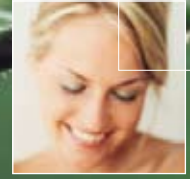
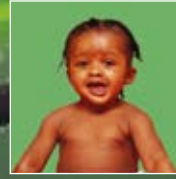


the natural news

Quarterly newsletter of the
Australian Council of Natural Family Planning

Summer 2005



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A brief overview of infertility

The Natural Family Planning teacher's perspective, role and responsibility

By Dr Terry Bennett

"Fertility crisis looms in Britain" was the heading to an article in a recent issue of Australian Medicine. An editorial in March 2005 issue of the Australian Family Physician identified a similar situation in Australia. Both highlighted the risks to fertility associated with delaying the decision to have a child.

Factors quoted included lifestyle issues such as obesity, falling sperm counts, rising rates of sexually transmitted diseases and choices influenced by social factors such as financial considerations and the pursuit of career options. In addition the delay allowed for the onset of the impact of other medical conditions such as endometriosis, hypertension, diabetes or PCOS all of which can reduce fertility.

Both authors suggested the need for education to alert women to the potential impact these choices may have on their future childbearing capacity.

Given that many of these couples then resort to artificial reproductive methods that have moderate success rates at the best, there will remain a sizeable group who will remain childless and have to endure the heartaches that accompany the adjustment to that situation.

Infertility is generally defined as having failed to achieve a pregnancy after twelve months of unprotected intercourse. Generally by then it would be expected that about 80% of couples would have achieved a pregnancy. This figure is considerably lower for women over 35 years, the outlook becoming increasingly bleak with the passage of time. It is considered to be primary infertility when the couple have never conceived and secondary where there has been a prior conception.

The quoted gender distribution for the causes of infertility varies widely with male factors quoted in 6-40% of cases, female factors in up to 50% and mixed factors in up to 40%.

In simple terms pregnancy is dependent upon the ability of a spermatozoa to access and penetrate an ovum and for the resulting embryo to find its way to and implant in the endometrium and be sustained there.

Therefore there are many points in the process where problems may arise and infertility results.

Investigations are warranted after twelve months of trying without success. This makes the assumption that intercourse has been appropriately timed. Older couples may warrant earlier referral eg after six months.

One of the ironies of this area of medicine is that despite the millions spent on artificial reproduction with its relatively low success rate, at the end of it all the woman remains infertile i.e. little has been done to identify the precise cause of her infertility and even less to correct the problem despite the availability of restorative techniques in many cases.

An abbreviated list of causes of infertility includes the following possibilities.

From the male perspective a seminal analysis is a good starting point to rule out the commonest problem, a low sperm count. It should be repeated if there are significant abnormalities as considerable variations can occur from test to test. Modern laboratory reports probably tend to over-diagnose male infertility as many pregnancies have been recorded in men

... continued on p3



of young people to the causes of HIV/AIDS and the impact of the virus on the lives of HIV positive people. I believe it is important to promote the social justice issues associated with my subject matter, educating our youth to understand the way real lives are affected by the prejudice and ignorance still held by many in our society. A valuable and rewarding way of doing this both for others and myself has been by introducing young people to the stories of HIV/AIDS infected individuals via guest speaker presentations or visits to the hospice at Cheltenham Place. My promotion of the Church's response to the needs of HIV positive people helps our young community appreciate the social

Profile of an NFP teacher

Name: Krina McGlaughlin
Current employment: HIV Educator for Adelaide Diocesan AIDS Centre
 Contract employee Family Life Education, Centacare

I began my working career as a Junior Primary Teacher in 1973. After some study and training I was employed by Father John Swann to work as a Natural Family Planning and Marriage Preparation Educator for the Adelaide Diocese.

I began my work with Natural Family Planning (NFP) in Adelaide in 1990 at a time when Centacare operated as Catholic Family Services. Since 1996 I have also served as HIV Educator for the Adelaide Diocesan AIDS Centre (ADAC). In my capacity with Catholic Family Services and Centacare I have fulfilled roles as Marriage Educator, Natural Family Planning Educator and Family Life Educator. In the mid nineties I was appointed Coordinator of NFP and Family Life Education (FLE) assuming a role on the National Council of NFP (ACNFP). In my capacity to develop programs that are relevant and accessible to the client, I became the accredited ACNFP Trainer for SA and began a long serving role as a member of the ACNFP Teacher Training Committee.

Over the course of more than a decade

Family Life Education has been my passion. I have developed and delivered Sexuality programs and Educative services to a broad cross section of the Adelaide and Port Pirie Dioceses, namely:

- Students in Catholic Primary and Secondary Schools
- Parents in Catholic Primary and Secondary Schools
- Teachers in Catholic and other Christian Schools
- Parish communities
- Theology students
- Nurses, Social Workers and other health professionals

The goal of all of the above programs is to support the development of young people by providing them, or those who have a role in their formation, with the information and moral understanding to assist them through the critical years of their sexual growth and development. I have had the opportunity to present and share these initiatives at both state and nationally based conferences and inservices, with many of these programs, activities and strategies being adopted at the National level. In 2004 I was awarded Life membership of the Australian Council of Natural Family Planning Inc. for my contribution to the development of the educative services of NFP and ACNFP

As an Educator with ADAC, I have continued to creatively raise the awareness

action and outreach services provided by the Catholic Diocese. My provision of educative services within ADAC includes community education, teacher training, student presentations and visits, Parent information sessions and raising the awareness of World AIDS Day.

My long and collegiate association with the Faith Formation Team at Catholic Education SA has resulted in my regular presence at training and inservice gatherings for teachers and school coordinators responsible for the implementation and delivery of the CEO's Family Life Education Program. As a result of this many schools seek my services to present to students at both Primary and Secondary level. I have had the opportunity to support teachers in their training from as far as Port Lincoln, Roxby Downs and Mount Gambier! I enjoy the challenge of working with groups of educationalists or students and take great satisfaction from their interest, responses and positive feedback, in what is at times, a most challenging area.

I have also served the education of young people in both the Catholic and wider community by my work as:

- Marriage Educator assisting young engaged couples preparing for Marriage
- Parish based Baptism Educator assisting young parents understand the Sacrament of infant Baptism.



Merry Christmas from the Promotions Committee

The Promotions Committee wish all the readers of *The Natural News* – teachers of NFP and their families, Bishops and priests and friends of NFP – all the very best for a happy and holy Christmas. Through the birth of this one baby, the Son of God became man, that we celebrate at Christmas, the whole of humanity has been saved. May it be a time of peace and joy for each and every one of you.

The Promotions Committee

... continued from p1

with reportedly low counts. The quality of the woman's cervical mucus is probably the important factor in this situation. Other tests would be required should the woman be assessed as normal.

Female factors include:

- Chromosomal abnormalities in the woman such as Turner's Syndrome
- Tubal factors are very common. Damage to the structure of the Fallopian tubes or their lining as well as frank obstruction can occur. This is mostly due to the effects of previous pelvic inflammatory disease (PID) the most common one being Chlamydia infection. Other causes can be endometriosis and ectopic pregnancy where it has not been necessary to remove the affected tube.
- Ovulation problems. These can stem from an absence of ovarian tissue due to failure of the ovaries to develop or where they have been damaged by chemotherapy, radiation, infection or surgery.
- Hypothalamic or pituitary failure may lead to the lack of the appropriate hormones FSH & LH. Excessive levels of Prolactin can inhibit ovulation as it does naturally during lactation and abnormally with pituitary tumours which can be seen after contraceptive pill use.
- Drugs such as the OCP and Depo-Provera can also suppress ovulation for some time.
- Smoking reduces fertility but it is not entirely clear how.
- Metabolic diseases such as Diabetes, PCOS and obesity impact on fertility.
- Defects of follicular development and ovum release are very common according to research done by Hilgers using ultrasound tracking of follicular progress.
- Cervical problems can occur. There can be an inadequate or absent mucus symptom following use of hormonal

drugs or surgery such as for treating CIN type abnormalities. Antibodies hostile to sperm may be present.

- Recurrent miscarriages can occur. These can be due to anatomical, hormonal or foetal chromosomal abnormalities amongst others.

NFP teachers may assist couples to recognise the potential problem and assist them to assemble information that may be helpful in their future management.

From charting the following information may be gained:

- BBT will confirm ovulation with a high level of accuracy. Abnormal temperature patterns may be recognised but diagnoses should not be suggested except in the most general terms and then only to encourage appropriate referral. Thyroid disorders or fevers of unknown origin are examples of conditions which can cause an abnormal temperature chart.
- The adequacy of the luteal phase at ten or more days.
- The presence of cervical mucus or abnormal discharges or bleeding.
- The timing and frequency of intercourse to maximise the chance of conception.
- The appropriate time to do a serum progesterone level that is accepted as the hormonal marker of ovulation or a serum HCG if pregnancy is suspected.

Natural family planning is rarely a cure for infertility with the possible exception of the situation of a previously unrecognised very brief mucus phase. Rather it is a way by which teachers may recognise normality or abnormality, encourage informed referral when required and offer ongoing care and support.

NFP empowers the couple and affords them the opportunity to achieve a natural conception. Unfortunately that is not always possible so a teacher aware of their limitations will refer accordingly.

President's Report



Greetings dear members and friends of ACNFP,

As we approach the Christmas season it is natural to think about those we love – people we desire to see enjoying a happy

healthy life. This makes me reflect on a recent news article in September released by ZENIT News Agency. It stated: "The World Federation of Catholic Medical associations has echoed a warning by the World Health Organization about the increased risk of cancer linked to oral contraceptives".

It is estimated that worldwide more than 100 million women currently use combined hormonal contraceptives and approx. 20 million women in developed countries have used hormonal menopausal therapy. Therefore the conclusions reached by an international ad hoc working group of 21 scientists from 8 countries are of enormous public health importance. The message is that the use of oral contraceptives increases the risk of breast, cervix and liver cancer, whilst the risks of endometrial and ovarian cancer are decreased in women on combined oral contraceptives.

This information encourages me to urge NFP Teachers to continue the important work of educating couples in using this healthy, natural and effective method of planning a family. FLE educators have the vital task of giving couples information on their fertility and the Sympto-Thermal method of NFP so as they can make a truly informed decision regarding family planning.

Unfortunately we live in a society which often flaunts the body but doesn't respect this most sacred garment and precious gift. We are privileged to be given the opportunity to help young people in schools discover the treasure of their fertility. Values based sex education allows us to give accurate information on fertility and sexuality in the proper context. So ... continue the good work so needed in our world and be a bearer of good news and new life,

... continued on p4

Queensland State Inservice



Attendees at the 2005 Queensland Inservice (L-R) Patricia Gates, Dorelle Lo Grande, Tish Logan, Cher Logan and Carmen Pedroni

On the 19 to 21st August 2005, NFP Cairns hosted 23 NFP and FLE teachers for the Biannual Queensland State In-service. Planned and organized in conjunction with the Queensland State Trainer, it was held in the Cairns Diocesan Services Building.

The 3 day event was attended by 14 Queensland teachers, members of the Australian Council of Natural Family Planning Executive and four other State Trainers who are members of the National Teacher Training Committee. This was a great opportunity for State Trainers to

deliver presentations to teachers on a wide range of topics during the weekend.

In-service presentations were delivered from highly qualified professionals in their fields including Fr Neil Muir (Vicar General of Education), Ian Ritchie (Forensic Psychologist), Dr Lucas McLindon (NaPro Technology expert), Dr Terry Bennett (GP and Natural Family Planning Consultant), Dr David Bradford (Retired Director of Sexual Health Services in Cairns). A fabulous wealth of knowledge was also shared in sessions given by Evelyn Brien and Sharon Young: The Family Planning Balancing Act- Openness to Life versus a

contraceptive mentality; Denise McGinn and Angie Knighton: Dealing with Doozies-Chart Interpretation and difficult situations; and Pat Rainbow and Susan Berg: "Did I say That?"- Issues for FLE sessions. Local educators, Patricia Gates and Carmen Pedroni also shone amongst the invited guests with their own presentations and innovative resource production. The presentations from so many highly qualified speakers were rich and cutting edge.

The fire for the work of NFP is always rekindled by such gatherings because much of the work and time is voluntary. The generous sharing of their time by the members of the executive and teacher training committee was an added bonus for Queensland teachers and those in Cairns who had not yet met these wonderful members of ACNFP. Whilst Executive and Teacher Training meetings were attached to the Inservice over the weekend 'All work and no play' was alleviated by an exquisite dinner on the Ocean Spirit on Friday.

Some comments from delegates attending the in-service:

"Professional, excellent, future moving forward, broad range of ideas, NaPro is a God send, successful, beneficial".

Thank you again to all who contributed in large and small ways to the success of this event.

President's Report

... continued from p3

just as Jesus was some 2000 years ago.

In early October I attended my first NFP Board Meeting in Canberra and along with Evelyn Brien, I'm immensely proud to represent all ACNFP accredited teachers. As an organization we are focused on providing high quality basic training courses, Accreditation and Reaccreditation of NFP and FLE Teachers. The latter involves conducting ongoing training in the form of State In-services, Supervision and a National Conference. It was with pride that I wrote my first report for ACNFP, to be included in the NFP

Program Annual report, which reflected the huge amount of work done by so many in our organization during 2004-2005.

So ... continue the good work needed in our world and be a bearer of good news and new life. May I take this opportunity to wish you and your family a very happy and holy Christmas and I ask that God's blessings be with you each day of 2006. Enjoy some leisure time during this holiday season and ready to return to set the world on fire with the NFP story in 2006.

Noelle Melrose



Point of interest for FLE training

World Health Organization Classifies Oral Contraceptives as Highly Carcinogenic

LifeSiteNews.com
Monday August 8, 2005

GENEVA, Switzerland, August 8, 2005 – A press release issued July 29, 2005, by the International Agency for Research on Cancer (IARC), a division of the World Health Organization (WHO), declared the little publicized classification of combined estrogen-progestogen oral contraceptives (OCs) as carcinogenic. The IARC placed the contraceptives in their Group 1 classification, the highest classification of carcinogenicity, used only “when there is sufficient evidence of carcinogenicity in humans.” (emphasis theirs)

Combined estrogen-progestogen OCs are the most commonly prescribed forms of contraceptives. According to the IARC “worldwide, more than 100 million women – about 10% of all women of reproductive age – currently use combined hormonal contraceptives.”

The outright declaration by the World Health Organization of the proven dangers of combined OCs comes as an unexpected surprise to many who have been working for years to publicize their dangers. “I’m stunned that they would come out and say that, because they’ve been denying this for years,” said Toronto area MD and medical adviser to Campaign Life Coalition, Dr. Shea. But he added, “They’re really only admitting something that’s been known.”

In 2003 the National Cancer Institute (NCI) became one of the latest added to the list of scientific bodies that had found a substantially increased risk of several types of cancer amongst combined OC users, citing a “significant increase” of the risk of breast cancer, as well as an increase in the risk of cervical and liver cancers. Despite this admission, no significant steps have yet been taken to protect women’s health and to curb the use of combined OCs.

The IARC press release further confirms the NCI’s findings, declaring that:



“Previously, combined oral contraceptives had been determined to be carcinogenic to humans, but only primary liver cancer was specifically implicated. The Working Group concluded that combined oral contraceptives alter the risk of several common cancers in women. They increase a woman’s risk of cervical cancer, breast cancer, and liver cancer.”

The study added the oft-cited medical justification for the use of OCs that, “At the same time, they have a protective effect against endometrial cancer and ovarian cancer.”

Despite the immediate danger to the nearly 100 million women worldwide who are regularly ingesting the newly-defined ‘carcinogenic’ contraceptive pills, the IARC did not recommend that the regular prescription and easy availability of combined OCs should undergo any review. In this IARC parallels the National Cancer Institute’s study concluded with the recommendation that, instead of the obvious remedy of decreased use of the medically dangerous combined contraceptives, women should undergo frequent mammograms and Pap tests, to discover and the curb already developing cancers.

See the IARC release:
www.iarc.fr/ENG/Press_Releases/pr167a.html

Source: www.lifesite.net/idn/2005/aug/05080803.html

Article taken with permission from
www.abstinence.net

Board Report



The Natural Family Planning Program Board (NFPP) met in Canberra on Tuesday 11 October 2005. Bishop Hanna chaired the meeting and welcomed the new Board members,

Mrs Noelle Melrose (ACNFP), Mrs Lyn Westin (BOM) and Mr Bruce Ryan representing the Bishops.

The big news is that the Board agreed in principle to a change of name for the program from The Natural Family Planning Program Board to The Natural Fertility Services Board. This proposed name change will be submitted to the Bishops Conference for their approval. Other Centres around Australia are making the change to this name and it is hoped that this new name will reflect more effectively the work that we do. We DO teach natural family planning but we also educate couples and individuals in other areas such as schools, community and professional groups.

There was discussion regarding a recent meeting of the Promotions team who had agreed to produce promotional postcards and posters. There is a plan to distribute these postcards to pharmacies throughout Australia. It is hoped that this initiative will enhance client numbers and make the general public aware of our service.

The next Board meeting is in March 2006

Evelyn Brien
Board Representative for ACNFP

ACNFP
Board
Report

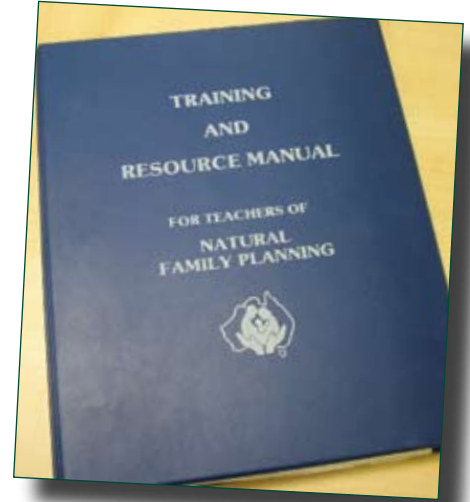
ACNFP Teacher training report 2005

Committee:

Elected Chairperson:	Mrs Evelyn Brien
Appointed Members:	Mrs Evelyn Brien, Mrs Noelle Melrose, Mrs Ann O'Donnell, Mrs Denise McGinn, Mrs Patricia Rainbow
Co-opted Member:	Mrs Susan Berg

Trainer Status & Area of Responsibility:

Evelyn Brien	Basic and Ongoing Trainer	New South Wales
	Basic and Ongoing Trainer	Victoria
	Basic Trainer	Tasmania
	Basic Trainer	Queensland
Noelle Melrose	Ongoing Trainer	Queensland
Ann O'Donnell	Basic & Ongoing Trainer	Western Australia
Denise McGinn	Basic & Ongoing Trainer	South Australia
Patricia Rainbow	Ongoing Trainer	Tasmania



Above: Training & Resource Manual for the ACNFP

John Gallagher, Dr John Casey and Dr Terry Bennett for their professional input.

The various State Trainers are appointed by the ACNFP for a term of two years and are obliged to comply with the ACNFP Policies and Standards. The Chairperson of the Teacher Training Committee is an elected position of the ACNFP Executive.

The above trainers took up their duties following the last ACNFP Conference in October 2004.

Meetings of the Teacher Training Committee were held in July and November, 2004 and in March and May 2005. Each of these meetings was held in Sydney. Another meeting is planned to be held in Cairns in August 2005.

Basic training Courses have been held in Perth and Sydney as listed below.

Sydney

13-15 August 2004	Family Life Education Basic Training
8-10 April 2005	Part I Basic Training
3-5 June 2005	Part II Basic Training

Perth

15-17 October 2004	Part I Basic Training
5 & 12 February 2005	FLE Basic Training
11-12 March 2005	Part II Basic Training

Inservice Training has been held in Sydney and Adelaide as listed below.

Sydney

17 June 2005	FLE Inservice for Schools
--------------	---------------------------

Adelaide

31 March & 5 April 2005	State Inservice for NFP/FLE
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Queensland is planning their State Inservice in August 2005 when the AGM will be held and all trainers will attend.

Client Material

It is with great pleasure that I report that the client materials are now complete. The final booklets of NFP During Breastfeeding and NFP After Hormonal Contraception material will be available for distribution at the AGM.

This material has been an ongoing project of the committee and thanks have to go to all those who served on the committee over the years that the client material was being written. To those who are no longer part of the committee but who contributed, we thank you sincerely. To Rebecca Hart in Melbourne, Krina McGlaughlin in South Australia, Wendy Cronk in Tasmania, Margaret Frater in Sydney. To Francine Pirola for the layout and to Helen Barry from Brisbane for her input on the Breastfeeding material. To Dr

ACNFP Training & Resource Manual

Denise McGinn has rewritten four chapters of the manual and these are available for distribution at the AGM. This is an on going project and the various chapters will be distributed as they are completed. Thanks to Denise for her work on this and to all who contributed in any way. We ask members as they receive the new chapters which are printed in bone to remove the old chapters and replace them. The different colour should allow you to recognise the old from the new. We will be happy to receive any feedback regarding the new chapters.

Acknowledgements

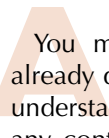
Members of the Teacher Training Committee work in a voluntary capacity and I would like to acknowledge their dedication and professionalism. The weekends they forfeit from their families in order to ensure the continuation of this ministry which we all care so much about, are much appreciated.

To Ann Nicey the Administration Officer, thank you for your continued support and hard work.

Evelyn Brien
ACNFP Appointed Chairperson



I have been taking the pill since the birth of my fourth child five years ago. I read recently that the pill can cause cancer. As my sister died of breast cancer, I am concerned that cancer could affect me too. If the pill causes cancer I want to stop taking it, but I do not want to have another baby. What am I to do? My husband and I are just in our early 40's. Can NFP help us?



You must be really concerned as your sister has already died from breast cancer. Yes NFP can help you understand and manage your own fertility without using any contraceptive methods. It would be wise for both of you to make an appointment with your nearest NFP centre to learn how to live in harmony with your fertility. NFP is used to both achieve and avoid pregnancy. By abstaining from intercourse during the fertile time, it is possible to avoid future pregnancies.

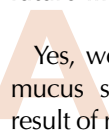
A number of scientific studies which has led to a warning from WHO, have linked breast cancer to long term use of the contraceptive pill. There is added risk, however, for women who are genetically predisposed if there is a history of breast cancer in the family. If you are in this category it would be wise to consult your doctor.

Women with the highest risk/incidence of breast cancer were under 20 years when they became pill users (J.Wilks, Australian Pharmacist). The duration of use also influenced the risk but there appears to be no increased risk for women older than 45 years of age.

It is unfortunate that so many young women take the contraceptive pill. They do not realise the health risks involved for themselves now and in the future. Every one that has reached puberty needs to learn NFP. They can be responsible for their own fertility in accordance with their body's natural cycles without the worry of future illness or unwanted pregnancies.



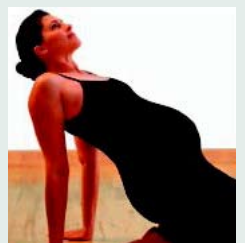
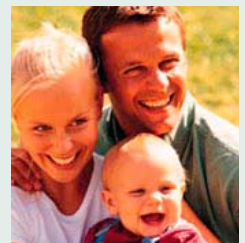
I have been trying to chart my mucus symptom since I stopped taking the pill 3 months ago. I am having great difficulty in recognising any change as my mucus seems to be cloudy and thick for the whole cycle. I do get a temperature rise about day 17 which remains up until the day my period is due. We are scared to rely on the temperature rise as confirmation of the post-ovulatory phase as the mucus seems to be non-stop. Can you help us?



Yes, we can. As the contraceptive pill does change the mucus secretion, your continuous mucus may be the result of residual pill affecting hormonal blood levels. After coming off the pill some women may take time to restore the production of mucus to optimum quality which is easily recognisable and for some it may take up to six cycles. Such women may ovulate (your temperature rise shows this has occurred) but still have difficulty recognising peak mucus. You can have confidence in the use of temperature alone until your symptoms return to normal. You will need to confine intercourse to the post-ovulatory infertile phase which begins with the third high temperature. Hopefully after a few more cycles your mucus symptom will recover. You may be interested to know the following facts:

The cervix secretes different types of mucus that can be detected at the vulva when a woman is approaching ovulation. The G mucus is thick, plugs up the cervix and acts as a natural barrier, as sperm cannot swim through it. One of the actions of the pill is to stimulate this type of mucus which may continue to be seen for some time after ceasing taking the pill. However there is always a possibility that there may be some of the fertile mucus present even though you cannot see it. This is why we recommend post-ovulatory intercourse only at this time. According to Professor Odeblad, a Swedish biophysicist, the S mucus secretory crypts have been atrophied and made inactive by the hormonal contraceptive pill. These may take time to regenerate to produce the S type mucus which is watery, slippery and allows for movement of the sperm from the vagina through the cervix during the fertile time.

Questions & Answers



please note

Occasionally misleading or inaccurate information can be published.

In the event that you note something that may be erroneous in a media release or publication please make a copy and send to Evelyn Brien, who will consult with the Medical and Research Advisors of Natural Family Planning so that it may be addressed and accurate information provided.

To contact Evelyn Brien, please call 02-9390 5156 or email evelyn.brien@centacare.org

Correction

In the *Natural News* of Summer 2003 you reported my efforts to correct misinterpretations of a scientific article said to undermine the scientific basis of NFP. The article by Baerwald, Adams and Pierson had been published in the July 2003 issue of *Fertility and Sterility*. It described the occurrence of 2 or 3 waves of follicular development over the course of a month in a group of 50 women studied by vaginal ultrasonography. The authors clearly stated that only one of the waves was ovulatory – the others being anovular. Subsequently, various journalists published misrepresentations of the data under headlines such as “Science spotlights flaw in rhythm method,” claiming that multiple ovulations could occur each month.

I made personal communication with the team leader, Dr. Roger Pierson, who distanced himself from these misquotations and regretted their dissemination by the media.

Then in August 2004, in the *Weekender* section of the *Sydney Morning Herald* under the heading “An in-eggs-act science” a well known Sydney based scientific writer repeated the erroneous claim of

multiple ovulations rather than multiple waves.

I protested to the writer and sent a copy of the original article, plus copies of my correspondence with its authors. A retraction has now been published in the same location under the heading “To err is human” on the 6th August 2005. I must acknowledge the intellectual honesty of Dr. Karl Kruszelniki who admitted his mistake. A published retraction is unfortunately a rare event.

Maybe the correction will help bolster the community’s confidence in the scientific basis of NFP.

Dr. John Gallagher and I can reiterate our comment of September 20003

“... the study of Baerwald et alia in no way undermines the scientific basis of natural family planning methods, relying as they do on the recognition by women of the bodily signs and symptoms associated with ovulation and its aftermath.”

I thought this small success should be recorded.

*Your sincerely,
John H Casey*

The Executive of ACNFP would like to express their sincere thanks to Dr. John Casey for his persistence in getting a retraction to an article written by Dr Kruszelnicki. Dr Casey, an Endocrinologist from St Vincent's Hospital Sydney, has been a consultant to The Australian Council of Natural Family Planning Inc. for many years.

ACNFP Executive

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Vice President: Mrs Susan Berg

Secretary: Mrs Angie Knighton

Treasurer: Mrs Sharon Young

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Chairperson, Promotions Committee: Mrs Karen Doyle

Editorial Committee: Dr John Gallagher, Mrs Noelle Melrose,
Mrs Evelyn Brien

Administration Officer: Mrs Ann Nicey

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