

the natural news

Quarterly newsletter of the Australian Council of Natural Family Planning

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Autumn 2002

From Reluctant Participant to Champion of NFP

Trish Logan is the current co-ordinator of NFP Cairns. Here she relates how she became involved with NFP and some of her experiences

In late 1993, I held the following conversation with Noelle Melrose and Maree Thompson from the Central Queensland Branch... "No way, I would never have time to train and work as a teacher. Absolutely not...sorry."

Around three months later, in March 1994, I was in Sydney doing my Part 1 training. Those of you who know Maree, Noelle and Stephanie Gunton would know the persuasive powers of these wonderful ladies!

With massive support from my husband Noel and our four children, I did complete my training, and worked until July 2001 as a volunteer teacher, seeing clients in Cairns and my home town of Gordonvale (which is 15 minutes south of Cairns). In July last year I became Acting Co-ordinator, as Stephanie was off to more northerly fishing grounds at Badu Island, in the Torres Straits. I came home and asked "HE-WHO'S-BLOOD-SHOULD-BE-BOTTLED" if I might take over Stephanie's job. Noel gave me his reply which has sustained me through a very interesting 6 months — "I'm here for you... you'll be great".

Now I am part of a wonderful team of 8 NFP/FLE teachers, and our service is busy with a

steady stream of clients and FLE services to most of the Diocesan Catholic schools. Cher Logan and I are feeling a bit like the 'Leyland Logans' as we trek into Cooktown together and separately to meet the needs of clients, local indigenous community groups, and the entire 1—12 Years of the Cooktown State School.

Our current plans include going where Stephanie so wonderfully blazed the trail into other towns and communities of Cape York Peninsula. I have put together a presentation with the expert advice of the Queen of NFP travellers, Sue Butler. It can be presented under a tree or, as I did, in the middle of a very busy playgroup under an outdoor area in Cooktown.

I have found that asking "How may our service help you?" is the key question in NFP education. People comment on the quality of the information and how they prefer to have knowledge which allows them to decide. I feel blessed to sit with people and hear their concerns and be allowed to see with what integrity, joy and in many cases with what courage people live their lives in the light of Natural Family Planning.

from the president

Susan Berg

Dear Fellow Members,

By now you will be well and truly into your natural family planning (NFP) program plans for 2002. During the past few months I have received letters from members asking how we can combat the increasing advances in contraception. This is not a new problem. We all know we are up against drug companies and their high levels of financial resources. What we have is a great alternative to contraception — but we must be more effective at communicating this.

As NFP teachers there are two main avenues we can take to promote NFP - couples and the community. One area where NFP can be promoted is to pre-marriage couples: we can help them to make more informed decisions about family planning. In a contraceptive world we can educate couples on the mode of action of the contraceptive pill and other forms of contraception. Most people are not aware of how contraception works and how it prevents the fertilized ovum implanting into the womb, thus causing a spontaneous abortion. I have found over recent years that when it is explained to couples how harmful to life contraception is, their thinking changes and often leads them to seek out natural family planning.

The other way we as NFP teachers can counteract the orthodox approach to contraception is to support the National Promotion Plan that the NFP Board of Management will be launching later this year. The Board has engaged a Canberra company to increase the visible profile of NFP in the Australian community. As President of ACNFP I am asking you to be part of the Boards' promotion plan by implementing it in your area, so we can be seen as a viable option for those seeking a healthy, natural and effective method of family planning.

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NSW State Inservice Report

The NSW State Inservice was held at The Spirituality Centre at Randwick on the weekend of 9 – 11 November 2001. A committee made up of Evelyn Brien, Anne McGowan, Susan Berg and Patricia Foster organised a challenging program for the 26 participants from across NSW.

Participants responded well to excellent sessions on team building with Patricia Newton and promotion with Marita Franklin. Thanks to our regular NFP people – Susan Berg, Helen Fletcher, Anne McGowan and Carol & Brian Maher – who updated the rules for temperature, breastfeeding and risk management. A popular session was contraceptive technology, presented by Dr Helena Popovic; Brian Maher became a model for the large range of contraceptive devices. Thanks Brian for being such a good sport. By the end of this session everyone had reinforced his or her decision to use natural family planning.

An important part of the weekend was the Eucharistic celebration on Saturday night with Father John Usher, CEO of Centacare, Sydney. After Mass Mrs Audrey Wren and Mrs Rose Robertson outlined their memory of some of the history of NFP in the Sydney area. Dr John Gallagher continued this history on Sunday morning. The involvement of these three teachers was treasured by all present.

Guests at Mass and dinner were Mr Jim Grainger (Director, Centacare Broken Bay) and his wife Mary, and Mrs Dianna Keogh (Director of Family Services, Centacare Sydney). The dinner was held at the nearby Labor Club in Randwick and gave us all an opportunity to catch up on old friends and meet some new friends. We also welcomed the many partners of Sydney NFP people.

The weekend was a great opportunity to renew both spiritually and professionally. Thank you to all who helped in any way either before or during the weekend, the preparatory work by those in the office at Sydney Services and the committee was well worth the result. Thanks also to all who attended and ensured that all the work was worthwhile.

Evelyn Brien
NSW Trainer.



Evelyn Brien and Marita Franklin



Left To Right: John Gallagher, Audrey Wren, Sharon Young, Patricia Foster, Marilyn Cody, and Saskia Ebejer



Evelyn Brien, Susan Berg and Fr John Usher

Life Giving Love: The Church's Theology Behind NFP

Why is it that the Catholic Church rejects artificial contraceptives yet accepts and promotes Natural Family Planning? To some this can seem, on the surface, an anomaly (they both prevent birth, don't they?), but the answer is quite simple, and inherent in nature. Knowing the theology behind NFP is essential for educators. By Helen Ransom

While the Catholic Church is one of the few institutions to consistently condemn contraception, it acknowledges that some couples do have serious reasons or situations that compel them to consider postponing a pregnancy.

Humane Vitae, the Church's authoritative Encyclical on the issue, condemned as "always unlawful" the use of artificial contraceptives – even when the motives for using them appear "upright and serious" – but considered married people taking advantage of the infertile period to be lawful.

So, does prohibiting artificial contraception — while at the same time allowing Natural Family Planning as a moral means of regulating fertility — represent an inconsistency in Church teaching?

According to the Church, the marital act is an expression of love, where spouses give themselves totally to each other. In an address in 1998, Pope John Paul II said:

"(S) spouses are called to make a reciprocal gift of themselves to each other in the totality of their person: nothing that is part of their being can be excluded from this gift. This is the reason for the intrinsic unlawfulness of contraception: it introduces a substantial limitation into this reciprocal giving, breaking that 'inseparable connection' between the two meanings of the conjugal act, the unitive and the procreative, which, as Pope Paul VI pointed out, are written by God himself into the nature of the human being." (L'Osservatore Romano, 11/3/98)

The Holy Father went on to say that natural methods of fertility regulation must never be separated from their proper ethical dimension by being considered merely for their functional aspect, as there is a profound difference between NFP and artificial methods.

Both have the same end (postponing children) but use different means. Natural Family Planning is considered to be moral and acceptable by the Church because it allows man and woman to use the infertile period as provided by nature, whereas artificial methods frustrate and obstruct married love by putting a barrier between the couple.

As Pope John Paul II pointed out in his Encyclical *Familiaris Consortio*:

"The choice of the natural rhythms involves accepting the cycle of the person, that is the woman, and thereby accepting dialogue, reciprocal respect, shared responsibility and self-control... In this way sexuality is respected and promoted in its truly and fully human dimension, and is never 'used' as an 'object' that, by breaking the personal unity of soul and body, strikes at God's creation itself at the level of the deepest interaction of nature and person."

The Catholic Church recognizes two distinctions between NFP and artificial contraception. Basically, one is natural and allows a couple to strengthen their relationship through periods of abstinence and increased understanding of the natural cycles of the woman's fertility. The other is unnatural and creates a barrier in lovemaking.

The alternation of fertility and infertility is a natural part of the

reproductive system. A way of spacing children that is God-given and natural, which allows man and woman to make love as God and nature intended.

Pope Paul VI emphasized this in *Humane Vitae*. He pointed out that a new life is not the result of every act of sexual intercourse, as God in His wisdom ordered nature in such a way that the woman is fertile only at certain times during her cycle. Thus, love making in the infertile period will almost certainly not result in the beginning of a new life, and no artificial barriers have been used.

NFP encourages husband and wife to abstain from sexual activity during the fertile period. This abstinence is not a selfish 'you can have me but not my fertility' but an unselfish act of love.

Periodic abstinence also encourages virtues such as temperance, patience and fortitude, and allows the couple to have stewardship over their fertility, as applicable to their individual circumstances.

It is important to note that the Catholic Church teaches that the primary purposes of marriage are the begetting of children and conjugal love (see Gaudium et Spes). Thus the teaching that couples must have serious reasons for wishing to postpone a pregnancy, as explained in the new Catechism:

"For just reasons, spouses may wish to space the births of their children. It is their duty to make certain that their desire is not motivated by selfishness but is in conformity with the generosity appropriate to responsible parenthood." (CC, 2368)

Natural Health Care and Natural Family Planning

Part 2

Treating women from menarche to menopause & the impact of natural therapies on the indicators of ovulation and NFP charts. By Karen McElroy BA, BHSci (Nat)

Perimenopause

The years leading up to menopause are often termed the perimenopause, and during this time women may experience a range of symptoms due to hormonal changes. The biggest debate regarding the perimenopause is HRT v No HRT. Women not choosing to go on HRT often require help in managing their symptoms and consult naturopaths who view menopause as a normal transition stage, prescribing individually tailored treatments.

HORMONAL DECLINE

A range of symptoms result from the natural decline in hormones which occurs during the perimenopause. Low oestrogen results in increased FSH and LH levels. The pulsatile release of LH in particular is thought to be responsible for hot flushes. Declining oestrogen leads to vaginal dryness, mood changes and memory loss. Progesterone is produced erratically in line with the variation in ovulation rates and may cause mood change and heavy periods. Peripheral oestrogen synthesis occurs in the fat cells, liver and kidneys to help offset declining levels. Underweight women or those with poor kidney, adrenal or liver function may not produce adequate peripheral oestrogen and suffer worse symptoms. Menstrual irregularity occurs and women often notice changes in either cycle length or menstrual flow — or both. Obviously, for women practicing NFP, this time is one of much confusion. Certainly, women can still get pregnant despite erratic ovulation and they need to be particularly cautious of fertile signs especially when they may have long cycles. Natural therapies can help to regulate cycles during the perimenopause and thus make interpretation of fertility easier.

Phytoestrogens

Phytoestrogens are oestrogen like substances found in certain plants which bind to oestrogen receptors found in the body. While they are weak in their action, phytoestrogens can make up for declining oestrogen levels and thus alleviate symptoms

such as menopausal hot flushes, vaginal dryness and mood change. Phytoestrogens are only active for a short period of time before they are broken down. Therefore it is necessary to consume phytoestrogen rich foods regularly to have the desired therapeutic effects. Sources of phytoestrogens include soy foods, legumes, nuts & seeds, sprouts and some vegetables & herbs.

Herbal Medicine

Herbal medicine offers a number of options for menopausal complaints. Some herbs act as phytoestrogens whilst others affect the hypothalamic-pituitary axis and thus influence hormone levels. Herbs which are being used to treat oestrogen decline may in fact increase cervical mucus secretions which should help to identify fertile and non-fertile chart interpretation easier.

Specific herbs which reduce sweating may be indicated in some women alone or in conjunction with hormonal herbs. There are a range of other herbs which are fantastic for treating all sorts of complaints, including depression, insomnia, memory loss and fatigue which often plague women during the perimenopause. Therefore natural therapists will often use a combination of herbs, nutrients and lifestyle suggestions to address perimenopausal disorders.

Summary

In summary, natural therapies are complementary to natural fertility management. Many women choose natural therapies for the same reason they choose to practice NFP. Natural therapies can help to manage and treat common reproductive disorders across the spectrum of the female reproductive lifespan. Common problems encountered in natural fertility management such as irregular cycles, poor mucus levels and anovulation can be treated with success in most women through dietary assessment, nutritional supplements, herbal medicine, relaxation & suitable lifestyle change.

CONTACTS

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PROFESSIONAL BODIES / ASSOCIATIONS

The following professional associations represent Naturopaths &/or Herbalists in Australia &/or Victoria and can help in referring you to practitioners in your area.

The National Herbalists Association of Australia (NHAA)
33 Reserve Street
Annandale NSW 2038
Ph: 02 9560 7077
Email: nhaa@nhaa.org.au

Australian Natural Therapists Association (ANTA)
Ph: 1800 817 577

NFP Week

NFP Week will run from 11th August till 18th August.

Enter our competition to design a bumper sticker with a catchy phrase advertising NFP and our 1800 number. Entries will be judged by the NFP Executive, and the winner will take home a great prize. Deadlines for entries: 15/6/02.

**Please send entries to:
Anne Nicey, ACNFP, PO
Box 529, Forestville,
2087, NSW.**

Outcomes of the Board of the Natural Family Planning Program for July-December 2001

By Susan Berg and Tom O'Donnell

In the current funding period the Natural Family Planning (NFP) Board of Management (the Board) met on 18 September 2001, when new members Mr Tom O'Donnell (ACNFP Inc) and Mrs Kerry Bourke (OMR&RCA Ltd) joined the Board on 5 March 2002. Additional meetings are scheduled for 4 June 2002 and 8 October 2002.

An important recent activity of the Board has been the engagement of a Canberra based advertising agency to develop a national promotion concept — a theme if you like — which will increase our visual presence in the community. All the members of the Board are delighted with the preliminary artwork, so too are the centres which have had a chance to see it. The office is hoping to circulate the samples around to as many service providers as possible, before the promotion plan is finalised. Clearly this concept — if used by all service providers across the country — has the potential to make a real impact on raising our professional profile. This is an essential strategy in our goal to increase the numbers of couples using NFP.

In the current funding period the Board has undertaken a number of initiatives. Some of these activities were to do with accountability such as submitting our audited financial statements and our Annual Report for 2000-2001, and our Progress Report for July to December 2001, to the Commonwealth Department of Health and Ageing.

We have progressed our new risk management strategies. Those centres not operating under the jurisdiction of a Centacare agency

are now covered for Public Liability and Voluntary Workers' Insurances, in addition to Professional Indemnity Insurance. Where NFP is funded through a Centacare agency these insurances are covered under a Centacare Master Policy. And we are continuing to work with the Australian Catholic Commission for Employment Relations to ensure our workplace practices meet the prescribed requirements.

By now many centres will have distributed the new Service Survey. The survey was intended to assess our client's response to our standards of service delivery. There will be more information on the survey shortly.

As we are all aware, new legislation pertaining to protecting the privacy of the individual became effective last December. All service providers are holding an interim Privacy Policy pending the finalisation of the official NFP Program Privacy Policy. Specialist input within the Catholic Church is being sought on this important document, as it has direct bearing on the way we handle the information our clients provide us.

The Board is presently developing a consolidated Disabilities Program. This handbook will contain the disabilities programs endorsed by ACNFP Inc and OMR&RCA Ltd, and be made available to all service providers.

The Board continues to look forward to working with all centres to better target the provision of NFP services in the Australian community and offer a healthy alternative to couples wishing to plan their families naturally.

Executive Positions up for grabs

Executive positions for the ACNFP will be decided at the AGM. So start thinking who you'll nominate! Financial members are eligible to vote.

Role descriptions are available from Anne Nicey, (02) 9452-5244.

ACNFP Bi-annual National Conference

TO BE HELD AT RYDGES HOTEL NORTH SYDNEY

FRIDAY 25 OCTOBER – SUNDAY 27 OCTOBER 2001

Please mark these dates in your Diary.

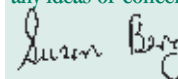
If you would like to submit a suggestion for a particular topic to be included in the Conference agenda, please write to:
ACNFP Administration Officer
PO Box 529
FORRESTVILLE
NSW 2087

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Local promotion will complement the national promotion plan and together create a greater awareness of NFP. Samples of the National Promotion concept will be available at the larger NFP centres for comment.

On another note, if you are using Family Planning Program grant money to promote NFP (eg a local brochure) it is mandatory that you note in writing the correct form of recognition: 'Supported by the Commonwealth Department of Health and Ageing and administered by the Australian Catholic Bishops' Conference'.

Please feel free to contact me at any time about any ideas or concerns.



Susan Berg
President

Avoiding Use of the Morning After Pill

Studies undertaken in the development of natural family planning on the likelihood of pregnancy from an isolated act of sexual intercourse show that a fertile woman is infertile for most of her cycle^{1,3,4,5}. Most usage of the so-called 'morning after pill' or 'emergency contraception' would thus be unnecessary if it were possible to identify whether an act within the previous twenty-four hours would be unlikely to result in pregnancy.

The MAP is usually given as a double dose of one of the higher dose combined pills taken twelve hours apart, the so-called "Yupze regimen"^{6,10,11}. It normally causes a shedding of the endometrium resulting in loss of the embryo if fertilisation occurs in that cycle. The MAP may also suppress or delay ovulation. This latter contraceptive effect would, of course, be ineffective in preventing fertilisation, if ovulation was occurring or had already occurred at the time. In that case, the MAP's effect would be on nidation.^{6,11}

More recently a progesterone only formulation is being recommended¹⁰ that is less likely to suppress ovulation and more likely to rely upon the anti-nidation effect.

It is misleading to call the Yupze regimen, or the progesterone only 'emergency contraceptive', 'contraception' since the main effect is abortifacient. This matter is currently the subject of legal action in the United Kingdom. The action being taken is that 'Emergency Contraception' should be classified as abortion for legal purposes and subject to the same provisions.

It is unlikely that the MAP would cause changes to the cervical mucus sufficient to completely prevent sperm from reaching the fallopian tube. Even the normal natural rise in progesterone, which begins eight hours before ovulation, does not prevent residual channeling in the cervix capable of allowing the passage of sperm on the third day after the peak day of mucus.³

Since a woman is infertile most of the cycle, there is an issue whether most use of the MAP is in fact unnecessary. The MAP is not without sig-

nificant medical side effects. It is certainly not recommended as a routine way of controlling fertility.^{6,7,8,9,10}

If it were possible to identify that:

- an act of intercourse in the previous twenty four hours could not have resulted in fertilization,
- ovulation and hence possible fertilization might yet occur in the near future unless there is intervention, or
- ovulation had already occurred and the ovum already likely to have been exposed to sperm, and that fertilization, if it was to occur had already occurred,

then this would seem to be useful information to determine whether any intervention were necessary and to allow the woman to make an informed choice.

A WHO study on identifying fertility by the mucus symptom showed that the probability of pregnancy in relation to the Peak Day (determined by the mucus symptom alone) was 0.67 if intercourse occurred on Peak Day, 0.5 on PD - 1 day, 0.5 on PD - 3 to -1 days if there is slippery mucus, and 0.5 if there is only sticky mucus, 0.4 on PD + 1, 0.2 on PD +2, and 0.1 on PD +3. Outside the fertile period (commencement of mucus change to PD + 3) the probability of pregnancy was 0.004.¹ The latter figure is especially significant for these purposes. Note that, in teaching recognition of the Peak Day, more emphasis is placed on identifying a slippery sensation at the vulva. The Peak Day is the last day of *slippery* sensation.

A woman who was charting her mucus symptom would know whether or not she was in an infertile phase at the time that the incident occurred. Most women do not have this knowledge and history taking would not normally be reliable in that respect. However, it would still be possible to determine fertility in the previous twenty-four hours by ovarian hormone assays.

Emeritus Professor James Brown² of the University of Melbourne has studied charts of over 750,000 cycles, charted for the mucus symptom, the ovarian hormones, timing of intercourse and pregnancy outcomes. Working with

Professor James Brown we were able to conclude on the basis of his research and advice that:

A woman who has a serum oestradiol <440pmol/L and serum progesterone <4.9nmol/L, or a serum progesterone >12 nmol/L, has been in an infertile phase of her cycle for the past twenty four hours. These figures are conservative erring on the side of caution. There is a grey area when the progesterone is between 7 and 12 nmol/L which further research may narrow. A pathologist can communicate these results within a matter of hours.

Using the Brown monitor², a woman with urine oestrone glucuronide less than 100 nmol/24hrs and a urine pregnanediol glucuronide < 4 micromol/24hrs, or a urine pregnanediol glucuronide > 12 micromol/24hrs has been in an infertile phase of her cycle for the past twenty four hours.

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Authors:

- Dr. Mary Walsh** MBBS, FRACGP, General Practitioner, President of the Ovulation Method Research and Reference Centre of Australia
- Dr. Nicholas Tonti-Filippini** BA (Hons) MA PhD Consultant Ethicist

Promotions Committee Members



Marita Franklin, Chair of Promotions

Marita Franklin is the Director of Catholic Communications in the Archdiocese of Sydney. She joined the National Executive in October 2000, as the Chair of Promotions. Since its inception, the Promotions Committee has undertaken a major review of the quarterly newsletter, and re-designed and re-focused it as *The Natural News*. "I believe that Natural Family Planning is worth promoting and that it has a great deal to offer young single women as well as couples," she said.



Tom O'Donnell, Board Member

Tom was involved as a founding member of NFP in the Archdiocese of Perth since its inception, teaching couples from 1968 – 1974. Tom, a retired school teacher and cabinet maker, has kept an active interest in NFP at both local and national levels, serving four years on the Executive and representing ACNFP on the ACSWC-COSP committee for a period of three years. Tom is married to Ann O'Donnell, Director of NFP services in Perth, and is Promotions Officer in a voluntary capacity for the Perth services.



Saskia Ebejer

Saskia has been married to David for nearly 17 years, and learnt about NFP after the birth of her first child 16 years ago. She feels that alongside her marriage and her 2 children, NFP is the most worthwhile and rewarding part of her life. To share the experience of NFP with others is a great blessing which Saskia feels privileged to be a part of.



Noelle Melrose

Noelle enjoys promoting the good news of NFP in the central Queensland area. She has been Co-ordinator of NFP at Centacare Rockhampton, and a member of the Teacher Training Committee since 1992. Noelle says she loves the challenge of spreading "the best kept secret" (NFP) to community groups, and delivering FLE programs in schools.



Susan Berg

Susan has been President of the Australian Council of Natural Family Planning for the past two years and will continue in this role for another two year term. Susan has been involved in the welfare sector since 1984. She has an extensive background in senior nursing positions, including seven years in theatre nursing – in Australia and overseas – and was officer in charge of triage nursing in the Australian Army Reserve from 1979-1981.



Ann Nicey – ACNFP Administration Officer

Ann has been involved with NFP for some 30 years. First as a teacher at the Forestville NSW Centre and then at St Vincent's Hospital Sydney (for just over 20 years). During her last years of teaching at St Vincent's, Ann was Administration Officer for ACNFP. Her work involves the day to day queries of ACNFP such as typing for Executive members, attending and taking minutes for Executive, Teacher Training and Promotions meetings. Membership, newsletter circulation, finances, general queries and other tasks are all part of the job.

