that such a protest should be dismissed, by calling it the cry of an outdated or marginalized prudish "moral minority,"" she added.

One of the most striking features of *Getting Real* is the balance it strikes between the confronting and grim evidence of the widespread cultural abuse of children and the biting humour and satire used by some of the writers. I put to Melinda the idea that the work represented a new type of “protest wit”, which was a method that was likely to take Australian audiences off guard.

“Yes, some of the writing in this book is shocking. The “pornified messages” and stories of “rape” websites are disturbing and should be. Some of the material is only the rallying together of images depicted publically on our bill boards everyday. We thought our audience deserved to hear the truth.”

“I also admit it is the feisty humour that keeps this material from really messing with your head,” she laughed.

“Julie Gale, for example is a professional comedian who has turned her skills to her amazingly effective activism. She exposes the display of illegal porn in places like milk-bars and service stations. Her grass-roots, “act locally” approach and her humour expose the value system of pornography, confront the CEOs of multinational companies and get results all at the same time”.

She added, “Another example of the effectiveness of satire is described in this book by the Southern Cross Bioethics Institute’s Selina Ewing in her discussion of the *Faking It* Project.”

Faking It (Spinifex, 2007) was published in collaboration with Melinda Tankard Reist, and is best described as an “evidence-based parody of glossy women’s magazines”. The publication uses satirical imitation and sends up the glossy women’s magazine world, which Ewing writes: “is saturated in images of artificial, perfect, semi-naked, “sexy” women in all manner of unreal positions and environments.”

Tyranny of Silence

The authors of *Getting Real* are not shy in naming some of the interests that have attempted to put down and shame the book’s “collective shout” on behalf of girls.

Melinda Tankard Reist is only too aware of the predictable indignation her work provokes in those she calls the “sexual assault libertarians”. She has made a professional specialty of bursting the hegemony of silence which

cripples the discussion of important moral and social issues in modern liberal society. Her two previous books on post-abortion harm and grief, *Giving Sorrow Words* (Duffy & Snellgrove, 2003) and *Defiant Birth: Women Who Resist Medical Eugenics* (Spinifex, 2007), and many of her published opinion pieces are testimonies of this.

She notes, "In this book, I mention and make fun of some of the anonymous and vindictively personal hate mail that I have received. Some were so personal and vile they couldn't be printed!"

"Even more importantly, some of our authors make a full frontal critique of the notion of freedom adopted by these self-styled libertarians, who use the weapon of "freedom of speech" to deny speech to everyone else."

One of the most probing of these essays is by the feminist writer, Abigail Bray who analyses the apparent immunity with which the so called "arts" can perpetrate the pornification of girl children. Bray's "*Gaze that Dare Not Speak Its Name: Bill Henson and Child Sexual Abuse Moral Panic*" analyses the language and tactics used in the recent controversy surrounding the photographer, Bill Henson, and his recruitment and exposure of naked girls. She writes: "We need to unmask the political "innocence" of artists such as Henson, and more broadly, of a culture that trades on the sexual commodification and humiliation of girls. Far from offering girls new forms of social power, the sexualisation of girls' agency is imposing a new tyranny of compulsive and desperate sexual participation."

Betty McKellan's contribution links political silencing to the personal acquiescence of girls in their own sexual mis-use, countering the disingenuous liberal cry that all that is needed is that parents "turn the channel" or avert their gaze. She and many of the other writers argue that the rhetoric of the sexual revolution has hijacked the feminist revolution.

Noni Hazlehurst writes with considerable poignancy, that the widespread super-sexualisation of girls is evidence of the compliance and confusion within today's would-be feminists, "It saddens me that many young women who call themselves feminists, and who hold positions of public influence, are acting as apologists for the very agents of iniquity that have fuelled my anger."

Betty McKellan adds: "We suggest that the increasing focus on sex and sexiness is not so much a matter of personal preference but pressure coming from people and institutions in society with the power to shape the way others think and feel."

Getting Real argues that pornography is built on and primes deception and self-deception. Writes McKellan again: "In a sexualized society, women and girls are required to live out a pornographic idea of the female..." and this contributes to the personal and cultural construction of false sexual expectations in men, women and children, abusive relationships, destructive self-worth, degrading sexual experimentation. "It makes equality impossible."

Toxic Porn and Boys

Tankard Reist comments, "This denial of the real humanity of women has seeped down into the cultural world of girls as young as six or younger. This grooming for sexual consumption- the Lolita Effect, has been further powered by advances in technology."

"We see the toll in ever younger boys. I feel especially for boys, for whom pornography, via the computer and phone, is so instantly available and which becomes their hand-book for personal sexual attitudes and behavior. Renate Klein writes that pornography is only "a click away."

"Research shows that in some communities 70% of boys have viewed violent and deviant pornography by the ages of 12-13; nearly 100% by the age of 18."

"Studies are also showing that the formative male brain is seriously imprinted by such degrading pornography, and it alters the boys' sense of reality and feeds their acting out of aggressive behaviour towards girls."

"One horrifying web-site that we discovered encourages young men to carry out coercive sexual attacks on women, by first doping them or making them drunk. The site then invites these same young men to post photos of their deeds with bragging comments."

"How are these sites acceptable in our society? They provide evidence of crime scenes not of sexual freedom!"

The Failure of Value-free Sex Education

I asked Melinda why contemporary value-free sex education programs did little to provide girls and boys with either strength or knowledge to counter such violence. She replied: "Because these programs seem to accept that sex is the primary currency of personal interaction. Set amidst the toxic culture all around them, girls simply become sexual crash dummies for boys rather than true intimates and equals. They are lead to believe that providing oral sex at parties is the way to be wanted by boys. They know the plumbing but nothing about their own true worth."

"This cheap and nasty experience of sex, if not downright violent and dangerous, does not encourage either the expectation of all the other dimensions of sexual experience that are truly human: romance, imagination, waiting, commitment, tenderness and intimacy."

"Girls feel they must imitate prostitutes, in their dress, in their postures and in their trading of sex for social acceptance."

"Boys have few role models either. Their sports stars are encouraged to virtually pimp their girlfriends and wives for media attention. Politicians and actors are encouraged to frequent lap dancers and carry out tawdry affairs as tokens of their masculinity."

"What today's teenagers and children lack is what the adult culture also lacks, not more graphic images but an education in humanity, common decency and respect".

Getting Real identifies not only the role corporations, advertisers and publishers have in feeding and charging up the insatiable nexus between the titillation and expectation within the culture, but it also links the sexualisation of girls to the medicalisation of beauty and to what Renate Klein calls the "sickness industry".

Klein writes: "Sexualisation has already made (young women) dissatisfied with their "outside" bodies, medicalisation now colonises their "inside" bodies" making young women the "perfect material" for the normalization of the Big Pharm interests such as the normalization of chemical abortion and contraception, plastic surgery and even anti-depressants. She adds, "this is where capitalism meets and exploits liberal feminist dreams of girl power".

In *Getting Real*, Steve Biddulph writes: "We know intuitively, and sometimes from bitter experiences of our own, that if you hurt someone's sexuality you hurt their soul."

Getting Real and its contributors provide an urgently needed book, filled with wise and sharp insights into recovering the soul of our own society. Its contents may leave us horrified and ashamed, but its aim is to make us act.

This article was first published in "The Record", Journal of the Catholic Archdiocese of Perth, Western Australia, on 16th September 2009. It is reproduced here with permission.



**Person of Life Award to
Dr Sr Hanna Klaus**



On 9th August 2009, Cardinal Francis George, Archbishop of Chicago and President of the US Conference of Catholic Bishops presented the People of Life Award to Hanna Klaus MD at the Respect Life coordinators' meeting. The inscription reads:

The Secretariat of Pro-life Activities of the United States Conference of Catholic Bishops recognizes the outstanding leadership of Hanna Klaus, MD, Natural Family Planning Center of Washington DC and Founder, TeenSTAR Program.

Our congratulations to Dr Hanna on this richly deserved award which is a significant recognition of her years of tireless and selfless service for the Lord and His Church in taking TeenSTAR to the world.

TeenSTAR coordinators from around the world recently met for their Sixth International TeenSTAR Congress in Ars, France. At the Congress there were reports from Austria and Germany, Quebec, Canada, Italy, Ecuador, France, Ethiopia, Korea, Peru, Romania, Slovakia, Spain, Switzerland, Uganda, UK and USA.



TeenSTAR coordinators at the International TeenSTAR meeting 2009, Ars, France

Following is a copy of a message sent by Dr Evelyn Billings to participants in the Congress:

Credidimus Caritati – We have put our Faith in Love

Congratulations to you all for taking part in this 6th International TeenSTAR Teachers' Congress, this year in Ars, France. Pope John Paul II often spoke of teaching with Truth and Love. These are the two voices of TeenSTAR and they will be heard all over the world.

We are all aware of the problems that beset society and many have experienced the unhappy results of society's proposed solutions to them. These 'solutions' are often based on gratifying self-interest, persuaded by untruths.

Fertility in the human female continues for 30 years or so and scientists have unravelled many of its secrets. Whereas the rest of the animal kingdom is programmed by instincts, affected by biochemistry, human beings have been given control of their fertility. They too can act instinctively, or they can override those instincts willingly. Human beings regard this freedom of will as a priceless possession and see it as essential to happiness. During those 30 years of a woman's fertility, the possibility of having a child is added to the treasury of riches we receive from God. This adds the obligations and responsibilities of the greatest gift of all – the gift of Love – the Gift which Gives.

The gift of Love is the gift which holds the reins of all the other gifts, and ensures the Will of Providence is faithfully carried out. It is the child who will inspire the loving action of couples during their years of combined fertility. The child will ask for love.

Sr Hanna from the abundance in her own treasury has plenty to give. It is many years since she first began her teaching programme of Truth and Love and she cast her net widely through the world. As you begin this 6th International TeenSTAR Teachers' Congress you will be welcoming with pride teachers, from many countries, who are joining the ranks of those who are showing their love by teaching the facts of human fertility, based on sound scientific proof, in the context of generous human love.

When first Sr Hanna encountered the Billings Ovulation Method and asked "What can I do?" she didn't imagine just how much she would be asked to do and how much she would give. Her use of the scientific background knowledge, her work in the teaching trials, her adherence to a Philosophy of Love and her constancy to the young people which has inspired them to continue in the race to build a happier world, all these things we love and thank her for.

We know that this Great Endeavour will continue in strength and pray that God will enfold you all with His Infinite Love.

In Christo,

Dr Evelyn L Billings

August 2009

For more on the Sixth International TeenSTAR Congress please see the Autumn Edition of TeenSTAR News at:

http://www.teenstar.org/images/1_TSNews_2009_02.pdf

Greetings from WOOMB Philippines...

The following was received from our friends in the Philippines towards the end of July:

My apology for being quiet for the last two months. Attached are May 2009 trainings which took place after the Congress in Melbourne.

We didn't have trainings last June and July because I was busy with the opening of the school year and trainings will resume this coming August 2009.

The second week of August will be an Extension Program for all leaders of Couples for Christ.

The third week of August will be for the Knights of Columbus. They are planning to make a BOM centre.

The fourth week will be for the Diocese of Marinduque.

I will send the reports by September 2009.

This is just an update.

Many thanks for all the support.

Rally

...Prayers Needed

However, at the end of September we received a brief email to tell us that on Saturday 26th September, Typhoon Ondoy hit Manila flooding Linda and Rally Ganar's home and office. At that time they were safe and sheltering with family. One week later, on Saturday 3rd October, Typhoon Parma also hit the Philippines. At the time of writing we have not heard further from Linda or Rally. We do know that the first floods destroyed all their books, teaching materials and computers. Rally was only able to email us from an internet cafe which had survived the disaster.

Please pray for the Ganars and all the peoples of the Pacific and South East Asia who have been hit by the joint disasters of typhoons, earthquakes and tsunamis.



Congratulations

Susanne C. Ek, Executive Director for the US Office of the Billings Ovulation Method (BOMA-USA), was invested as a Lady of the Equestrian Order of the Holy Sepulchre of Jerusalem on 18th September in St. Louis.

Anthony and **Anna Krohn**, director and member respectively of Ovulation Method Research & Reference Centre of Australia (OMR&RCA), were similarly invested as a Knight and Dame of the same Order by John Cardinal Foley, Grand Master of the Order, at St Patrick's Cathedral in Melbourne on Sunday 4th October.

Tracing its origin to the First Crusade, the Order was reorganized and revitalized in 1847 with the restoration of the Latin Patriarchate of Jerusalem by Pope Pius IX. At the December 2008 world 'consulta' of the Order at the Vatican, His Holiness Pope Benedict XVI stated that the Order came into being as "a 'guard of honour' for the protection of the Holy Sepulchre of Our Lord", and since its foundation "has attracted the particular concern of Roman Pontiffs, who have given it the spiritual and juridical instruments necessary for it to carry out its specific form of service."

Today, the Order is an association of both lay and religious men and women with a special devotion to the support of the church in the Holy Land. Appointed directly by the Holy Father, the Cardinal Grand Master of the Order is His Eminence John Cardinal Foley, and the Grand Prior of the Order is the Latin Patriarch of Jerusalem, His Beatitude Fouad Twal. Among the schools that receive support from the Order of the Holy Sepulchre is their sister Lasallian institution, Bethlehem University.

We further rejoice in the investiture of **Dr Nicholas Tonti-Filippini** as a Papal Knight of the Order of St Gregory the Great at St Patrick's Cathedral, Melbourne on Sunday 11th October. Dr Tonti-Filippini, philosopher and ethicist, has been a long-time friend and supporter of the Billings Ovulation Method™ and his wife, Dr Mary Walsh, is a Billings Method teacher.

Our prayers and congratulations to Sue Ek, Anna and Anthony Krohn and Nicholas Tonti-Filippini on this recognition of their work for Christ and His Church.

One Flesh

Fr M M Philipon OP

When Christ came, it was not to do away with the law but to lead all beings of the universe to their highest perfection. He did not abolish the contract of marriage but raised it to the dignity of a sacrament, that is, to the dignity of being a symbol and source of divine grace.

It was Saint Paul who revealed to Christian thought the bold symbolism of this sacrament, declaring the intimate union of man and wife a sign of Christ's union with the Church.

As in the other sacraments, a threefold symbolism connects the sacrament of matrimony with the mystery of Christ. This symbolism reminds us, in the first place, of the supreme love of Christ crucified, who died for his spouse, the Church.

Secondly, it signifies the profound meaning of conjugal love among Christians, showing that this love is a likeness of Christ's love for his Church and should, like his, be marked by the gift of self to the point of dying for the loved one if need be.

Thirdly, it foreshadows the consummated union of Christ with his Church in the splendours of glory. Thus, the sacrament that is, in a way, the least spiritual in regard to the effects it produces on the soul, surpasses them all in regard to the sublimity and boldness of its symbolism.

Nothing could more vividly depict the burning love of Christ for his Church than the impassioned love that unites man and wife in "one flesh".

Fr Philipon, who died in 1972, was a French Dominican priest, theologian and author. This article was found in the October Edition of "Magnificat", Vol 11, No. 8 and is reproduced here with permission.



Acknowledgement

OMR&RCA acknowledges partial funding of this publication by the Commonwealth Department of Health and Ageing through a grant which is given to the Australian Catholic Bishops Conference and is administered by the Natural Family Planning Board of Management.

Billings Ovulation Method™ and Achieving Pregnancy

Dr E L Billings



In many centres around the world where the Billings Ovulation Method™ is taught, a majority of the couples presenting for instruction come for assistance in achieving a pregnancy. This was not so much the case in the past and is perhaps a measure of the rising infertility in the community, but it is also a recognition that natural methods of regulating fertility can be of great assistance in this regard.

It is estimated that approximately 20 per cent of couples trying to have a child are unable to do so. Yet most couples are unprepared for infertility and unaware that in many cases it can be overcome naturally by recourse to the time of optimum fertility in the cycle. Infertility is usually defined as the inability to conceive after twelve to eighteen months of sexual intercourse without contraception.

Apparent infertility may be caused by physical and/or psychological factors. Some of the contributing physical factors could be the age of the couple, particularly of the woman, whether either of them smokes tobacco or marijuana, if the woman is under or over weight, previous contraceptive use, illness, infection and damage to the reproductive organs. Some of the psychological factors may include stress perhaps from overwork, anxiety about money or other problems, or tension, fear or guilt – perhaps the couple blaming one another for the inability to conceive. Over-rigorous athletic training can inhibit ovulation temporarily. Menstruation may stop but will return when ovulation returns with the resumption of a normal exercise program.

The possibility of physical causes may be revealed by taking a good history at the initial instruction, or in the chart which the woman subsequently produces. When such problems are suspected, the Billings Ovulation Method™ teacher should refer for medical investigation to

assess and if possible treat the causes. A good teacher will also become aware of the possibility of psychological factors in the course of teaching the couple. These may be alleviated by offering the time, support and practical advice to deal with everyday problems, such as the suggestion that if possible the couple take a holiday to alleviate stress and give them time together away from their usual busy routine. However the couple should be referred for professional help where appropriate.

The importance of correct information

The first and most important step should be to teach the woman to chart the daily discharges felt and seen at the vulva. Understanding the signs of fertility – recognition of slippery mucus at the vulva, however minimal – will enable the couple to time intercourse to coincide with the most fertile part of the woman's cycle. The chart will give the necessary information to help the couple identify Peak fertility. Fertility is characterised by the Peak followed by a normal length luteal phase. The hormonal pattern is reflected in the chart; if there has been damage to fertility, the chart monitors the woman's return to fertility. Conception then follows on or near the Peak.

Some women may have mucus on only one or very few days in the cycle and, in some cases, even this limited discharge will be unsuitable for sustaining the sperm so that they can reach and fertilize the ovum, despite hormonal studies revealing that ovulation is occurring normally. This is particularly the case when the woman has previously taken chemical contraception which has a 3-fold damaging effect on her reproductive system: it damages the hormonal system which produces a sterilizing effect; it alters the mucus – a contraceptive effect; it prevents implantation – an abortifacient effect. However, given time and patience, and provided age is not also a factor, the normal functioning of the cervix, endometrium and endocrine system are likely to recover, the woman will recognise even limited fertility and the couple will be able to time intercourse appropriately to conceive.

The support of a good teacher will be invaluable during what may seem to the couple to be a very long time of waiting, even up to two years or more. In a society which expects instant gratification of one's wishes the tendency may be to want to "take something to improve the mucus". However the woman should be reassured that good nutrition, adequate rest, regular (not strenuous) exercise and a positive, relaxed attitude are the best means of allowing nature to rectify the damaged fertility.

Medicating the woman with oestrogens may produce “wet mucus” with no fertility benefit and may add further to sterilizing damage.

Medical investigations, which may be undertaken to determine the cause of apparent infertility, may include: for the woman - blood tests to determine circulating levels of oestrogen, progesterone, prolactin and testosterone, glucose tolerance and insulin resistance; ultrasonography, hysterosalpingogram (to test tubal patency) and laparoscopic investigation; for the man - an analysis of seminal fluid may be ordered though a masturbated specimen will be morally unacceptable to many couples and of less use than a Huhner's Test which assesses the viability of sperm in the woman's mucus from a sample of mucus taken from the cervix close to the Peak time.

For some couples the cause of their inability to conceive will not be found. They may be referred by their doctor to seek the help of assisted reproductive technology or invitro fertilization procedures. In a recent study of 358 couples, who presented to Billings Ovulation Method™ teaching centres in Australia for help with achieving pregnancy, a pregnancy rate of 78% was achieved including a success rate of 35% for couples who had previously failed with IVF or ART. More than half of the women who participated in the study had previously been declared sub-fertile (unable to conceive for more than 12 months) and in women over 38 years of age the success rate was 66%. Ninety-five percent of those involved in the study said that the Billings Ovulation Method™ gave them an understanding of fertility and infertility and 93% said they would recommend the Method to others.

Guidelines for Achieving Pregnancy using the Billings Ovulation Method™

The couple should be given an initial instruction and a good history should be taken. They should then be asked to commence charting whilst abstaining from intercourse, however if the woman recognises signs of fertility during the first cycle of charting – slipperiness and/or softness and swelling of the vulva – the couple should be advised to have intercourse as it may be that such symptoms are only occasionally observed. They should be asked to return for follow-up interviews at regular intervals.

At the first follow-up appointment, once the Basic Infertile Pattern can be identified, the couple should be encouraged to express their love for

one another by having intercourse following the Early Day Rules (see Bulletin of Ovulation Method Research & Reference Centre of Australia No. 35, Vol 2, p 23). Prolonged abstinence, while waiting for fertility when hoping to achieve pregnancy, is counter-productive and detrimental to the relationship.

Once a change from the Basic Infertile Pattern is noticed the couple should wait until the slippery sensation develops. These few days of waiting will ensure sperm numbers are at optimum levels and will enable the women to be aware of the developing pattern of fertility without her being confused by the presence of seminal fluid. Intercourse over the days of the slippery sensation and for the first couple of days after the Peak will give the best opportunity for conception to occur.

For women who have difficulty recognising the slippery sensation the swollen vulva sign will be of assistance. For women who have previously been diagnosed with tubal damage on one side, the Lymph Node Sign, as described by Professor Odeblad, will be invaluable. Around the time of ovulation a lymph gland in the groin, on the same side as the ovulating ovary, enlarges to about the size of a pea and becomes tender when pressed. Daily examination of this gland will reveal the increase in size and tenderness. This is best done lying down with hands on lower abdomen and fingers straight and pointing down the leg so that the middle finger can feel the pulsating artery to the leg. The index finger will then be over the enlarged gland which is indicating the side of ovulation. Intercourse can then be planned to avoid the damaged tube.

Above all, a confident and relaxed teacher will engender a patient and relaxed couple who, with a sound understanding of fertility, will be able to maximize their chances of welcoming a baby into their family.

This article is an extract from *Billings Atlas of the Ovulation Method: the mucus patterns of fertility and infertility* by Evelyn L Billings, John J Billings and Maurice Catarinich, Fifth Edition 1989, pp 51-55. It has been revised by Dr E L Billings 2009.



Our FOUR Wives

Once upon a time, there was a rich King who had four wives. He loved the 4th wife the most and adorned her with rich robes and treated her to the finest of delicacies. He gave her nothing but the best.

He also loved the 3rd wife very much and was always showing her off to neighbouring kingdoms. However, he feared that one day she would leave him for another.

He also loved his 2nd wife. She was his confidante and was always kind, considerate and patient with him. Whenever the King faced a problem, he could confide in her and she would help him get through the difficult times.

The King's 1st wife was a very loyal partner and had made great contributions in maintaining his wealth and kingdom. However, he did not love the first wife. Although she loved him deeply, he hardly took any notice of her.

One day, the King fell ill and he knew his time was short. He thought of his luxurious life and wondered, "I now have four wives with me but when I die I'll be all alone."

Thus, he asked the 4th wife, "I have loved you the most, endowed you with the finest clothing and showered great care over you. Now that I'm dying, will you follow me and keep me company?" "No way!", replied the 4th wife, and she walked away without another word. Her answer cut like a sharp knife right into his heart.

The sad King then asked the 3rd wife, "I have loved you all my life. Now that I'm dying, will you follow me and keep me company?" "No!" replied the 3rd wife. "Life is too good! When you die, I'm going to remarry!" His heart sank and turned cold.

He then asked the 2nd wife, "I have always turned to you for help and you've always been there for me. When I die, will you follow me and keep me company?" "I'm sorry, I can't help you out this time!" replied the 2nd wife. "At the very most, I can only stand by your grave and mourn." Her answer came like a bolt of lightning, and the King was devastated.

Then a voice called out: "I'll leave with you and follow you no matter where you go." The King looked up and there was his first wife. She was so skinny as she had suffered from neglect and malnutrition. Greatly grieved, the King said, "I should have taken much better care of you when I had the chance!"

In truth, we all have 4 wives in our lives! Our 4th wife is our body. No matter how much time and effort we lavish in making it look good, it will leave us when we die.

Our 3rd wife is our possessions, status and wealth. When we die, it will all go to others.

Our 2nd wife is our family and friends. No matter how much they have been there for us, the furthest they can stay by us is up to the grave.

And our 1st wife is our Soul, often neglected in pursuit of wealth, power and pleasures of the ego. However, our Soul is the only thing that will follow us wherever we go. So cultivate, strengthen and cherish it now, it is your greatest gift to offer the world.

When the world pushes you to your knees, you're in the perfect position to pray.

Author Unknown



Perilous quest for perfection

Margaret Somerville



Imperfections are part of what makes each of us unique and if we eliminate them, we risk losing our souls.



When I went to school, all children wore school uniforms that included a sweater. It was navy blue with two narrow stripes - one red, the other gold - in a band that encircled the V-shaped neckline. Most of us had working-class parents and most wore sweaters hand-knitted by their mothers. Mine had been made by my aunt.

Then machine-knitted sweaters became available. They were more closely woven, smoother, immensely more fashionable and much more

expensive than the old hand-knitted ones. They were perfect. I wanted one but my mother refused. I envied my sweater-privileged friends and felt humiliated to be so ill-attired.

Today mass-produced sweaters are relatively inexpensive, whereas anything hand-knitted costs hundreds of dollars. The latter often carry a small ticket saying that imperfections are part of the art and character of the sweater; that is, these imperfections are desirable and valued because they make it unique. They are evidence that the sweater is the time-consuming, painstaking, often loving, authentic work of human hands. They give it its "soul."

My musings about sweaters were prompted by thinking about the use of science in the search for human perfection. It is often said that nowhere are we at more ethical peril than when we undertake such quests. The Nazi horrors showed us the dangers of a political platform or public policy approach that uses science and technology to search for perceived biological "perfection" in ourselves, individually, and society as a whole.

Today, we can seek the perfect baby through designing it using genetic and reproductive technologies -- positive eugenics. The perfect copy of our self with cloning. The perfect war (risk free to us) with virtually controlled (disembodied) combat technologies. The perfect athlete with drug use or gene doping. The perfect body with cosmetic surgery.

Likewise, we can seek to eliminate those we see as imperfect -- negative eugenics. We use new technology to carry out "embryo biopsies" (preimplantation genetic diagnosis) on in vitro fertilized embryos to identify and discard those who are "defective." We use prenatal screening to identify fetuses with genetic or other disabilities, such as Down's syndrome, and abort them. And, most recently, we have a do-it-yourself test that can be used at 10 weeks of gestation to see if the baby is male or female. If we are having a baby of the "wrong" sex, we can abort it and "try again."

And, in a context that is relevant to all of us because we will all face death, we can seek both to achieve the perfect death and to eliminate imperfect people through euthanasia and assisted-suicide.

I want to propose that these interventions in search of the perfect and to eliminate the imperfect threaten the essence of our humanness -- our human spirit, that which makes us human and enables us to experience

awe, wonder and the mystery of life, and through which we search for meaning. This latter search is of the essence of being human; we are meaning-seeking beings and, as far as we know, uniquely so.

Those who are religious define what constitutes the essence of our humanness as the soul -- the sharing in a Divine spark. It is extremely difficult to define what constitutes that essence for those who reject religion but many such people believe -- or at least act as though -- such an essence exists. For instance, anyone who agrees that humans are "special" as compared with other living beings and, therefore, deserve "special respect" is manifesting such a belief.

However, some secular humanists expressly reject such a belief. They regard "preferencing humans" (seeing humans as special as compared with other animals or even robots) as wrongful discrimination in the form of what they call speciesism.

I propose a very important question that we need to ask in deciding what we may and should not do with our new technoscience, that is, what is ethical or unethical: Does any given use of this science, in the search for human perfection, damage or destroy the essence of our humanness? That leads to the question of whether at least some imperfections are elements of that essence and of immense value as such. Just like the hand-knitted sweater, are they part of what makes each of us unique originals?

I once wrote elsewhere that I wondered why seeing the original of a famous painting is not only different from, but much more exciting than, seeing an exact copy -- at least, to me it is. (It turns out that some people prefer the copy. For instance, the Australian government built a replica of part of the Great Barrier Reef to reduce the number of tourists to the real reef in order to better protect it. Tourists from Japan preferred the replica to the real thing.)

Or we can think about how antiques lose their value if they are refinished -- when the many human hands that have touched the antique and the marks they have left have been erased, we consider that the antique is no longer authentic, that its priceless intangible essence is gone. In fact, we value such antiques less because in our later touching of them to alter them, they can no longer touch our imagination with the same profundity.

I believe that if we succeed in our search for human perfection -- or, perhaps, even if we just engage in it -- we will lose our authenticity, our human essence, our messy, old, much-touched soul. We will be like copies of masterpieces or like restored antiques: not originals, no longer unique, no longer the "real thing."

Just as we changed our minds about which was the most valuable sweater, the perfect machine-made or the "imperfect" hand-knitted one, perhaps the same will happen with respect to our natural, untampered-with, imperfect human selves.

Margaret Somerville is director of the Centre for Medicine, Ethics and Law at McGill University, and author of The Ethical Imagination: Journeys of the Human Spirit. Copyright © Margaret Somerville. Published by MercatorNet.com. Reprinted here with permission.



The Venous Thrombotic Risk of Oral Contraceptives, Effects of Oestrogen Dose and Progestogen Type: Results of the MEGA Case-control Study

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Abstract and Introduction

Abstract

Objective: To assess the thrombotic risk associated with oral contraceptive use with a focus on dose of oestrogen and type of progestogen of oral contraceptives available in the Netherlands.

Design: Population based case-control study.

Setting: Six participating anticoagulation clinics in the Netherlands (Amersfoort, Amsterdam, The Hague, Leiden, Rotterdam, and Utrecht).

Participants: Premenopausal women < 50 years old who were not pregnant, not within four weeks postpartum, and not using a hormone excreting intrauterine device or depot contraceptive. Analysis included 1524 patients and 1760 controls.

Main Outcome Measures: First objectively diagnosed episodes of deep venous thrombosis of the leg or pulmonary embolism. Odds ratios calculated by cross-tabulation with a 95% confidence interval according to Woolf's method; adjusted odds ratios estimated by unconditional logistic regression, standard errors derived from the model.

Results: Currently available oral contraceptives increased the risk of venous thrombosis fivefold compared with non-use (odds ratio 5.0, 95% CI 4.2 to 5.8). The risk clearly differed by type of progestogen and dose of oestrogen. The use of oral contraceptives containing levonorgestrel was associated with an almost fourfold increased risk of venous thrombosis (odds ratio 3.6, 2.9 to 4.6) relative to non-users, whereas the risk of venous thrombosis compared with non-use was increased 5.6-fold for gestodene (5.6, 3.7 to 8.4), 7.3-fold for desogestrel (7.3, 5.3 to 10.0), 6.8-fold for cyproterone acetate (6.8, 4.7 to 10.0), and 6.3-fold for drospirenone (6.3, 2.9 to 13.7). The risk of venous thrombosis was positively associated with oestrogen dose. We confirmed a high risk of venous thrombosis during the first months of oral contraceptive use irrespective of the type of oral contraceptives.

Conclusions: Currently available oral contraceptives still have a major impact on thrombosis occurrence and many women do not use the safest brands with regard to risk of venous thrombosis.

The Abstract and Introduction to this study are freely available from www.medscape.com/viewpublication/21585. The Study was originally published in the British Medical Journal. The full study can be viewed at the website address cited above.



SUPPORT CHRISTIAN FAMILIES

VATICAN CITY, 25 SEP 2009 (VIS) - The family, "founded on marriage as a conjugal alliance in which man and woman mutually give and receive", was the central theme of the Holy Father's meeting today with prelates, from the National Conference of Bishops of Brazil (Northeast 1-4), who have just completed their "ad limina" visit.

In his remarks the Pope noted how, in their reports to him, the bishops had highlighted the fact that “families are beleaguered and under siege”. Yet, he pointed out, “despite all negative influences”, the people of north-eastern Brazil “remain open to the Gospel of life”.

“The Church”, Benedict XVI went on, “tirelessly teaches that the family has its foundation in marriage and in God’s plan”. Yet “the secularised world is dominated by profound uncertainty on this matter, especially since western societies legalised divorce. The only recognised foundation seems to be individual subjectivity, expressed in a desire to live together”.

“In this situation the number of marriages is falling because no-one wants to commit themselves on such fragile and unpredictable grounds, the number of ‘de facto’ unions is increasing and divorces are on the rise. It is in this fragile scenario that the drama of so many children is played out - deprived of the support of their parents, victims of apprehension and abandonment - and social disorder grows”.

“The Church cannot remain indifferent before the separation and divorce of couples”, Pope Benedict cried, “before the break-up of homes and the repercussions on children, who need extremely precise points of reference for their instruction and education: in other words determined and confident parents who participate in their upbringing”.

“This is the principle that is being undermined and compromised by the practice of divorce, through the so-called extended and mobile family which increases the number of ‘fathers’ and ‘mothers’ and leads to a situation today in which the majority of those who feel orphaned are not children without parents but children with a surplus of parents. This situation, with its inevitable ... crisscross relationships cannot but generate internal conflict and confusion that contributes to giving children a distorted idea of the family”.

“The firm conviction of the Church is that the true solution to the problems which married couples currently face and which weaken their union is a return to the solidity of the Christian family, a place of mutual trust, of reciprocal giving, of respect for freedom and of education to social life”.

“With all the understanding the Church feels towards certain situations, couples in their second marriage are not like those in their first; theirs is an irregular and dangerous situation which must be resolved, in faithfulness to Christ, finding, with the help of the priest, a way possible

to rehabilitate everyone involved”, the Holy Father said.

He then invited the prelates to encourage priests and pastoral care centres “to accompany families so as to ensure they are not seduced by the relativist lifestyles promoted by cinema, television and other communications media”. And the Pope concluded: “I trust in the witness of families who draw the strength to overcome trials from the Sacrament of Marriage. ... It is on the foundation of families such as these that the social fabric must be recreated”.



Fertility Awareness Based Methods - Another Option for Family Planning: Conclusion

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Abstract

Modern fertility awareness-based methods (FABMs) of family planning have been offered as alternative methods of family planning. Billings Ovulation Method, the Creighton Model, and the Symptothermal Method are the more widely used FABMs and can be more narrowly defined as natural family planning. The first 2 methods are based on the examination of cervical secretions to assess fertility. The Symptothermal Method combines characteristics of cervical secretions, basal body temperature, and historical cycle data to determine fertility. FABMs also include the more recently developed Standard Days Method and TwoDays Method. All are distinct from the more traditional rhythm and basal body temperature methods alone. Although these older methods are not highly effective, modern FABMs have typical-use unintended pregnancy rates of 1% to 3% in both industrialized and nonindustrialized nations. Studies suggest that in the United States physician knowledge of FABMs is frequently incomplete. We review the available evidence about the effectiveness for preventing unintended pregnancy, prognostic social demographics of users of the methods, and social outcomes

related to FABMs, all of which suggest that family physicians can offer modern FABMs as effective means of family planning. We also provide suggestions about useful educational and instructional resources for family physicians and their patients.

Introduction

Fertility awareness-based methods (FABMs) of family planning are methods that use physical signs and symptoms that change with hormone fluctuations throughout a woman's menstrual cycle to predict a woman's fertility. The unifying theme of FABMs is that a woman can reduce her chance of pregnancy by abstaining from coitus or using barrier methods during times of fertility. Natural family planning (NFP) is a subset of FABMs that specifically excludes concurrent use of all other forms of contraception, including barriers, as a supplement to the observation for fertile signs; pregnancy is avoided through abstinence alone^[1].

Several factors contribute to a woman's fertility. An ovum survives up to 24 hours after ovulation unless it is fertilized, leaving a finite time for sperm to reach the egg. Sperm have short life spans after ejaculation without hospitable cervical mucous, which is present only in the periovulatory period. In optimum conditions, the typical maximum life span of sperm is 5 days, leaving a fertile window of approximately 6 days^[2,3]. Although FABMs may be used to achieve pregnancy, that discussion is beyond the scope of this review.

FABMs are diverse. They include the older calendar ("rhythm")- and basal body temperature-based methods and the newer methods that assess cervical mucous or a combination of signs and symptoms (which include the older methods). The former are generally not considered to be highly effective^[4]. The newer methods compare favorably with conventional contraceptives. It is not certain where providers and patients obtain their information about FABMs. Anecdotal evidence suggests that in the United States instruction is not often available through physician providers, occasionally through hospital programs, and more often available from faith-based groups.

When provided with positive information about FABMs more than 1 in 5 women in the United States expressed interest in using one of these methods to avoid pregnancy^[36,37]. However, only 1% to 3% percent of US women are currently using a FABM for this purpose^[36,38]. Despite an improved understanding of the science underlying FABMs, rates of use

have declined to 11% from 22% of married couples in 1955^[37,39]. This decline is multifactorial. Clinicians and patients frequently perceive a difficulty in learning the methods.^[36,40,41] Many women also believe FABMs are not efficacious^[36,40,41]. Many physicians do not have the knowledge to teach their patients about these methods. One geographically limited study found that physicians have significant knowledge deficits about FABMs^[41] and that they generally know less about these methods than do nurse midwives^[42]. Another survey of NFP users showed that only 1% of them came to use those methods because of the advice of medical practitioners^[43].

Benefits and Harms

The lack of medical side effects and the low cost of FABMs are implicit benefits but the social effects deserve some examination. Modern NFP methods are associated with a lower incidence of induced abortion^[43,45]. They are also associated with a US divorce rate lower than that among the general US population^[43]. One nonrandomized survey found the ever-divorced rate among NFP users was 2 in 1000 if they had never used other forms of contraception. Four percent of those who had used non-NFP types of contraception previously had been divorced^[43]. In the same year, 10.8% of the general population identified themselves as presently divorced, with a divorce rate of 4.1 in 1000 per year^[52,53]. Catholics who do not use NFP have divorce rates similar to those of the general population, suggesting that religion alone does not account for this difference^[43]. The difference may be attributable to the methods or to selection bias, although neither has been clearly established. These effects have not been studied in FABMs.

Proponents of modern NFP often endorse improved communication and sexual interactions, deeper intimacy and respect for partners, and other aspects of psychosocial-spiritual well-being with NFP use. Evidence is insufficient to evaluate this claim, which is based on a single nonrandomized survey of NFP users^[43]. Subsequent confirmation studies examining well-being have methodological flaws, such as incomplete reporting of data and mismatched comparison groups, making it difficult to assess the validity of these statements on a population level^[54,55]. Most couples continuing to use NFP have mixed feelings about the methods but responses are primarily positive^[56]. These effects have not been studied in FABMs.

Another concern voiced about FABMs is the potential for decreased

frequency of intercourse. Studies have found that coital frequency varies greatly by country, ranging from 2.6 to 8.9 acts per month; the worldwide average is approximately 5.5 acts per month among all couples. FABM users have an average monthly coital frequency of 5.1 acts per month^[57]. Standard Days Method (SDM) and TwoDays Method (TDM) users average 5.5 and 5.6 acts per month, respectively^[58]. The timing of intercourse does shift with the use of FABMs, becoming more frequent during identified nonfertile days. There is a small trend of increased frequency of intercourse as the users become more comfortable with their chosen method^[58]. Although perceived lack of spontaneity of intercourse is raised as a concern related to FABMs use, this aspect of FABMs has not been adequately studied.

Calendar Methods

The Rhythm Method (RM), introduced in the 1920s before the availability of hormonal methods of contraception, was the first FABM. At its inception, it was believed to be one of the most effective methods of birth control^[4,59]. The effectiveness of RM has never been precisely determined. The few existing RM studies used different rules about when not to have intercourse or did not report these rules^[59]. Studies of RM often included individuals who reported using intercourse rules inconsistent with any validated calendar method^[45,60]. It is not clear whether this misuse of the method came from a lack of formal information, lack of proper instruction, or whether the instructions were difficult to understand.

One type of traditional RM is practised by counting days in a cycle, with the beginning of menstruation being day 1 for each cycle. Days 12 to 19 (inclusive) are considered fertile. The difference between the longest and shortest of the previous 8 to 12 cycles are subsequently added as additional fertile days at the beginning of the fertile time. This method was initially reported to be so effective that there were no pregnancies for more than 54,000 acts of coitus when the method was used properly^[61,62]. A meta-analysis later reported total unplanned pregnancy rates of 15% to 18.3%^[59].

Effective use of the RM is hindered by events that affect the length and regularity of the menstrual cycle, including the use of hormonal contraceptives, recent pregnancies or childbirth, breastfeeding, menarche or menopause, inherent cycle variation, or illness. More pregnancies result when cycles are irregular. RM typically overestimates the fertile period and accurate history of the menstrual cycles of the previous 8 to

12 months is necessary for use of the method. Without data about past cycles it is not considered reliable for avoiding pregnancy^[62].

One modern user-friendly calendar method is the SDM. It is applicable for women with cycles consistently between 26 and 32 days (inclusive). It differs from previous calendar methods in that historical data are not needed to calculate the fertile window. Days 8 to 19 (inclusive) are considered fertile for all users of this method. Two or more cycles outside of the 26- to 32-day range within 1 year contraindicate SDM use, which excluded 28% of the original sample from further participation in the study^[21]. Color-coded cycle beads, essential to SDM practice, help with tracking fertile and infertile days and are available for \$12 per a kit, including instructions. Use of SDM is also limited during variable menstrual cycles^[21].

Basal Body Temperature

Basal body temperature (BBT) elevation, another older method, retrospectively identifies fertility. The luteinizing hormone surge, which stimulates ovulation, is associated with a 0.5- to 1°F- (0.9- to 1.8°C-) rise in BBT measured with highly standardized methods. BBT can be taken orally, vaginally, or rectally with a sensitive thermometer; the same site should be used daily. BBT is measured on awakening at approximately the same time every morning, before getting out of bed or doing any other activity. At least 6 hours of uninterrupted sleep the preceding night is necessary for accurate measurement. BBT remains elevated throughout the luteal phase secondary to higher progesterone levels. The woman is assumed to have ovulated after observing 3 consecutive days of temperature elevation. Pregnancy is avoided by abstaining from the beginning of menstruation until 3 to 4 days after the rise in BBT. All subsequent days until the beginning of her next menses are considered infertile^[63].

Because sperm survive 5 days, BBT alone does not predict ovulation far enough in advance to identify all the potentially fertile days; it predicts only peak fertility, thus the need to abstain from the beginning of menstruation. Many other factors also limit the use of BBT. Some women ovulate without a clear rise in BBT^[22]. Alcohol consumption, late nights or oversleeping, disrupted sleep, travel, time zone differences, holidays, shift work, stress, illness, gynaecologic disorders and medications can all lead to inaccurate basal temperature measurement^[22]. Moreover, the biphasic shift of BBT has been found to vary up to 1 day before and

3 days after actual ovulation^[22,63]. Extensive reviews of BBT have been conducted elsewhere^[4,23,24].

Cervical Secretion Methods

Studies have found cervical secretion characteristics to be highly predictive of ovulation and can therefore be used to avoid pregnancy^[64,65]. Studies conducted by the World Health Organization indicate that 93% of women, regardless of their education level, are capable of identifying and distinguishing fertile and infertile cervical secretions^[66].

Three main cervical secretion methods exist and are described below. All the methods involve noting the presence or absence of cervical secretions, usually recommended to be checked both at midday and early evening when women are less likely to have sex. Women are further asked to characterize the secretions as to color, texture, and stretch, the detail depending on the method of instruction. Fertile cervical secretions are clear, wet, slippery, stretching and changing in quality. They are often compared with egg whites. Infertile secretions are unchanging and generally dry, sticky, cloudy, and do not stretch. Menstruation is considered fertile because menses can mask the signs of cervical secretion, as can sexual fluids. Therefore, a day of abstinence after coitus occurring between menstruation and ovulation is required to interpret secretion signs. Hence, every other day between menstruation and the onset of the fertile phase is available for intercourse. One identifies peak fertility retrospectively when fertile secretions begin to return to a basic infertile pattern. It is safe to have intercourse without restrictions on the fourth day after peak fertility until the onset of the next menses. Any bleeding or cervical changes that interrupt the basic infertile pattern are potentially fertile^[50,51].

The Billings Ovulation Method (BOM) was the first described and allows women to describe secretions "in their own words" with a focus on changes in cervical characteristics. It has undergone refinement since studied in the United States^[5,50]. In a study undertaken in India, pregnancy rates among perfect and all users of this method were 1.1% and 2% to 10.5%, respectively, at 12 months^[5,6]. In the US study (1975 to 1977), method- and typical-use pregnancies were 1% and 16%, respectively^[25]. The World Health Organization study of 1981 calculated typical-use pregnancies of 22.3%, with 15.4% caused by a conscious departure from method rules^[17]. A randomized trial in China reported typical-use pregnancy with BOM as 0.5% when used to avoid pregnancy

and had higher adherence than the copper intrauterine device to which it was compared. However, the data has not been published for peer review in English and the BOM Association reports that women unable to identify fertile cervical secretions were excluded^[67]. Discontinuation rates were 0.5% and 24% at 12 months in China and India, respectively, and 44% at 2 years in the United States^[5,6,25].

Another method, the Creighton Model (CrM), also called NaProTechnology, is more standardized in the way secretions are characterized, using pictures and precise words to describe them^[8,9,51]. The male partner is responsible for charting and interpreting the data, a step supporters believe encourages sharing responsibility for family planning and facilitates communication and relationship building. The effectiveness of the CrM has improved since its introduction in 1980, presumably because of improved methods of instruction^[8,9]. CrM instructors must be certified in a year-long program accredited by the American Academy of Natural Family Planning and are asked not to prescribe other forms of birth control. Standardized patient instruction involves 8 one-hour sessions over the course of 1 year, 5 of them in the first 3 months^[51]. CrM users are instructed that conscious departure from the method rules resulting in intercourse on method-predicted fertile days implies that they are no longer using the method for avoiding pregnancy but for achieving pregnancy. All pregnancies resulting from such actions are thus classified as achieving-related pregnancies without distinguishing between intended or unintended pregnancies. Although the argument of classifying pregnancies based on the "objective behavior of the patient" has merit, it is inconsistent with the majority of other family planning investigational methods, which would report some of these pregnancies as unintended or unplanned. CrM studies are "in vivo" and include women who are not trying to avoid pregnancy. Comparison of the typical use of CrM to other methods is therefore difficult, and reported data of overall pregnancies is probably an overestimate of unintended pregnancies. Method-related pregnancies, however, are comparably reported^[8,9].

The TDM is a simpler method that can be taught during a routine office visit. The woman is taught to identify cervical secretions of any type regardless of their characteristics. She then is instructed to ask herself, "Did I notice any cervical secretions today?" If the answer is no, she then asks, "Did I notice any cervical secretions yesterday?" If the answer is no, then intercourse is unlikely to result in pregnancy. If the answer to either of the 2 questions is "yes," then intercourse has a high probability of

resulting in a pregnancy. The same preovulatory cervical secretion check rules described above apply. There are no restrictions on coitus when cervical secretions meet the 2-days rule after peak fertility and until the onset of the next menstruation^[10,68].

All cervical methods are theoretically compatible with cycles of any length and variable hormonal states. However, they have not been studied in depth because of the expense of following women with longer cycles and medical concerns with shorter cycles^[10,50,51].

Symptothermal Method

The Symptothermal Method combines BBT, cervical methods, cervical position, and/or historical cycle data to prospectively and retrospectively identify the peri-ovulatory period. In its most effective form, 2 signs are used to “double check” each phase as confirmation for the couple that the woman is unlikely to be fertile^[20,26]. The method has a 0.4% pregnancy rate when used as described^[4,14].

Typical-use unplanned pregnancy rates have been reported as low as 1% to 3% in Europe and India^[7,12-16,19,20]. However, unplanned pregnancy rates as high as 13% to 20% have also been reported for typical users of the Symptothermal Method^[4]. Critics warn that combining signs and symptoms can overestimate the fertile phases by a couple of days or more. On the other hand, because there is no requirement to abstain every other day before the fertile phase, the total abstinence time is approximately equivalent to cervical secretion methods. There is a trend of increased intercourse among couples who use barrier back-up methods concurrently. This trend, however, may be confounded because women using barrier backup are generally younger^[49].

Breast Feeding

Lactational amenorrhea results in a 2% pregnancy rate when used under 3 conditions. The first is that the lactating woman is supplying at least 90% of the infant’s calories through breastfeeding at intervals no longer than every 4 hours during the day and every 6 hours at night, but ideally more frequently. Second, she has not resumed her menses. Third, she is in the first 6 months postpartum. Such women may not need additional contraception, therefore avoiding the controversy of taking hormones while breastfeeding^[4,27-33]. The pregnancy rate increases to 5% in working women even if they express their milk every 4 hours, suggesting that the suckling of the infant contributes substantially to the contraceptive effect^[4,34]. Beyond 6 months, the likelihood of ovulation preceding

menses increases with time, raising the probability of conception.

The low pregnancy rate of lactational amenorrhea, in addition to the many other benefits of breastfeeding, may be another reason for women to consider strict breastfeeding. Cultural and work-related constraints may be barriers inhibiting more widespread use of the method. Women not wanting to conceive again or with regimented spacing ideas need adequate education to identify signs of returning fertility (mainly more than 6 months postpartum, return of menses, or supplementation of the infant's calories from sources other than maternal breast milk) so that they are prepared to switch to another method without delay. Modern FABMs, with the exception of SDM, are appropriate for this purpose^[21,62].

Fertility Awareness-based Instruction and Resources

The SDM and TDM are conducive to physician office-based instruction because they are simple to teach and ordinarily can be taught during a standard 15-minute clinic appointment. Information about instruction or becoming a certified instructor in FABMs/NFP can be found through the method specific web sites; many of these are faith-based groups. Some practices employ a teacher to whom they can refer patients. Additional courses are often offered through local churches, particularly if they are Catholic, and can sometimes be found at local hospitals.

Conclusion

The available evidence suggests that FABMs, based largely on assessing cervical mucous, can provide effective contraception. Although these methods have not gained wide use, modern FABMs can be mastered by most motivated couples. Physicians' and other medical personnel's limited knowledge of and experience with the methods inhibits broader use. Physicians should offer FABMs as a reasonable choice for family planning because there are no absolute contraindications. A woman's informed decision to use such methods should be supported with accurate information and referral to a certified provider. Instruction is available in many communities and from online courses. Some of these methods can be taught during a single session.

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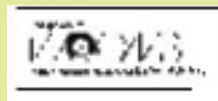
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