

When thinking about family planning methods, you probably have questions such as: “How does it work?” “What would use of this or that method say about who we are?” “Does it work?” Family planning “effectiveness” is complex. The figures shown below are “typical” effectiveness figures. The effectiveness figures for a given couple may actually be higher or lower. The couple’s degree of seriousness to avoid a pregnancy is probably the most important factor affecting their use of a family planning method to avoid a pregnancy. With NFP, effectiveness is increased when there is participation in a structured program with individual follow up. In any case, one never needs to apologize for a pregnancy.

Method	Typical Effectiveness	The Way it Works	Side Effects	Cost (Does Not Include Annual Exam or Complications) ^e	Additional Comments
Natural Family Planning (NFP)	80-97.8% ^{a,b,c} STM: 90-97.8% OM: 80-96.8% Creighton Model: 96.8-99% (Perfect) Standard Days: 82-95% Lactational Amenorrhea 98% (LAM)	Self-observation of fertility indicators with selective sexual abstinence during the fertile time when avoiding pregnancy. Does not require regular cycles. It is the only family planning method acceptable to all religious beliefs. Standard Days: Identifies fertile days for women with cycles of 26-32 days. LAM: Breastfeeding method that applies in the first six months only; prevents ovulation when specific criteria are met. Consult NFP Provider for details.	None	First year = \$50 - \$135. The 30-year cost for charts and possible thermometer breakage is \$50-75. Online charting app \$10 flat fee.	Sympto-Thermal Method (STM) may include cross-checks with the waking temperature, cervical mucus, cervical signs, and/or calculations. Ovulation Method (OM) uses the cervical mucus sign exclusively. LAM: Breastfeeding not meeting ALL criteria may not suppress ovulation; infertility may not be assumed with other types of breastfeeding. Standard Days Method requires regular cycles.
Birth Control Pills, Patches, & Rings	92% ^a	With artificial hormones, it suppresses ovulation, interferes with sperm penetration, and implantation (abortifacient).	Depression, headaches, decrease in glucose tolerance, weight gain, infertility, gallbladder and circulatory disease, elevated blood pressure, risk of some cancers, and many others.	Pills: \$15-50 a month. \$180-600 a year; \$5,400-18,000 for 30 years. Patches and rings: \$25-30 a month \$300-360 a year \$9,000-12,600 for 30 years. Plus annual exams.	Not recommended for women with circulatory problems, cancer of the breast or sex organs, over 35 years old, smokers, or history of bleeding problems. Use of some medications may reduce effectiveness.
Injectables	97% ^a	An injectable, artificial progestin affecting the pituitary hormones. It is injected every one to three months. It operates in a similar manner as birth control pills.	Long-term menstrual cycle irregularity with average return to fertility at 6-12 months after discontinuation. Weight gain, headaches, depression, decrease in bone density with long-term use. ^d	\$30-50 a month; \$360-600 a year; \$10,800-18,000 for 30 years. \$60-75 a quarter; \$240-300 a year; \$7,200-9,000 for 30 years Plus annual exams.	If a woman has serious complications or changes her mind, there is no way to discontinue. Some effects last 6-8 months after the last injection. Same as birth control pills
Implants	99% ^c	With a slow release of artificial hormones: it suppresses ovulation, interferes with sperm penetration, and implantation (abortifacient)	Long-term menstrual irregularity, weight gain, headaches, depression, nausea, change in sexual drive, discoloration or scarring over skin when implant was inserted	\$450-750 for 5 years.	Not recommended for women with circulatory problems, cancer of the breast or sex organs, over 35 years old, smokers, or history of bleeding problems. Use of some medications may reduce effectiveness.
Intrauterine Device(IUD) Mirena Paragard	98-99+% ^a	Plastic object inserted into uterus, contains either copper or synthetic progesterone. Interferes with fertilization and may disrupt implantation (abortifacient).	Painful intercourse, severe menstrual cramps, pelvic inflammatory disease, anemia, ectopic pregnancy, perforation of the uterus, infertility.	Mirena must be replaced every 5-7 years. \$10,800-18,000 for 30 years. Paragard (Copper-T) - replaced every 5-7 years. \$250-950 for 10 years = \$25-95 a year or \$750-2,850 for 30 years. Insertion and removal: \$70-150.	Not recommended for women who are under 25 years, have never had children or plan to have more, have multiple partners, or believe they may have a sexually transmitted disease.
Diaphragm Cervical Cap	84% ^a 71-86% ^a	Diaphragm is a latex cup attached to a ring; covers the cervix. The cervical cap is a flexible plastic cup fitting over the cervix. Designed to be used with spermicides. Acts as a barrier between sperm and egg.	Diaphragm: small percentage notice painful intercourse, toxic shock syndrome (TSS), and urinary tract infection. Cervical cap: odor, rare allergic reaction or abnormal Pap smears, pelvic infections, and acute cervicitis.	First Year=\$100-200. The 30-year cost is \$1,125-1,800. The diaphragm must be refitted after each childbirth or if weight change of 10 or more pounds. Doesn't include spermicide cost. Cervical Cap: \$75-100 per year	Cervical cap not recommended for women with cervicitis, cervical malformation, or abnormal Pap smears.
Condoms	Male: 85% ^a Female: 79% ^a	Latex or animal intestine sheath covering the penis or sheathing the vagina; provides a barrier between sperm and egg.	Small percentage experience allergic response.	Male: \$1.00-4.00 each use Female: \$1.00-4.00 each use	
Spermicides	71% ^a	Kills sperm.	Small percentage notice an allergic response, TSS, and odor.	\$8.00 per package	
Withdrawal	78-82% ^a	Withdrawal of the penis from the vagina before ejaculation.	Impotence, pain, psychological.	None	
Surgical Sterilization	99+% ^a	Surgical intervention inhibits the maturation or release of the sperm or egg.	Permanent infertility and occasional surgical complications. With the woman - increased rate of hysterectomy, ectopic pregnancy, hormonal imbalance, regret. With the man - testicular pain, production of antibodies to his sperm, circulatory problems, impotence, regret.	Tubal = \$1,500-6,000 Vasectomy = \$350-1,000	Even though reversals are possible, the return of fertility is not guaranteed

References: **a.** Hatcher, R.A., et al, *Contraceptive Technology 20th Revised Edition*, New York, Ardent Media, 2011. **b.** Frank-Hermann, P., et al, *Human Reproduction* 2007 22(5):1310-1319. **c.** Hilgers, T.W., et al, *Journal of Reproductive Medicine*, 1998, 43: 495-502; study design yields results comparable to definition of “perfect use” in other studies. **d.** FDA Talk Paper - Should not be used more than 2 years unless “all other contraceptives are inadequate for her,” 11/17/04. **e.** Association of Reproductive Health Professionals. (2013). Choosing a Birth Control Method. Retrieved 2/15/2013, from Association of Reproductive Health Professionals: <http://arhp.org/crc/> **f.** Bouchard, Thomas., Ferhing, Richard. Et al, 1/2013, Efficacy of a New Postpartum Transition Protocol for Avoiding Pregnancy, *Journal of the American Board of Family Medicine*, Vol. 26, No.1, P. 35-44.

Why Natural Family Planning (NFP) rather than artificial birth control? Many people ask this question. On the surface it seems if one evaluates only the goal, then there is a similarity. After all, the goal of both is to prevent births. But so does abortion, and many people who wish to space their children would never consider abortion as an option. So one's goal is not the only factor involved in the family planning decision.

Many people view sexuality within the context of personhood. This means they believe one needs to consider the body, emotions, mind, and soul. The circles show a more total picture of the many dimensions of a person. Each level involves additional issues for the person and the couple to consider with respect to their sexuality and fertility, which can be reflected in their family planning decision. Let's consider some of the issues.

First, many types of artificial birth control have considerable side effects; some have tragic ones such as infertility and some are "merely" bothersome or cause minor discomfort. However, with NFP there are no side effects. And women, in particular, find the self knowledge about their bodies to be of great value.

Second, NFP is a mutual method of family planning. The discipline involved in periodic abstinence can foster trust between the couple. And, the husband and wife participate in a truly humane manner in the spacing of their children. No harm is done to the husband, or wife, or if pregnancy occurs, to the developing unborn child. It is true family planning, because the couple wanting to become pregnant can use the skills of NFP to make that outcome more likely.

Third, several types of artificial birth control work by preventing the implantation of the newly conceived child. Intrauterine devices (IUD's) work this way part of the time. Birth control pills, patches, rings and implants have this mode of action (among others) and must be assumed, at least part of the time, to be acting so, as the FDA physician's information makes clear. Hormonal injections seem comparable to the birth control pill in effect. Therefore, couples that cherish the sanctity of life from conception onward would certainly not wish to use these methods of birth control.

With NFP, fertility is viewed positively. Consider that several years back a government official called pregnancy the "second most commonly transmitted sexual disease." Fertility and "the products of conception," that is the unborn child, were called diseases. Artificial birth control deals with normal human fertility as a medical problem. NFP, by contrast, considers fertility as a part of our humanity, something to be valued and respected. And, the child is considered a gift.

Couples using NFP don't need to resort to surgical sterilization. This is true even when reasons such as health, the present number of children, or a financial situation, suggest it unwise for the couple to have another child. It is indeed possible to use NFP effectively and confidently to limit one's family.

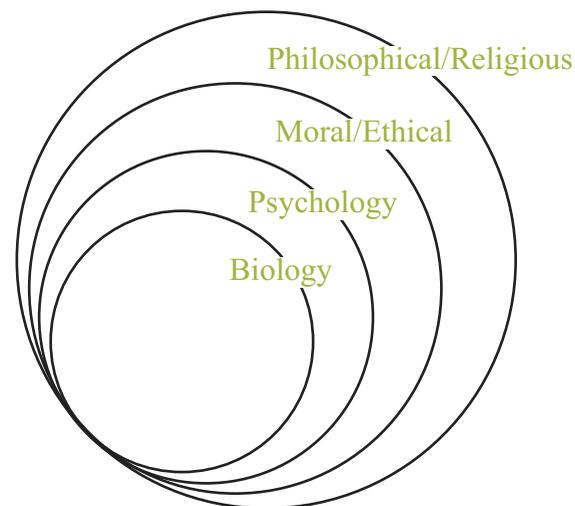
Fourth, the human ecology involves a delicate interplay between the biological, psychological, moral, and philosophical/religious dimensions. When disruption comes to one aspect, there is a ripple effect which flows over onto the entire person. Sexuality is treated holistically. Integrity and well-being are achieved.

NFP considers the personhood of both the husband and wife. Each is respected and loved in his or her totality. The sexual expression considers both the procreative (life-giving) and the unitive (love-giving) aspect. So, when couples are avoiding pregnancy, periodic abstinence respects all facets of their sexuality.

On the profound level, many believe each person is created in the image of God. In this context, marriage is considered a partnership and a sacrament. Each spouse is a steward of the other's body and soul, as well as any children, which may be the fruit of this union. Stewardship provides a special privilege: the participation in the co-creation and raising of children in a Christian environment. This belief along with a wholesome understanding of sexuality, prompts these couples to embrace the NFP lifestyle.

So is this idealistic or practical living? Many couples are now saying the latter. And they're adding, there is no comparing NFP with artificial birth control.

"Two roads diverged in a wood, and I –
I took the one less traveled by,
And that has made all the difference."
Robert Frost



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The Family Planning Decision



Natural Family Planning
–
A Shared Commitment

"Family planning is a sensitive issue which most couples work on within the context of their relationship, life goals, and belief system."