

A total gift of self



A family planning guide for Catholic couples

Francine & Byron Pirola



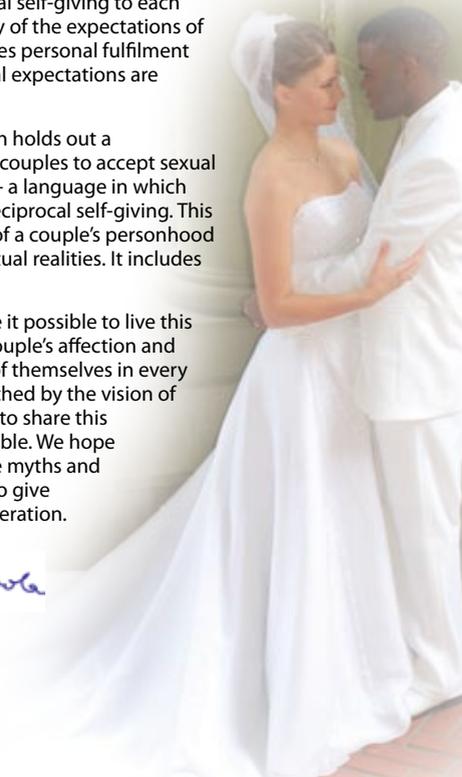
foreword

Being married in the Catholic Church is both a challenge and a privilege. Unlike secular marriage, Catholic couples are called to a radical lifestyle of total self-giving to each other; a lifestyle that goes against many of the expectations of our contemporary society which glorifies personal fulfillment and enshrines individuality. These social expectations are especially strong in the sexual arena.

Against this social backdrop, the Church holds out a magnificent vision for marriage. It calls couples to accept sexual intercourse as a sacred body language - a language in which husband and wife express their total, reciprocal self-giving. This total self-giving includes every aspect of a couple's personhood - their physical, psychological and spiritual realities. It includes their potential to create children.

Natural fertility methods not only make it possible to live this vision of love, they actively nurture a couple's affection and knowledge of each other as they give of themselves in every act of love. Our lives have been so enriched by the vision of the Church, that it is our earnest desire to share this message with as many couples as possible. We hope that this booklet will dispel some of the myths and encourage every couple who reads it, to give natural fertility methods serious consideration.

Janani & Byron Pinola





Male Fertility

Under normal circumstances, men are fertile all the time. Sperm are produced continuously by the testes at a rate of around a hundred million per day. The testes begin sperm production at puberty and continue until the man dies, although the number and quality decline with age.



Female Fertility

Women are fertile for only one day each cycle, at ovulation; that is, when an ovum (egg) is released from one of her two ovaries. A woman is born with some two million immature ova in her ovaries. Most of these ova never fully mature but gradually disintegrate throughout the woman's reproductive life.

By the time a woman becomes reproductively mature following puberty, approximately 400,000 ova remain in her ovaries. Only 400-500 of these ova will be stimulated to full maturity by the woman's hormones and about once a month, one will rupture from either the left or right ovary at ovulation. This ovum will live for a mere 12 – 24 hours after which it dies if it has not been fertilised by a sperm cell. The woman continues to release approximately one ovum per month until menopause.

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Combined Fertility

Sperm ejaculated into the vagina will normally die in its acidic environment in a few hours or less. In the days preceding ovulation however, a woman's cervix (which is at the base of the uterus) produces specialised mucus which can nourish and sustain the sperm for up to five days. This mucus is also important for the filtering of abnormal sperm and the transportation of healthy sperm into the uterus (Fig. 1). Of the several hundred million sperm deposited into the vagina during ejaculation, only around 200 will reach the ovum, and only one will be able to fertilise it.

Once ovulation has occurred, the specialised mucus is no longer required and the woman's hormones cause the cervical mucus to change and her resting body temperature to rise about 0.2°C. If the ovum is fertilised, the newly formed embryo begins to develop and will implant in the soft nutritious lining of the woman's uterus, reaching birth some 8½ months later. If there is no fertilisation, the woman's uterus sheds the lining it had prepared for an embryo in what is known as menstruation or a 'period'.



Figure 1. Oestrogen from the ovary causes the cervix to produce specialised mucus (main figure: blue, white) immediately prior to and during ovulation. Healthy sperm swim through this mucus at the cervix into the uterus, while many abnormal sperm are trapped in it. After ovulation, the hormone Progesterone stimulates the production of a different mucus (inset: green) that is impenetrable to sperm.

natural methods of fertility management

These methods are available in many countries throughout the world. For further information, visit www.totalgift.org

There are a number of natural methods of fertility management, but only a few (notably, the Billings Ovulation Method (BOM), the Creighton Method (CrM) and the Sympto-Thermal Method (STM)) have been demonstrated to be consistently reliable in avoiding and also achieving a pregnancy. Unlike the old Rhythm Method (referred to on occasions as Catholic Roulette!), these modern methods of natural fertility management are very effective – more effective in fact, than some popular contraceptives, such as condoms and diaphragms. Natural methods also have the advantage of being free of physical side effects. See the appendix for a detailed overview of the various family planning methods.



Billings Ovulation Method (BOM)

Named after its developers, Drs John and Lyn Billings of Melbourne, this method teaches a couple how to identify the fertile and infertile days in a woman's cycle by observing the changes in the cervical mucus. Mucus is secreted by specialized cells in the cervix immediately prior to and at the time of ovulation. The mucus can be felt and seen when it leaves the woman's body at the vulva (i.e. the opening of the vagina). A couple using this method keeps a daily record of the woman's vulval sensations as well as the colour and consistency of any mucus secretion. These observations allow the couple to determine when they are fertile (Fig. 2).

Creighton Method (CrM)

This method is similar to the BOM, except that it involves a standardised and more detailed system for describing and recording the cervical mucus. The CrM is particularly helpful as a diagnostic tool in the detection of many gynaecological abnormalities.

Sympto-Thermal Method (STM)

This method incorporates the change in a woman's body temperature following ovulation, and some other indicators, in addition to the cervical mucus symptom. The temperature change can be very useful in confirming the mucus observations.

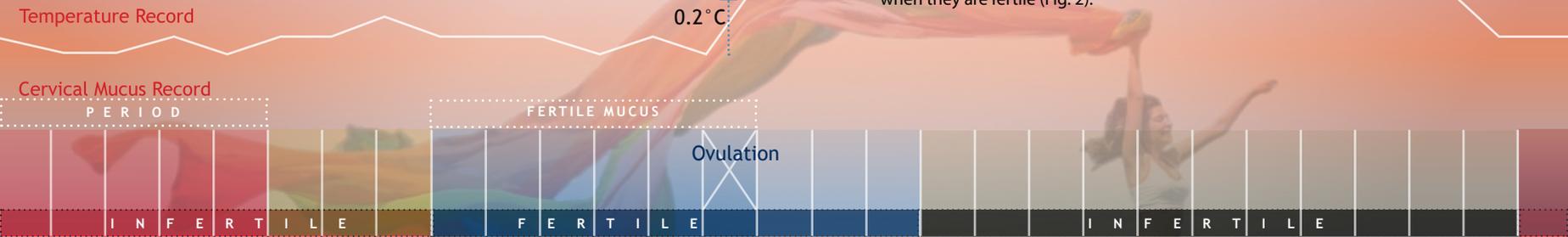


Figure 2. A schematic illustration of a typical cycle showing the days of combined fertility and infertility. Ovulation is preceded by several days of fertile cervical mucus secretion (dark blue). Once ovulation occurs cervical mucus abruptly changes or disappears and basal (resting) body temperature rises. Intercourse on any day when there is fertile mucus present, or up to three days afterwards, is potentially fertile.

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Avoiding Pregnancy...confidently

If a couple using NFP wish to avoid a pregnancy, they must abstain from intercourse during the time of their combined fertility.

The reliability of different birth control methods in avoiding pregnancy is summarised in the appendix on page 20. The Billings Ovulation Method, Creighton Method and the Sympto-Thermal Method compare favourably with other popular birth control methods. The Standard Days and Two Day Method are slightly less reliable but are still within the acceptable range.

Couples wishing to use any of these natural methods confidently are advised to seek instruction from an accredited teacher. More information on locating local teaching centres or correspondence courses can be found at www.totalgift.org

Achieving Pregnancy... naturally

As natural methods do not impede or suppress fertility in any way, there is no delay in the return to fertility that is often experienced with some contraceptives. If a couple wish to achieve a pregnancy, they can time intercourse so that their chances of conception are optimised.

Many couples experience difficulty conceiving. By anticipating the approach of ovulation, modern methods of natural fertility management assist the couple in accurately identifying what may be a very narrow window of combined fertility.

For those couples who have reproductive disorders such as endometriosis, hormonal imbalances, polycystic ovary syndrome and others, Naprotechnology, in combination with the Creighton Method, offers a comprehensive and ethically sound treatment aimed at restoring fertility so that conception can occur naturally.



"For the first eight years of our marriage we used various forms of contraception. We had heard of natural fertility methods but did not consider it a realistic option. We were re-introduced to natural fertility methods after our second child was born and were pleasantly surprised to find it both reliable and convenient - it was no more restrictive to use than any other form of contraception we had previously used. The instruction was easy to follow and gave us both the opportunity to be actively involved in managing our fertility. Natural fertility methods have added a new dimension to our intimacy - physically, emotionally and spiritually." - John & Natalie



"Abstinence does have an upside! You really know what it is to hunger for someone when you have to wait." - John

"Regular exercise, limiting the junk food... these are just some of the things that take effort and self-discipline that we try to do because it's good for us. The same can be said for natural fertility methods. Abstinence can be a real nuisance, but overall the positives far outweigh the negatives. And in fact, we've found that some of our most memorable and sexually satisfying times have been our reunion at the end of a period of abstinence; by waiting during the fertile phase, we find our longing and passion for each other develops." - David



abstinence 

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All natural fertility methods require the couple to abstain from sexual intercourse during the time of combined fertility if they wish to avoid pregnancy. While this period of abstinence (typically 8-12 days) will at times be difficult, fertility is only one of many reasons for abstinence in a couple's life. Stress, tiredness, separation due to work commitments and sickness are just some aspects of modern living that infringe on our availability for sexual intercourse.

All couples need to find creative ways of dealing with the inevitable periods of abstinence. Some couples use times of planned abstinence for non-genital ways of expressing their love and passion for each other, focussing on emotional and verbal intimacy. A strong emotional connection is an essential part of a satisfying and meaningful love life, and can greatly enhance a couple's physical intimacy.

Moreover, it is not uncommon for couples to find short periods of abstinence helpful in keeping their sexual expectations of each other balanced. Many couples experience disappointment and frustration in their sexual intimacy when their relationship becomes dominated by unrealistic expectations of sexual intercourse. In such situations, 'performance pressure' can make both partners feel that they are failing sexually. The regular period of short-term abstinence required by natural fertility methods can provide a 'circuit breaker' from the pressure to perform sexually, giving couples time to build their relational intimacy and develop their passion for each other.



"While I never especially enjoy abstinence when we're in it, I have to admit that it has its benefits; it provides me with a regular opportunity to remember that it is not only sex, but also love and intimacy that bonds me to my wife." - Charles

A Vision for Life and Love



In our society there is a strong culture of self-entitlement when it comes to sex. Society tells us that sex is about our individual personal fulfilment and that sexual satisfaction is our right. Rather than helping couples develop deeply intimate and meaningful intimacy, these attitudes lead them into selfish and often disordered sex lives.

Scripture reveals that God's vision for married love is one of life-long, mutual self-donation; a passionate and other-centred self-gift that draws the couple into the sacred presence of the Divine. Yet not many people appreciate that this vision for married love forms the foundation of all the Church's teachings about sex and when taken out of context these teachings can seem inconsistent or disconnected with reality.

For example, many Catholics believe (mistakenly) that the Church insists that they must have large families or that the use of contraception is wrong simply because it is artificial. Neither of these beliefs is accurate, though they do raise two important issues: how many children and how to plan for them.



"Sexual intercourse is the ultimate expression of love between us as husband and wife. When words are inadequate, sex allows us to express the depth of our feeling for each other and to reconfirm our commitment to love 'all the days of our life'. In entering into sex, we hold nothing back - each act of love is a gesture and a celebration of a total gift of ourselves to each other." - Susan



1) How many children should a couple have?

Children are a great blessing to a marriage. Raising a child is also a tremendous responsibility drawing on the emotional, physical, spiritual and economic resources of the parents. Thus procreation is not only about conceiving and giving birth to a child, it is also about forming and parenting that child into independent adulthood; there is both a biological and spiritual aspect to the role of parenting.

For this reason, the Church encourages couples to plan their families responsibly with consideration given to their commitment to God, to each other, to their family and to society.¹⁰ This planning should be a prayerful discernment by husband and wife together in a spirit of mutual respect and generosity.

Couples are urged to always be open to the gift of children throughout their marriage, even if their circumstances and prayerful discernment oblige them to avoid conception for a period of time. The Church calls this discernment process 'responsible parenthood'.

Responsible Parenthood

As every married couple is unique, each must prayerfully discern for themselves how many children God calls them to have and when to have them. A decision to postpone or limit family size should never be for trivial reasons. Such reasons for a particular couple may relate to the psychological or physical health of one of the spouses, to the difficulty of a family's social circumstances, or to arduous financial burdens. However, it is worth remembering that "...it is certainly less serious to deny children certain comforts or material advantages than to deprive them of the presence of brothers and sisters who could help them to grow in humanity and to realise the beauty of life in all its ages and in all its variety."¹¹ Couples who are unable to have their own children will need to apply the same principles of discernment to the issue of adoption, fostering or other life-giving ministries.

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2) By what means can a couple manage their fertility when necessary?

About the only thing a man can do that a woman can not is be a father. Likewise, being a mother is a unique experience to women. But neither can be a father or a mother without the assistance of the other: a husband's paternity is a gift that is given to him by his wife, a wife's maternity is a gift that can only be given through the loving embrace of her husband. Thus our capacity for biological parenthood is indelibly linked to sexual union.

Yet marital sex is about more than just procreation. There are two inherent meanings or purposes in marital sex: the unitive (or bonding) and the procreative (or life-giving).

These two aspects of intercourse are inseparable; they are interconnected one with the other. That is to say that if the procreative aspect is removed or set aside, the unitive meaning is also diminished. When a couple use contraception, this is exactly what happens. They not only eliminate the procreative dimension of their love making, they also impede the expression and fulfillment of their interpersonal unity. They deny each other and their marriage the gift of their fertility, and in doing so they withhold an intrinsic part of themselves in their love making. Instead of their lovemaking being an expression of their *total* self-gift to each other, it becomes a *conditional* and *impaired* self-gift. Instead of their lovemaking being an expression of the total acceptance of each other,

it becomes tainted with an element of rejection as they suppress or disable the fertility of one or both.

The Church holds sexual love and the generation of new life in such high esteem that it would never condone the degrading of it through the use of contraception or artificial reproduction. Thus the Church does not object to contraception because it is artificial. Rather, it objects because it knows that when spouses deliberately impede their procreative capacity they compromise the sacred meaning of sexual intercourse as a total gift of self between husband and wife.

"After ten years on the pill it was starting to have a bad effect on our marriage. I felt irritable and generally unsexy most of the time. Sex became infrequent and when we did make love, it was a shallow experience for us both. I resented being on the pill and I blamed my husband and thought he was selfish. We grew further apart and then one day when Greg confessed to almost having an affair. Thank God he didn't but it gave us a wake up call. We heard about natural fertility methods at a retreat and decided to give it a go, though at the time, we still didn't want any more children. When I stopped the pill and we began relying on a natural fertility method the first shock was how sexy and passionate towards Greg I started to feel. We had slipped into using sex for personal recreation. When we started tracking my fertility and reading about the theology behind the method we experienced an amazing rejuvenation in our marriage. I felt healthier and more confident as a woman. We were more together as a couple, making the decisions about our family planning jointly, instead of me carrying the burden alone. And there was a freedom in our lovemaking – it took on new depth and is now a deeply spiritual thing for us; not just a physical act but an emotional connection as well. The irony is, we have less abstinence using natural fertility methods than we did when I was on the pill" – Beth.

"When we were engaged, we were fortunate to have known a number couples, including our parents, who encouraged us to find out about natural methods. We didn't really understand why the Church accepted it and not other methods of birth control, but we trusted the Church, and those close to us - trusted that they had our interests at heart when they invited us to learn it. After fourteen years, we're convinced of the truth in the Church's teaching, and are thankful to those who challenged us to live this truth in the most important part of our married life." - Ben



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The Moral Difference

Some people ask, "If natural fertility methods are so effective, what is the moral difference between them and contraception? After all, the result is the same - pregnancy is avoided."

As in any moral decision, couples need to consider not just the 'end', but also the 'means' by which that end is achieved. For some methods of contraception including some forms of the 'pill' and IUDs, the end can often directly involve the destruction of a human life through an early abortion. With respect to some other forms of contraception (e.g. condoms), although the intended outcome of avoiding pregnancy (the end) is the same as for natural fertility methods, there is an important difference in the means.

Couples who use a natural fertility method do not in any way alter their fertility, but accept it in its natural rhythms. These couples do not make a conscious choice against their fertility when they choose to use the naturally infertile phases for intercourse, because these acts of love are infertile

by God's design. The sacred meaning of sexual intercourse as a total gift of self is preserved; they can freely and wholeheartedly enter into sexual intercourse at these infertile times knowing that they hold nothing back from each other and accept each other fully.

On the other hand, when a couple chooses contraception to avoid a pregnancy, their potential as a couple to fully express their total self-giving is impeded. By intentionally excluding their fertility from their love making, even by mutual agreement and for seemingly good reasons, they withhold a vital part of themselves and thus undermine the sacred meaning of their specific exchange.

The Church is not indifferent to the difficulties many couples face in attempting to live out this vision. It draws close to couples in difficulty, and calls them to find a solution to their challenges through a full respect for the truth of their love¹².

The Language of Love

Natural fertility methods promote an attitude of shared responsibility for your fertility management and family planning decisions. The process of learning about your fertility and how to apply your knowledge will provide an opportunity for you as a couple to grow in your mutual appreciation of each other and your sexuality.

Sexual intercourse is not just a celebration of the intimacy and love between a husband and wife; it is also a means to create it. The sacred language of sexual intercourse, allows you, as husband and wife, to use your entire body to say: "I share myself with you totally, and I accept you unconditionally in all your masculine/feminine uniqueness". By using a natural method, you can confidently plan your family without compromising the sacred meaning of sexual intercourse - you can avoid any notion of rejection and make each and every act of love one of total self-giving and unconditional acceptance.



Appendix

Method	Pregnancy Rate (Reference)	Notes, Possible Side Effects & Health Risks ⁷
No Method	85%	NA
Natural Methods (Periodic Abstinence)		
Billings Ovulation Method	0-2%	(1) All natural methods rely on abstinence during the period of fertility to avoid pregnancy. There are no health risks or side effects.
Creighton Method	<1%	(2) The Lactational Ammenorhea Method (LAM) is suitable for breastfeeding women up to 6 months following birth.
Sympto-thermal Method	0-3%	(1)
L.A.M.	0.5-1.5%	(4) The Standard Days Method is limited to women with cycle length between 26 & 32 days.
Standard Days Method	5%	(4) The Two Day Method is a simple algorithm based on the observation of cervical mucus on the current day and the previous day.
Two Day Method	4%	(4)
Persona	6%	(5) Persona is a digital device that measures hormone levels in the woman's urine. It is currently only available in Europe.
Rhythm	20-30%	(3)
Hormonal Methods		
Combined Pill	0.3%	(6) Hormonal contraceptives work by inhibiting ovulation (sterility action), 'thickening' cervical mucus (barrier action) and inhibiting development of the endometrium (abortifacient action). The hormones also affect other tissues in the body which can cause various side effects including: nausea, vomiting, abnormal bleeding, vaginal irritation, headaches, depression, weight gain, breast tenderness, loss of libido, skin discolouration. Life threatening health risks include: stroke, heart attack, thrombosis, liver, cervical and breast cancer, hypertension, gall bladder disease. In low dose versions, many of the side effects are reduced, but breakthrough ovulation is more common and the abortifacient action is thus proportionally more active.
Progesterone Only Methods		
- Mini Pill	0.5%	(6) DMPA (injectible) can cause a reversible decrease in BMD (bone mineral density). Levels return to baseline starting 24 weeks after ceasing.
- Injectible	0.3%	(6) Increased bleeding episodes (7.5%), headache 6%, weight gain 3%, mastalgia (breast pain) 1.8%, decreased libido 1.8%, abdominal pain 1.5% and hypertension 1.2%.
- Implants	<1%	(6)
- Patch	0.3%	(6)
- Prog-IUD	<1%	(6)

Method	Pregnancy Rate (Reference)	Notes, Possible Side Effects & Health Risks ⁷
Barrier Methods		
Withdrawal	20-25%	(3) None.
Condoms	2-15%	(3,6) Allergies, pre-eclampsia (high blood pressure during pregnancy).
Femidom	5%	(6) Allergies.
Cap/Sponge	9-29%	(6) Allergies, bladder infection.
Spermicide	18%	(6) Allergies, bladder infection, increased risk of Sexually Transmitted Infections (STI) due to the compromise of the immune system of the vagina.
Copper-IUD	3-5%	(3) Heavy bleeding, cramps, anaemia (low red blood cells), pelvic infection, ectopic (tubal) pregnancy, septic abortion, increased risk of STI transmission due to the compromise of the immune system of the vagina and cervix.
Sterilization Methods		
Vasectomy	0.1%	(6) Thrombosis (blood clots), infections of the prostate, auto-immune diseases, diabetes, impaired sexual function, prostate cancer, considered permanent and irreversible.
Tubal Ligation	0.5%	(6) Cramps, irregular periods, infection, painful intercourse, ovarian cysts, endometriosis (painful cramps), irreversible.

*The Pregnancy Rate is taken from various sources and is the **Method Effectiveness** (unplanned pregnancy in first year of perfect use). This measure is one standard means used to describe the percentage of women per year who have an accidental pregnancy while properly applying the method. This measure does **not** include pregnancies that result from **incorrect** use. The 'User Effectiveness' is a more realistic measure (counts all pregnancies irrespective of whether the method was being used properly or not) but varies widely depending on the motivation of the subjects and the conditions under which the study was conducted. For all methods the User Effectiveness is higher.*

Reference from which the quoted figure comes.

Notes, Possible Side Effects & Health Risks of various birth control methods.





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Byron (BSc Hons, PhD) and Francine (BSc Hons, MA) Pirola have been married for twenty years and have five children. They have worked in the area of marriage enrichment for eighteen years and in natural fertility for fifteen years. They are members of the Australian Catholic Marriage and Family Council, past presidents of the Australian Council of Natural Family Planning and are natural fertility instructors.

Byron and Francine are also the co-authors and the Australian Founders of Celebrate Love (for married couples) and Embrace (for engaged couples). They are authors of numerous articles on marriage and are regular conference speakers.



*Imprimatur granted.
Most Rev Anthony Fisher OP
Auxiliary Bishop of Sydney
April 20th, 2008*

Information

To find your nearest natural fertility teaching centre
please visit

www.totalgift.org

For further resources and information about the
programmes of the Pastoral & Matrimonial Renewal
Centre, please visit

www.thepmrc.org

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experience that equips couples with the insights and skills for
a life of love.

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