

*Dioceses of La
Crosse*

*Natural Family
Planning Program*



NFP Realities

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Our Presence on the Web

Diocese of La Crosse

Office of Family Life

Office of Natural Family Planning

The Parent's Place

Dear NFP family,

It has been a while since the last issue of NFP Realities. In the past 8 months, the NFP program has completed work on a website called The Parent's Place. We are excited to offer parenting information to the faithful of the Diocese of La Crosse and to those families that find us on the web. Take the time to check out our website which can be accessed on the diocesan website at www.dioceseoflacrosse.com.

It is also our pleasure to welcome Jeff Arrowood to our staff. In the spring, Jeff accepted the position of NFP Educator. His duties include assisting in the development of the educational programs provided by the NFP office. Welcome to Jeff!

Finally, the office has developed an on-line NFP teacher training program. Individuals or couples interested in becoming NFP instructors for the diocese can now complete their training through an on-line course. If you are interested in becoming an instructor, please contact us. We'd enjoy sharing the requirements and responsibilities with you! (Instructors are needed in the La Crosse, Eau Claire and Wausau areas.)

In His Name,
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Dr. Hilgers at CMA Conference in La Crosse

Thomas W. Hilgers, director of the Paul VI Institute director of the Pope Paul VI Institute for the Study of Human Reproduction and the National Center for Women's Health in Omaha, Nebraska, will be speaking at the Catholic Medical Association Conference at the Shrine of Our Lady of Guadalupe in La Crosse, Wisconsin. **The**

Websites Referenced in the Article

CMA Conference brochure

Conference on NaProTechnology on October 18

CDC VAERS report

Report on the Gardasil Vaccine

Parents for Truth

Video about sex education in schools

American Academy of Fertility Care Professionals

Read about having natural family planning and Fertility Care covered by insurance

Exceptional Marriages

The website of Greg & Lisa Popcak, authors of the book [Holy Sex](#)

Contact Us

On the web

By email

Conference is Saturday, October 18 from 8:30 am to 4:00 pm. This conference will introduce the participants to the science of NaProTechnology (Natural Procreative Technology). NaProTechnology is a scientifically validated method of assisting couples to manage their fertility entirely consistent with the ethical teachings of the Catholic Church. The registration deadline is October 3, 2008. ***Please download the brochure (PDF file) for more information.***

Gardasil Vaccine - More Hype than Good?

Gardasil, as you may already know, is an HPV vaccine sold by MERCK, a vaccine that has been actively marketed to the target market of young girls. The premise of the marketing campaign is that the vaccine will protect young girls from cervical cancer, as well as a couple of varieties of HPV. But the vaccine is NOT a cancer preventative, and it has not been thoroughly tested. Not only does Gardasil not protect everyone, it does not prevent all types of cervical cancer. According to current science, there are fifteen types of HPV associated with cervical cancer but Gardasil only counters HPV types 16 and 18. The vaccine requires three doses to start (at a starting cost of \$360) and boosters within 4-6 years.

According to the Vaccine Adverse Event Reporting System (VAERS) of the Centers for Disease Control (CDC) there have been 7195 individual adverse reactions listed. This number may be larger as this database is not known by everyone which means that adverse reactions may be under reported. The CDC report over 9,000 adverse reactions for Gardasil. There is a rising total of deaths connected with the administration of this vaccine; as well as have been reports of seizure activity, tingling, numbness and loss of sensation in the fingers and limbs. There is serious question about girls initially having short-term health problems associated with getting this vaccine that could turn into long-term neurological or immune system disorders; and there is serious question about administering this vaccine at the same time as others.

Because the CDC has decided to scrutinize this drug more intensely over the next few months, we would encourage parents NOT to vaccinate their daughters. Rather, if parents do believe that their daughter is at risk of HPV, it is recommended that their daughter undergo a pap smear from a medical provider.

To review the CDC VAERS report, go to <http://www.cdc.gov/vaccinesafety/vaers/gardasil.htm>

What Is Being Taught in Our Schools Regarding Sexuality?



For the last few years, the Wisconsin Coalition for Sexual Abstinence has encouraged parents to carefully look at the content of your school's sex education program. There are published, highly recommended curricula that present information few adults would condone. Unfortunately, curriculum decisions can be made on synopses, summaries and recommendations, not actual perusal of textbooks by an entire curriculum committee or school board.

What might the textbooks in your school provide? Learn the truth by watching the video at www.parentsfortruth.org/video/index.php?code=WIAC and learn about one of the greatest attacks on the health and future of our children. After the video, you will be directed to the website. Please -- Join Parents for Truth and unite with thousands of other parents to make a difference.

From Sally Ladky - Executive Director, WI Abstinence Coalition

NFP Insurance Codes in Place



In the last issue of NFP Realities, we reported that the medical coding system used by the government, insurance companies, medical clinics and health care providers now includes two codes specifically for natural family planning.

On October 1, the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) published the following codes for NFP:

V25.04: Counseling and instruction in natural family planning to avoid pregnancy

26.41: Procreative counseling and advice using natural family planning.

Guidelines for reporting and coding with the ICD-9-CM are made by two federal government agencies – the National Center for Health Statistics and the Centers for Medicare and Medicaid Services. Guidelines also are approved by the two agencies, the American Hospital Association and the American Health Information Management Association.

These codes have opened a door for any business who does not already offer NFP in their health plan to begin to do so. For more information on these codes and how you can include NFP in your health benefit package go to: <http://www.aafcp.org/ICD-9-CM.html> and open the PDF file on the home page.

Report from the National Catholic Register, October, 2007.

Low Birth Weight Related to High Blood Pressure



Children who had low birth weights were more likely to show increased blood pressure with higher intakes of salt and to have smaller kidneys than children with normal birth weights in a new study reported in the *Journal of Hypertension*. The authors say this may explain the higher rate of hypertension and cardiovascular/renal disease in individuals with low birth weights.

According to the senior author Dr Markus Mohaupt (Bern University Hospital, Switzerland), "We have shown that children aged between 7 and 15 who had low birth weights are more likely to be salt sensitive — have increased blood pressure with higher intakes of salt — than children of the same age who did not have low birth weights. Also, children who had low birth weights had smaller kidneys than those with normal birth weights, which may explain why they are salt sensitive."

It is already known that infants with low birth weights are more likely to develop hypertension, cardiovascular disease, and renal disease later in life than normal-weight infants, Mohaupt explained. "Our study sheds some light on why that may be. Of course, these children may have other complications that could also contribute to their higher cardiovascular risk, but I would say after our study, that smaller kidneys leading to salt sensitivity is probably one reason," he said. For this reason, it is recommended that those with low birth weights should avoid high-salt diets.

Hypertension.
2008;DOI:10.1161/HYPERTENSIONAHA.108.114983.

Available at: <http://hyper.ahajournals.org>.

Childhood Obesity Prompts a 4 Stage Approach from Doctors



The youth in the U.S. continue to grow fatter and this has caught the attention of the American Medical Association. According to a review for primary care clinicians in the July 1 issue of the American Family Physician there is a need for treatment recommendations that family clinicians can carry out.

"Childhood obesity has become so severe that diseases that once affected only adults are now appearing in children," writes Goutham Rao, MD, from Children's Hospital of Pittsburgh in Pittsburgh, Pennsylvania. "The long-term implications of this epidemic are extremely serious. Obese children are much more likely than children of healthy weight to become obese adults."

The statistics are alarming, with "overweight" youth (those with age-adjusted and sex-adjusted body mass index [BMI] above the 95th percentile, which is equivalent to the "obese" classification for adults) consisting of 13.9% of children 2 to 5 years old, 18.8% of children 6 to 11 years old, and 17.4% of adolescents and teenagers 12 to 19 years old.

These statistics have prompted for following 4 stage approach.

Stage I (Prevention-Plus Protocol): Make specific dietary and physical activity recommendations, with monthly follow-up. If BMI does not improve in 3 to 6 months, consider stage II.

Stage II (Structured Weight Management Protocol). This more structured plan includes a low-energy-dense, balanced diet; structured meals; supervised physical activity of at least 60 minutes daily; limiting television-watching and other screen time to 1 hour per day or less; and use of logs to self-monitor these behaviors. Family clinicians may require assistance from allied care professionals to implement this step, and children should be followed up as often as needed. If BMI does not improve in 3 to 6 months, stage III is appropriate.

Stage III (Comprehensive, Multidisciplinary Intervention) and Stage IV (Tertiary-Care Intervention) are more intensive interventions administered by highly trained teams expert in obesity management. Specialized centers can provide effective, intensive counseling programs that promote behavior modification for obese children. Referral is especially indicated for severely

obese children and for those with obesity-related co-morbidities.

American Family Physician. 2008;78:56-63.

Abdominal Fat and its Relationship to Hot Flashes in Menopause and Perimenopause

For many years, medical professionals believed that women who carried extra abdominal fat would have fewer hot flashes because of the higher levels of estradiol found in the fat. Recent studies now show that body fat may not protect against hot flashes as once thought.

Approximately 70% of all women in either their perimenopausal or menopausal years experience hot flashes. According to Rebecca Thurston, PhD from the University of Pittsburgh School of Medicine, women who carry additional subcutaneous abdominal fat are at a greater risk of experiencing hot flashes than women who are lean. She recommends fat loss as a way to prevent and manage hot flashes.

Menopause. 2008;15:429-434.

Book Review - Holy Sex!

Gregory Popcak, Ph.D., has just released a wonderful book called Holy Sex! A Catholic Guide to Toe Curling, Mind Blowing, Infallible Loving. When a complimentary copy of the text arrived in our office, I fanned through the pages. But, rather than shelving it (as I do most of the free books that come into the office) I actually put this one on my nightstand and began reading it that very night. This book is terrific! It provides the reader with a complete understanding of the practicality of Pope John Paul II's Theology of the Body. Through easy to understand illustrations and a dose of warm humor, Popcak has provided the faithful with a literary treasure. Christopher West's endorsement of the book says, "Dynamic, faithful, funny and informative. Holy Sex deserves a big Amen!" I am in complete agreement.

Holy Sex is published by The Crossroad Publishing Company. For more information on Holy Sex! go to www.exceptionalmarriages.com.

Review by Alice Heinzen, NFP Coordinator

Exercise Reduces Premenopausal Cancer Risks

That exercise reduces the risk for postmenopausal breast cancer is well known, but a new study shows that it can also protect against

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premenopausal breast cancer. The study provides some details on the amount of exercise that is involved. The most active women, who showed a 23% reduction in the risk for premenopausal breast cancer, reported exercise that was equivalent to running 3.25 hours a week or walking 13 hours a week.

The strongest association for a lowered risk for premenopausal breast cancer was with activity between the ages of 12 and 22 years; the next strongest association was with activity between the ages of 23 and 34 years. No association for reduced risk for premenopausal breast cancer was apparent after age 35 years. However, many other studies have shown that exercise during adulthood reduces the risk for postmenopausal breast cancer.

"We don't have a lot of prevention strategies for premenopausal breast cancer, but our findings clearly show that physical activity during adolescence and young adulthood can pay off in the long run by reducing a woman's risk of early breast cancer," commented lead investigator Graham Colditz, MD, DrPH, from the Siteman Cancer Center, Washington University School of Medicine, in St. Louis, Missouri. This is just 1 more reason to encourage young women to exercise regularly," he told journalists.

Reported in Medscape Medical News, 5/15/08. Full study found in J Natl Cancer Inst. 2008;100:728-737.