

# NFP Realities

## Sharing the Good News

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### COORDINATORS MESSAGE

#### E-Communication

This newsletter marks the beginning of our second decade of NFP REALITIES publications. As the saying goes, "my how time flies!" With the new decade, comes a new format and an updated look.

As we mentioned in the Winter 2005 issue, we are transitioning our newsletter distribution from postal to electronic delivery. If you were one of the individuals who submitted your email address to us you are reading this on your computer. (Approximately 35% of individuals in our database have responded to our request for email addresses. Thank you!) If you haven't submitted an email address, then you are receiving this newsletter in the mail.

*We intend to reserve postal delivery of the newsletter to those who do not have email by summer 2006.* In order to make this change, WE NEED YOUR EMAIL ADDRESS. If you have not done so, please contact your local NFP Coordinator and have your email address added to the newsletter list. In the La Crosse Diocese send Alice and Jeff your information at [nfp@dioceseoflacrosse.com](mailto:nfp@dioceseoflacrosse.com). In the Madison diocese contact Julie at [jwkrause@execpc.com](mailto:jwkrause@execpc.com). Or use the phone numbers listed on the last page of the newsletter. This just takes a minute. Please do it now so you will not miss any future issues of NFP REALITIES. **Take the time, right now, to send us your email address. This will ensure that the next issue of NFP REALITIES will make it to you.**

### NFP INSIGHTS

#### NFP Instructor Training 2006

Are you a satisfied NFP user? Have you experienced the benefits of living Church teaching in your own marriage? Have you considered sharing the NFP message with others? Perhaps you are one of the rare breed called to teach NFP.

A training for individuals or couples who use a sympto-thermal method and would now like to teach others about NFP is being planned for the summer of 2006. Alice Heinzen, NFP Coordinator for the Diocese of La Crosse and trainer for Northwest Family Services will conduct the training. The training will last four days and will be held in Eau Claire, WI. To find out more about this training, please contact 800-255-6226.

### FAMILY NEWS

#### Good News and Bad News About Teen Drug Use

The number of 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders who smoke, drink alcohol, use marijuana and steroids and other illegal drugs has gone down or held steady between 2001 and 2005, according to recent survey by Monitoring the Future. This is considered good news since these substances are often the gateway to more serious drug use.

Of more concern is the rise in use of prescription painkillers and sedatives among teens. OxyContin, a sustained release form of morphine, is popular with teens. Its use has risen 26% since 2001 for grades 8, 10 and 12 combined. According to

Nora Volkow, director of the National Institute on Drug Abuse, many teens believe prescription drugs are safer because they are legal. Prescription drugs are more readily available than illegal drugs, both on the street and in family medicine cabinets. Most teens have grown up in an era where adults and children alike turn to medications for everything from headaches to hyperactivity. Medications are advertised like any other product, making medication use seem like an ordinary way to enhance mood, increase attention or relax.

For more information on teen drug use see the White House Office of National Drug Control Policy or National Institute on Drug Abuse websites.

## **RESEARCH UPDATES**

### Length of Cycle and Menstrual Bleed Related to Fertility

According to a study conducted by Dr. Chanley M. Small of Emory University, Atlanta, evaluating the menstrual cycle prior to the one where conception is planned and gathering information on the length of the menstrual bleed can help predict the possibility of pregnancy. A research team followed 470 women for approximately one year and found that those women who had menstrual cycles of 30-31 days just prior to planned conception and whose menstrual bleeds lasted at least 5 days had the highest probability of becoming pregnant and carrying the child to term. Women whose prior cycles were either shorter or longer than 30-31 days were at a 30% greater risk of miscarriage.

Dr. Small anticipates that shorter cycles may be caused by a shorter than normal luteal phase (days after ovulation) and that the shorter bleeds may be the result of a quick estrogen drop due to follicular deficiency or poor uterine lining build-up.

As an NFP practitioner, this information should come as no surprise to you. Most couples are taught during their NFP instruction how to track both of these menstrual concerns. Charting not only provides an easy and noninvasive measure of the woman's reproductive health in the areas that the researchers identified but it also supplies data on many other aspects of a couple's fertility.

Epidemiology 2006; 17:52-60.

### Postmenopausal? Drink More Milk

Most women know the benefits of daily calcium and vitamin D intake from dairy products on their overall health – especially bone strength. A recent study shows that postmenopausal women have another good reason to drink more milk as it may prevent breast cancer.

Dr. Marjorie McCullough from the American Cancer Society published the results of a nine-year study showing the relationship between the intake of dairy calcium and the risk of breast cancer. Her study, which began in 1992 and 1993, followed 68,567 women who did not have a history of cancer, from their completion of an extensive questionnaire on diet, mineral supplement, vitamin use, medical history and lifestyle. Through August of 2001 at which time 2,855 incidents of breast cancer were reported from the population.

Women in the study whose intake of dietary calcium intake met or exceeded 1250 mg/day had the lowest risk of breast cancer when compared with women reporting an intake of dietary calcium of less than 500 mg/day. These results supported the researchers hypothesis that dietary calcium and/or some other components in dairy products may modestly reduce risk of postmenopausal breast cancer.

Cancer Epidemiol Biomarker Prevention. 2005; 14: 2898-2904

### Want to Stop Smoking? Quit Early in Your Cycle

Women who want to quit smoking have a harder time than men and one of the reasons for their increased difficulty may be the symptomatology associated with the normal menstrual cycle.

Many women know that the luteal (after ovulation) phase of a cycle is typically associated with mild to severe premenstrual Syndrome (PMS). Some PMS symptoms, particularly depression and irritability, are similar to those associated with tobacco withdrawal. When a woman tries to quit smoking during the luteal phase of her cycle it is probable that her PMS symptoms will increase.

The research also shows that a woman who experiences PMS has a higher smoking frequency during the luteal phase because nicotine alleviates or reduces the severity of PMS symptoms. Again, this makes it more difficult for a woman to give up smoking after ovulation.

Thus, the study suggests that women who want to give themselves the best advantage for quitting should attempt the cessation during the first two weeks of their menstrual cycle.

Nicotine and Tobacco Research (1999) 1, 129-142

### Oral Contraceptives Impact on Sexual Health

Taking the birth control pill puts a woman at risk for decreased sexual desire, arousal, decreased lubrication and increased sexual pain. While many women are willing to put up with these side effects while they are on the pill, not many women want these effects to continue indefinitely after discontinuing the pill. Yet, a new study raises the possibility that pill usage may cause long term and possibility permanent damage to a woman's sexual health.

The study, reported in the Journal of Sexual Health, found that women who had discontinued the pill six months earlier maintained higher than normal levels of sex hormone binding globulin levels. These high levels reduced the amount of free testosterone available in the blood stream that is responsible for a woman's sexual health. The researchers were surprised to see that even after administration of testosterone via transdermal patch therapy, the levels stayed higher than normal.

Dr. Claudia Panzer, leading researcher stated "Further research is needed to identify whether sex hormone-binding globulin changes induced by oral contraceptives may or may not be completely reversible after discontinuation of oral contraceptive use and whether this leads to long-term sexual, metabolic, and mental health changes in women."

Journal of Sexual Health 1/2006;3: 100-113

### **ASK THE EXPERTS**

Q: My baby is almost 5 months old. He nurses about 6 times a day and has just started cereal. Up until a few weeks ago, I had no sign of fertility, but now I have mucus nearly every day. Does this mean my fertility is returning?

A: Daily mucus is common in breastfeeding women as the baby gets older and begins to nurse more efficiently. It may also begin when the baby starts solid food or sleeps through the night.

A daily, unchanging type of mucus or sensation of moistness does not indicate fertility. Instead it indicates some background hormone activity, but not enough to trigger ovulation. After observing for 2-4 weeks to make sure the mucus does not change from day to day, you can assume the unchanging pattern is infertile in the evening. Any change in the pattern could indicate fertility, so it is important to make careful observations each day and consider any change from the baseline

pattern as possibly fertile. Mucus only rules can be applied to changes from baseline. Eventually, the mucus pattern will become more fertile in quality, and a temperature rise will accompany a peak day. This change indicates the return to fertility.

Many couples find the breastfeeding transition to fertility easier when they work with an NFP instructor. Your diocesan NFP Coordinator can put you in touch with a qualified instructor to help you sort out the changes of the breastfeeding period.

**Interested in NFP Instruction? Call the number listed in your area to access current class information.  
Home study options are available in all areas.**

Arcadia - 800-255-6226	Madison Area - 608-273-2236	Sparta - 800-255-6226
Chippewa Falls – 800-255-6226	Marshfield – 800-255-6226	Stanley - 800-255-6226
Eau Claire - 800-255-6226	Menomonie - 800-255-6226	Stevens Point - 800-255-6226
La Crosse - 800-255-6226	Milwaukee Area - 414-291-1750	Wausau - 800-255-6226

For general NFP information please call the number listed in your area. Or email: [nfp@dioceseoflacrosse.com](mailto:nfp@dioceseoflacrosse.com)

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