

NFP Realities

Sharing the Good News

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COORDINATORS MESSAGE

E-Communication

The transition to an electronic only newsletter distribution continues with this issue of NFP Realities. If you were one of the individuals who submitted your email address to us then you are reading this on your computer. (Approximately 55% 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 addresses through the remainder of 2007. 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. In the Madison diocese contact Gloria at gbrockman@straphael.org 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 2007

NFP instructor trainings for the Northwest Family Services method are being planned for 2007. These trainings are open to any individuals or couples who are interested in teaching a sympto-thermal method of natural family planning in Wisconsin.

For more information about these seminars and details of certification with Northwest Family Services, please contact Alice Heinzen, the NFP Coordinator for the Diocese of La Crosse at nfp@dioceseoflacrosse.com. The Northwest Family Services NFP method is fully endorsed by the United States Conference of Catholic Bishops – Diocesan Development Program for Natural Family Planning.

US Bishops Release Letter on Married Love

The United States Conference of Catholic Bishops has approved and publicized their letter entitled *Married Love and the Gift of Life*. The document talks of marriage as "an intimate partnership in which husbands and wives learn to give and receive love unselfishly, and then teach their children to do so as well." The document is in question-and-answer format and answers questions on the topics of marital love, contraception and Natural Family Planning (NFP). The questions answered include "What does the Church teach about married love?" and "Why does saying "yes" to children at the altar mean never using contraception to close the act of intercourse to new life?"

The document explains that Catholic teaching on contraception and the beauty of marital love "is a teaching that many couples today, through no fault of their own, have not heard (or not heard in a way they could appreciate and understand)." The bishops chose to issue this letter at this time because the "conviction has grown that there is a pastoral need for a simple educational piece addressed to Catholics considering marriage."

The letter is careful to explain that the Church's teaching is not just "about observing a rule, but about preserving that total, mutual gift of two persons in its integrity." It explains that fertility is an "integral part of the bonding power of spousal love" and that using contraceptives disrupts that bond.

The bishops explain that using contraception causes sexual intercourse to become "something less powerful and intimate, something more casual" and that it ultimately says to your spouse "I give you everything I am-except. . . ."

To read the full text, go to www.usccb.org/laity/marriage/MarriedLove.pdf.

Excerpts from Life Site News, 2006

FAMILY NEWS

Traditional Marriage and Family Life

This past November, voters from several states affirmed the definition of marriage as a union between one man and one woman. We are fortunate that the majority of citizens casting votes affirmed the definitive wording of the constitutional amendment. Yet, even with the clarification in language, there are two troubling trends present in our legal system that weaken marriage and family life.

The first is the presence of no-fault divorce laws which exist in nearly every state in our union. No fault divorce laws created in the 1970's have made it possible for marriage to be dissolved by only one spouse without blame or guilt or consultation with the other spouse. The second is a push to redefine family law in support and affirmation of what is called family diversity rather than the traditional family. The family diversity model states that "no family form is superior to any other family form".

It is a wonder that our legal system would support or forward either of these trends when social science research clearly shows that a retreat from traditional marriage and family life results in poor outcomes for children – the future generations of our country.

As concerned citizens and parents, it is our obligation to monitor legislative actions that impact family life. It is strongly urged that you contact your elected officials at both the state and federal levels and emphasize your unequivocal support of both the marriage amendment and traditional family structures. Urge them to support any legislation that *removes* no-fault divorce or the family diversity model from family law. Remind them that "there's no place like the traditional family" for the creation and education of new human persons.

For more information on these trends, visit the Institute for American Values at www.americanvalues.org. Search for Marriage and the Law.

RESEARCH UPDATES

Plan B – Distributed Over the Counter

Beginning in November, 2006, the Federal Drug Administration (FDA) began distribution of Plan B (Morning after Pill) without a prescription. The decision to make this contraception an "over the counter" (OTC) option was made after a 3 year battle to block its wider access.

Plan B must stay behind pharmacy counters, the FDA said. Individuals must show proof they are at least 18 to buy the emergency contraceptive pills. Younger girls still need a doctor's order.

While proponents of the drug and its distribution state that wider access will reduce the number of pregnancies, a study released by an independent Family Health Institute shortly after the drug became accessible without a prescription found that easier access to Plan B *did not* lower pregnancy rates. This study conducted followed 744 sexually active women ages 14-24, who were given free samples of Plan B and had the

option to replace them without cost as needed. The study concluded that easy, free or even wider access to Plan B made no significant impact on pregnancy rates.

Obstetrics and Gynecology, November 2006

Depression and Transition to Menopause

A recent study conducted at the Harvard Medical School followed 460 premenopausal women with no previous history of major depression to evaluate the impact of the transition into menopause on mood disorders. Women between the ages of 36 and 45 were enrolled and followed for up to 92 months. Over this period, 326 women entered the perimenopausal stage while 134 remained in the premenopausal stage. The Center for Epidemiological Studies Depression Scale was used to assess new onset depression; the Life Experience Survey was administered to evaluate negative life events over the study time course.

Women who entered the perimenopausal phase were twice as likely to develop a depressive syndrome as women who remained premenopausal. Women who reported vasomotor symptoms such as hot flashes were somewhat more likely to develop depressive symptoms. Use of hormone therapy to ease the symptomatic transition into menopause did not seem to impact the rate of depressive symptom onset. Women with a history of significant negative life events were more prone to developing depressive symptoms compared with women who remained premenopausal.

Arch Gen Psychiatry. 2006;63:385-390.

Morning Induction Results in Fewer Interventions

According to a study reported in the *Obstetrics and Gynecology Journal*, women who begin labor induction during the morning hours have a lower need for oxytocin (drug administered to start contractions), shortened the time between initial treatment and birth as well as reduced the need for instrumental vaginal birth.

These conclusions came from a prospective, nested randomized controlled trial conducted in Australia. The researchers randomly assigned 280 women to be induced in the morning and 340 to begin labor in the evening. Those who began their labor in the morning experienced labors reflective of normal onset and progression. From these results, the investigators recommended morning inductions as superior to evening – even with the consideration that this may mean scheduling inconveniences for the doctors at delivery.

Obstet Gynecol 2006; 108: 350-360.

ASK THE EXPERTS

Q: What can I do if I have cramps that are really severe?

A: Painful cramps during menstruation, also known as dysmenorrhea, affect many women. For a small number of women, such discomfort makes it next to impossible to perform normal household, job, or school-related activities for a few days during each menstrual cycle. Painful menstruation is the leading cause of lost time from school and work among women in their teens and 20's.

The pain may begin several days before or just at the start of your period. It generally subsides as menstrual bleeding tapers off. Although some pain during menstruation is normal, excessive pain is not. Dysmenorrhea refers to menstrual pain severe enough to limit normal activities or require medication.

There are two general types of dysmenorrhea. Primary dysmenorrhea refers to menstrual pain that occurs in otherwise healthy women. This type of pain is not related to any specific problems with the uterus or other pelvic organs. Secondary dysmenorrhea is menstrual pain that is attributed to some underlying disease process or structural abnormality either within or outside the uterus.

Any of the following steps may allow you to avoid prescription medications. Apply a heating pad to your lower abdomen (below your navel) or take warm showers or baths. Drink warm beverages. Do light circular massage with your fingertips around your lower abdomen. Walk or exercise regularly-including pelvic rocking exercises. Follow a diet rich in complex carbohydrates (like whole grains, fruits, and vegetables, but low in salt, sugar, alcohol, and caffeine) and try to eat light but frequent meals. In many cases over-the-counter anti-inflammatory medicine, such as ibuprofen, taken the day before your period begins may be most effective.

If these self-care measures do not work, please consult an NFP-only or NFP-friendly doctor. (For a listing of doctors in your area, visit www.dioceseoflacrosse.com and click on natural family planning.)

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

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nfp@dioceseoflacrosse.com
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Editorial Staff:
Alice & Jeff Heinzen: NFP Coordinators – Office of Family Life, Diocese of La Crosse