

Credidimus caritati

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Wilfred Shaw, MD, FRCOG 1897-1953 Interim Notes 5 – 8 on the Pockets of Shaw



Mark Whitty

Dr Whitty continues his notes on the Pockets of Shaw. This forms part of a presentation which he made to the recent Congress of the European Institute of Family Life Education held in Paris, France, 3-6 October 2013.

During the Paris Conference Dr Whitty had 20 minutes for amplifying the four-page summary submitted earlier for their Conference Proceedings, and with reference to the practical application of the functioning of the Pockets.

As for the previous Notes and the EIFLE lecture, it is for personal private study only due to copyright restrictions.

5 Biographical

Wilfred Shaw was born in Birmingham, UK in 1897, studied medicine at St. John's College in Cambridge, and went on to start with a post created specially to retain his talents at St. Bartholomew's Hospital in London. He won many distinctions, achieved an exceptional amount of clinical and research work, and died just short of his 56th birthday in 1953; the same year as the future professor James Brown was pursuing foundational postgraduate hormonal research in Scotland, and the future professor Erik Odeblad was on postgraduate scholarships in the USA, and Dr John Billings promised three months of work on natural fertility regulation that led to a lifetime developing this for couples and families.

we have put our faith in love

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RIP Sr Birgitta Schnell OSB, died 27th October 2013. May she rest in peace. We thank God for her life of love and witness.

Shaw pursued postgraduate training in the leading centres world-wide - for obstetrics in Dublin, and for surgery and pathology in Vienna. Back in London he did detailed research on normal anatomy for the purpose of developing reconstructive repairs via the vagina – a major advance in thinking and in practice. He married one of the first three theatre sisters at Bart's, reorganized laboratory services, ran clinics in several places, operated, taught, researched and published, had wide interests and contacts outside medicine, and made many life-long friendships in his exceptional lifetime.

Colleagues from Australia, Africa, America and India used visit to see him operate. They and his students demanded texts, and his publishers, Livingstone – now Elsevier – had a surprising international reach even in the 1950s. His two main texts are still in print; the Textbook of Gynaecology (15th edition 2011, its 75th year), and the Textbook of Operative Gynaecology (7th edition 2013, its 59th year).

A major international symposium on "The Vagina" at the New York Academy of Sciences in 1959 was the occasion of the Folds or Pockets being formally given Shaw's name. Professor Kermit Krantz gave the opening lecture on anatomy, and Erik Odeblad lectured on physiology.

6 Mucus and reabsorption elsewhere in the body; sensation and the Pockets

Tt is useful to remember that mucus is essential in health also for the nose, mouth, airways and bowel as well as the cervix.

Also, fluid reabsorption is important in the cerebrospinal fluid, lungs, kidneys and bowel as well as the lower 1/4-1/3 of the vagina; if not, we would have to find at least 10-12 litres more water a day.

Water is passively absorbed through the fatty parts of cell surfaces; but is also actively and rapidly transferred into and through cells. In the case of the vagina, its lining is impermeable to water, except for the lowest part, when activated by progesterone.

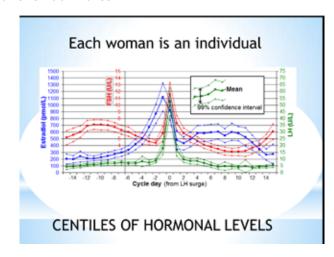
The Pockets would be of no use or interest to NFP but that they are given by nature to signify potential fertility and then to signal ovulation in the ovarian cycle.

Odeblad recognized the divide between the Pockets' function during the fertile and the infertile phases of the cycle. Much work was done especially in the late 70s and early 80s onwards, refining the understanding of the correlation of the cervical function, the role of the hormones and the action of the Pockets. The significance of the P mucus to the overall correlation was added in 1990. Over 850,000 hormonal analyses of over 12,000 cycles were contributed by Professor Brown,

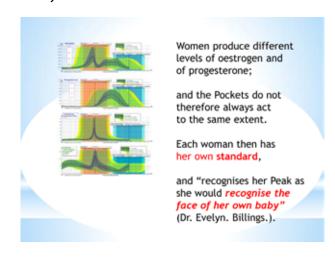
so that the correlation became closer and clearer.

The changes in the cervical mucus realized by the woman at the vulva are driven by the hormonal sequences. An unchanging and infertile pattern alters at the First Point of Change in response to the oestrogen of the ovulatory mechanism; and the rapidly developing pattern of fertility abruptly stops with the Second Point of Change on the re-emergence of the dominance of progesterone. The woman "tunes in" to her sensation during the day, records this at night, and has the knowledge of whether she is or is not potentially fertile. Awareness of her sensation by the woman, written down at the end of the day, in effect offers about 16 hours of recording.

7 Individuality; consistency; yet universal applicability of the Four Rules

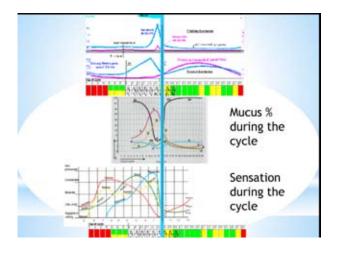


Each woman has individual ranges and levels of the four sex hormones, functioning somewhere along the ranges of hormones called centiles, and the Pockets therefore do not work identically. Each woman has her own standard, and pattern of mucus and sensation towards the Peak. As Dr Evelyn Billings remarked, "each woman recognises her Peak as she does the face of her own baby".



In 2005 in Rome, Professor Brown said "It is a huge come-down as a scientist to have to acknowledge that the mucus sensation turns out to be a better and more precise indicator of ovarian activity than any laboratory testing".

Awareness of her sensation by the woman, written down at the end of the day, in effect offers about 16 hours of recording.



Overthe first few years of the Billings Ovulation Method™ the observations were listed in the form of rules, initially seven. The wording quickly evolved and the rules were condensed to four by the 30th anniversary in 1983, and have been repeatedly confirmed over the following 30 years.

The Billings Ovulation Method™ in reflecting the physiology of all cycle variations via the mucus symptom can be summarized as involving the recognition of just two patterns, signified by two points of change. With the emphasis by Sensation on the Basic Infertile Pattern and The Peak, Billings works simply – "simply works".

The rules follow the physiology;

The First Early Day Rule is that intercourse is avoided on days of heavy menstrual bleeding, because ovulation occasionally follows directly on menstruation – a "short cycle" – as early as day 7 (Prof. Brown).

The Second Early Day Rule is that alternate evenings are available for intercourse once the Basic Infertile Pattern has been recognized. Evenings, to allow assessment of that day, and alternate, because women vary in how quickly the next day the fluids from intercourse leave the body when they are up and about. The BIP may be dry, or for some women, slight discharge from the base of the cervical mucus plug renders their BIP non-dry (1972).

Early Day Rule Three avoids intercourse when the BIP is interrupted, until it has returned for three full days, and then Rule 2 applies again.

If the pattern proceeds from the first point of change until ovulation, as recognized by the Peak symptom, the couple applies the

Peak Rule (1963). From the beginning of the 4th day after the Peak until the end of that cycle intercourse is available any time. The Peak is recognized the day after, as the last day of lubricative or slippery sensation. 90-95% of women identify this on their first 1-3 teaching cycles.

Over the three days following the Peak, the G mucus plug is gradually replacing the S and P mucus, so even though mucus may be seen at the cervix, the vulval sensation is dry or sticky because the Pockets' drying activity is abruptly returned to dominance.

This distinction gave the physiological explanation of what had been clinically proven.

The Pockets of Shaw give the change in sensation.

8 Achieving conception, and further information

More and more people are appreciating NFP in that it also shows the couple when to achieve their desired pregnancy. Australia and China have worked on this, as does the Italian Centre for Study and Research on NFP, and the Paul VI International Scientific Institute at the Gemelli Polyclinic in Rome, always just called "The ISI". Following Humanae Vitae in 1968 the CSRRNF was formally started in 1976, and the allied clinical entity "ISI" was re-constituted in the Jubilee Year of 2000.

Billings Teachers can advise couples to use the Early Day Rules as usual, then maybe "wait" when the mucus appears, and make use of the days of slippery sensation and the two days after the Peak; to remember to look after their relationship; and to know the rules for use after the desired pregnancy.

Reprints of the Interim Notes on the Pockets of Shaw may be obtained by e-mailing the Editor of the Bulletin of WOOMB International, the Australian-based Research and Reference Centre at enquiries@ woombinternational.org

Presentations such as Q&A, articles, animations, e-books, charts & charting, courses & e-learning, posters etc, contacts, services, links, international contacts, apps, archive – are available on the Method website www. thebillingsovulationmethod.org

The Bulletin and other resources are available via the organizational website of the World Organisation of the Billings Ovulation Method www.woombinternational. org



Billings Ovulation Method™ Towards the Future



Dr. Joseph and Mrs Cushla Hassan

Closing presentation from the Diamond Jubilee Conference of WOOMB International held at Kuching, Malaysia, April 2014.

We give thanks to God, the author of life and love that He has blessed us with our miraculous gift of fertility and that He blessed us with Drs John and Evelyn Billings and all those others who have worked so hard together to bring us this wonderful method.



Dr Cathy Black, President of WOOMBNZ, with the late Dr Lyn Billings

We will be sharing our Billings story – part of a larger story where we are invited to draw deeper to our Lord. This is a story of human weakness and one where the love of God conquers all.

Psalm 37: 3-4

"Trust in the Lord and do good; Dwell in the land and enjoy safe pasture. Delight yourself in the Lord and He will give you the desires of your heart."

This quote was sent to us recently by a supportive person and gave us encouragement at the right time. We wanted to share this encouragement with all of you. Teaching the Billings Ovulation Method is certainly "doing good" – and those who are involved in teaching it are offering couples a precious gift. We all need

encouragement however as you can feel alone in this work.

We stand here humbly to present our experiences as relative newcomers to this wonderful method. We have been involved in teaching for 7 years and have been running a pilot project in promoting the method in primary care. We hope that our experiences might serve as encouragement and perhaps some food for thought for some of you.

Our Background

Cushla and I were married 26 years ago at St Francis of Assisi Church in Nelson, where we remain as parishioners. We have 4 children and have unfortunately lost 6 to miscarriage.



The Hassan family

We both work at St Luke's Health Centre in Nelson. I am a GP and Cushla a practice nurse.

Context

Nelson is a popular holiday destination in New Zealand, which has a population of around 4.4 million.

New Zealand is a small, relatively prosperous country, just southeast of Australia. We have a diverse ethnic makeup including European (68%), Maori (14.6%), Asian (9.2%) and Pacific Islanders (6.9%).

The majority of our people are nominally Christian but overall our society is very secular and 34.7% claim to have no religion.

We have a system of social welfare and an efficient health system.

Cultural Change

There have been significant changes in the cultural norms and structure of our society over the last 40 years or so. New Zealand remains a country blessed with plenty. There is a general culture of good will and fairness, stable government and the rule of law.

All citizens can expect adequate housing, food and education. We have low unemployment and social welfare benefits are available to support single parents, the sick, the elderly and the infirmed. However, as we have become more secular in our beliefs we have tended increasingly to move away from traditional family structures and values. Marriage is less common and divorce is more common. There is an increase in de facto relationships, homosexuality and single parent families. We also have increasing problems with teenage drinking, drug use, truancy and gang culture.

We have a reducing birth rate and an aging population. The age of a first time mother is increasing and is currently 30y.

We have high per-capita rates of abortion (17.3/1000 women aged 15-44y), similar to Australia and the USA (1).

We have high rates of sexually transmitted infections and rising rates of subfertility (1/6 couples) and as a result we have increasing use of artificial reproductive technologies including IVF.



Teaching amid cultural challenges

Family Planning

In New Zealand contraception has been readily available for many years. It is promoted to all ages, including young teenagers. It is available at low cost and is free to those on the Unemployment Benefit.

Contraceptives are available through a variety of health clinics including school-based clinics.

New Zealand Family Planning (NZFP) is widely thought to be the authority on matters of sexual health. This organization is affiliated with International Planned Parenthood. They provide education to health professionals, schools and the general public. They run sexual health clinics (a large proportion school – based). At these clinics they provide advice on contraception, sterilization, abortion and sexual health. They are politically active and lobby government agencies for

change – recently achieving government funding for implantable progesterone. They have had a powerful influence on the direction of family planning services in New Zealand over the last 40 years or so and their philosophy has mirrored and perhaps shaped the changing attitudes to morality and sexual behaviours in our society.

During these years of influence we have seen an increase in the promotion of contraception and this has been intentionally divorced from discussion on morality. We have seen large increases in sexually transmitted infections, abortion and the cultural changes outlined above.

In New Zealand abortion is illegal, except in certain limited situations. One exception is where continuing the pregnancy would put the woman at risk of serious physical or psychological harm. This is the "loophole" which allows what is essentially abortion on demand in our country.

Culture of Life in General Practice

I started General Practice in Nelson in 1995. I had grown up in a large Catholic family and held the view that life began at conception and that abortion was wrong. Despite this I lacked the courage to live this in my practice initially.

In my medical training I was encouraged to work from the patient's perspective, not allowing my personal beliefs to influence this care.

I was young and inexperienced and found it difficult to know how to say no when asked for a referral for termination of pregnancy by a distressed woman in very different social situations to mine. I was privy to sensitive information, shared with me in desperation by a woman seeking a solution to her crisis – how could I say no to helping her? It was usually a situation faced under severe time pressure.

A typical scenario might be a young woman in tears, who fell pregnant after getting drunk at a party. She didn't know the father. They used a condom but it broke. Her family would be angry and she wouldn't be able to finish her training. There would often be a support person – another young woman advocating for her friend, seeking an abortion.

Initially I would try to counsel the woman to consider all options. Facing time constraints I would encourage her to talk it over with close family or friends and come back and see me a week later. Invariably the woman would come back, still convinced that abortion was her only real option. I would then find myself referring the woman to the Gynaecology service, hoping that the counseling they offered would help this woman look carefully at other options. Invariably however the

abortion would be performed and I would have sleepless nights, recognizing that while I had respected this woman's autonomy her baby had been killed in silence, without an advocate. I knew that this baby was a human life but that for convenience sake this was overlooked as we strove to sooth the woman's distress and fears. In my spirit, confirmed by life experiences I knew that God gives grace to those who need it to allow them to face even the most trying circumstances. Who knows how things might have turned out for this woman and her baby if she had not had the abortion? I had let this woman, her unborn child and my profession down. By "not allowing my beliefs to interfere with the care of my patient" I had in fact ignored my beliefs, "switched off" part of my humanity and been part of the process of her obtaining an abortion – though every part of my being cried out that this was the wrong option. I was part of a profession, which for more than 2000 years had upheld the principals of the Hippocratic Oath, a tradition which has fostered a trusting relationship between physician and patient where the physician refuses to take part in abortion or the deliberate killing of a patient and emphasizes the principal of "first do no harm".

Why had God put me in this situation with my beliefs? More importantly what should I be doing as a result of these beliefs? A Christian friend of mine challenged me to remember the words of Jesus in scripture:

"You are the salt of the earth; but if salt has lost its taste, how can its saltiness be restored? It is no longer good for anything."(4)

I prayed about this together with Cushla and others. In time I understood that God was calling me to obedience to Him. I was called to be part of the "Culture of Life" not another "part of the problem". I believed that every life conceived was part of His plan, with an eternal destiny - whether the worldly situation was convenient or not. He wants to reach out in love to all those in distress, including this young woman. The answers were not in death but this was an invitation to greater love. Why was it so easy to fall in line with the pervading culture, which tells us the easy option is abortion - ignoring the multiple psychological and spiritual traumas that follow. I believe that our Good Shepherd is waiting for ask to ask Him for help and He is present in a close way to those who suffer. There had to be a better way. I believed that it was no accident that God had allowed me to be in this position and that I should not deny what I believed but explore alternative options.

It was clear that I must no longer be involved in referral for abortion. What was not clear to me at the time was what else I could offer. We asked for God's help in prayer.

We decided we needed a new service for women and that this should arise from General Practice. To facilitate

this we set up a new health centre, which included a service for women in this situation. We hoped that this would be seen as a service that other GPs might refer women to.

Psalm 121 1-2

"I lift my eyes up to the hills - where does my help come from? My help comes from the Lord, the Maker of heaven and earth."

This has been another encouraging verse for us on our journey, particularly when we have faced our human limitations and been tempted to give up.

St Luke's Health Centre

In 2001 we opened St Luke's Health Centre. This has a Christian philosophy and we do not offer referral for abortion. Within this centre we have "Crisis Pregnancy Support" which is a free service allowing women to explore the alternatives to abortion with support.



Cushla manages a large team of volunteers who provide the back up for this service. A Charitable Trust governs the service. We have 6 front-line care coordinators, who are mostly nurses. We also offer support for those affected by post-abortion grief, linking with Rachael's Vineyard Retreats and the Post Abortion Trauma Healing Service.

Artificial Birth Control

St Luke's Health Centre and Crisis Pregnancy Support were running well and it was very rewarding for me to be practicing medicine in this environment however I was still providing artificial birth control for my patients. Once again I was prompted to examine an area of my practice, which did not sit comfortably with my beliefs. It seemed easy to ignore this, reasoning that my patients did not share my Catholic faith and even many Catholics used artificial birth control. The language used encourages complacency with the term "contraception" being used for many methods, which actually interfere with implantation after conception has occurred and are therefore potentially abortifacients.

The Church has always taught very clearly on this with Pope Paul VI warning us of the consequences of artificial birth control in Humane Vitae and John Paul II clearly reinforcing that we should avoid artificial birth control during his time as pope. The church refers not only to abortifacient methods but also to purely contraceptive methods as "intrinsically evil" in the Catechism.(2)

On honest reflection I did not need to ask why the Church warned us so clearly and so consistently against this – I could see the reasons lived out around me. Marriages frequently failed; abortion requests often followed from "contraceptive failure"; young people had casual sexual encounters without understanding how this diminished their ability to find true intimacy; patients required counseling to deal with herpes infection and other consequences of casual sex; teenage girls came requesting the pill, supported by parents who felt powerless to provide sound advice.

I felt God was calling me to examine this area of my practice and once again I was led to pray and seek His guidance. Eventually, with the encouragement of other Christian friends and colleagues I recognized the need for me to obey God, rather than justify my disobedience. I came to deeply appreciate the wise and clear guidance given by the Catholic Church and decided to stop providing artificial birth control in 2005.

Unexpectedly, this became a national media story with my picture on the front page of several national papers and on national television. This story provoked a variety of responses including some anger and questioning of the right of a doctor to exercise conscientious objection on this issue. This was a time when we felt "stripped of pride" and had to learn that obedience was more important than our image in front of our peers. We were also made very aware of God's love for us at this time and felt the encouragement and support of others who were like-minded (including health professionals). We continue to pray that we will remain true and not step to the left or right of God's will.



Media response

We found Christopher West's DVD series on the writings of John Paul II in the "Theology of The Body" very helpful at this stage of our development. This teaching shows clearly why the Church teaches what it does about sexuality and marriage.

The Billings Method

I then took a renewed interest in Natural Family Planning. We had previously learned the Symptothermal method, which is the most commonly taught method in NZ. In 2005, when I made this change, there were no teachers of this method in Nelson.

After some research and discussion with peers I decided to pursue the Billings Ovulation Method to teach in practice. The strong scientific base and simplicity of this method appealed to me. I also felt it would be a more effective method in sub fertile couples as it is easier to anticipate ovulation.

Cushla and I were trained in Melbourne in 2005 and there are now four accredited teachers in our region with two more in training.

We have found this method very rewarding to teach in practice. The wonder and awe shown by couples, learning about their fertility and the increasing confidence shown with time make this a life-giving experience for the teacher and the clients. This contrasts with the usual family planning consultation where we would expect to see a woman on her own and much of the discussion would be around checking for and minimizing adverse effects (from migraines to relationship difficulties; and from mood changes to blood clots).

We found the Billings Ovulation Method generated significant interest from patients and we feel that it has huge potential as an acceptable alternative way for couples to manage their fertility, providing hope for those struggling with subfertility and real choice for those disillusioned with other forms of family planning.

We had some encouraging initial successes with couples trying to conceive.

There were also some teething issues. We all know how important good consistent teaching and follow up is for couples to achieve confidence with this method. We had a number of clients initially who did not complete their training and were lost to follow up.

We had a variety of comments from older people who had heard of Billings many years ago. Some of these were very pleased to see the method being taught again, others thought the method was outdated or unreliable.

All For Life Conferences

Around this time we felt it was useful to network with other like-minded health professionals, groups and volunteers around New Zealand. We ran two "All for Life" conferences in Nelson. These were well attended by a large cross section of people, including: doctors, nurses, midwives, students, politicians, bishops, priests, teachers, pastors, counsellors and volunteers. They proved very encouraging and great networking opportunities. This was also an opportunity for the BOM and the Loving for Life Program to be presented.

WOOMBNZ

In 2009 we had the first meeting of this group, which eventually became a registered charitable trust in February 2012. This trust is affiliated to WOOMB International and we have received a lot of support from Melbourne.

The Trust oversees the development of the service in New Zealand, the Training, accreditation and reaccreditation of new teachers and provides leadership, overseeing quality standards.

Pilot Project

We were very fortunate to receive funding in donations to pursue a local "Pilot Project"

In this project we employed a project worker to:

- 1. Develop high quality systems of client teaching, follow up and "effectiveness review" checking how confident clients were to use the method.
- 2. Establish mechanisms for feedback and quality control
- **3.** 3Improve peer support and communication between BOM teachers in different geographical locations
- **4.** Promotion Inform and make the BOM readily available to the primary care health sector
- **5.** Establish a fair system of charging clients with the eventual aim of becoming self-sustaining (as instructed by the NZ Bishops Conference)

This project was funded initially for one year and the funds were generously extended for a further year.

After some work on planning and setting performance targets we employed Alicia Reeve for 20 hours per week to run the project.

Alicia is a BOM teacher and a nurse with very good organizational skills. She quickly got to work on the various aspects of the role and has achieved much in a relatively short time.

Initially we kept our promotion efforts "low key", preferring to work to ensure quality systems were in place.

We developed policies around teaching quality, ensuring important learning points were well covered and utilizing a check-list system which allowed teacher and client to be clear about what they had learned.

This system was in draft form and modified over time in discussion with other teachers and WOOMBNZ.

Alicia also helped us develop reliable systems for record keeping ensuring privacy and appropriate note storage

With significant help from Melbourne Alicia adapted high quality resources including posters, promotional leaflets, booklets and resource packs.

She promoted the method to a wide range of community and health organizations and did many presentations.



New Technology Helpful

Alicia took over the role of organizing and convening a monthly peer support meeting with BOM teachers from around New Zealand using video-conference facilities at a BNZ bank branches. These have been a very valuable way of communicating new ideas, encouraging and developing skills in teachers, many of whom have had small client numbers initially.



This way of communication has also been utilized for WOOMBNZ meetings with trustees based in Christchurch, Nelson and Rangiora.

We were interested in online charting with a phone charting option and adopted "NFP Charting Online" after correcting some initial privacy concerns.

This costs couples \$2US per month to use and is free for BOM teachers.

More recently we have started trialing "Fertility Pinpoint" which is well designed and slightly cheaper, though this system is not completed at the time of writing.

We find that clients often prefer these charting options. It is also helpful that they allow the client and teacher to evaluate "charting diligence".

These new technologies allow us to be flexible. Clients are seen in clinic rooms, in their own homes and by "Skype" as required.

Results

We have found a large number of clients are very satisfied with the method and the service received.

Here are some quotes from clients:

Using to avoid

Breast feeding mother

"I have been using the Billings Method for nearly 2 months now and find it a very simple and easy way to avoid getting pregnant and in the future I will be able to use it to get pregnant again as I will actually know my body's cycle. I think the Billings Method has vital information that every girl should know and will highly recommend it to my friends/family."

Young Married Couple

"We have been using the Billings method now since our marriage in 2009 and have found it to enhance our marriage and family in a very special way. We first heard about the method in a Theology of the Body presentation when we were engaged and knew at the time it was what we wanted for our relationship and planning of our family. Since then we have been taught by a very loving and supportive couple who inspired us to become teachers of the method and have supported us through that journey too.

We found the method to be so beneficial to us in many ways. It has benefited our relationship as it encouraged communication between us and understanding as husband and wife. We have used the method through three breastfeeding cycles and at times experienced long periods of abstinence but we found that the periods of abstinence has actually improved our

relationship and gave us a deeper appreciation for each other. It has also enabled us to work with God and plan our family by being open to life and using our fertility through understanding the way God created it. We presently have three beautiful children and plan to have more as God leads."

Using to achieve

"I was introduced to the Billings Method at an infertility support group....It was non-invasive, self-directed and supported by teachers who were warm, friendly and clear in their instructions. I felt like I had some control and more in-depth understanding about my cycle. My husband and I have 2 daughters aged 2 years and 3 1/2 months...I believe that Billings was the reason we have our children and am grateful."

Statistics

The following graphs illustrate the numbers of clients seen so far, the reasons these couples are using the method and the sources of referral.

Our numbers are low but growing. Prior to the Pilot Project we were seeing approximately 1 new client per month now we are seeing approximately 2-3 per month.







Lessons Learned

We are aware of several strengths of the "Pilot Project" approach to setting up a local General Practice based BOM service. Some of these strengths have included:

- Having a strategic focus, tailored to our context
- Collaboration with the WOOMBNZ Trust.
- Resources and support from directors in Melbourne
- Funding for the Pilot project with a paid project coordinator
- General Practice base allowing more ready communication with other health professionals
- The use of technology charting applications, video conference, website
- Improvement in peer support and networking
- Development of critical teaching point checklist and client follow up systems with a "record of learning" (so couple, teacher and health professionals informed about level of understanding of the method)

We have also been extremely grateful for all the years of meticulous work, which have gone into developing this very robust, yet simple and appealing method. Doctors John and Evelyn Billings have left us a great treasure. The ability to provide published journal articles regarding the method is also very helpful in communicating with health professionals. The Australian Doctor article, the work of Professors Odeblad and the recently published paper written by Professor Brown have been very helpful in this regard.

Challenges

We found there were several challenges running this Pilot Project in our GP context. Some of these were:

 Teaching can be too rushed in a GP clinic consultation and we found that we either needed to allow longer consultations or teaching had to be delegated to specialized teachers to ensure adequate quality. Coordinating efforts with a teacher worked well (providing an introduction to the method in the consultation and referring the couple for further teaching).

- It was hard to get acceptance from other GP's initially. The medical profession is, by necessity, very conservative in taking up new ideas and we are combating established prejudices against NFP. Word-of-mouth recommendation from satisfied clients, together with education of GPs through Peer Groups and Seminars leads to greater openness from GP's who will then be interested to explore the scientific basis further. We expect the level of acceptance by the medical profession to grow slowly and know it is important to gain their trust by maintaining high quality.
- Breast feeding mothers require close follow-up and interpretation of the charts requires meticulous care to provide these couples with confidence. These couples are often new to the method, young, inexperienced and potentially highly fertile with charts, which can be challenging to interpret. We have spent a lot of time and effort on this group.
- This method is very reliant on quality teaching to ensure couples are confident, that the important aspects of learning are covered adequately, that good records are kept and that there is a reliable system of follow up. The teachers in turn also require robust back up and peer support. We have been very grateful for Dr Cathy Black's experience and for the back up from the experienced teachers in Melbourne.
- Costs for high quality teaching and follow up are high unless provided voluntarily. Our NZ Bishops asked us to aim for financial self-sustainability and we have tried to work towards this in out pilot. We would like to develop systems for sponsorship of couples.
- Recent published studies of efficacy are lacking. The excellent work done by The Billings, together with Professor Shao-Zhen Qian in the Chinese study is unfortunately not published in an English language peer-reviewed journal. (3)
- We cannot compare this method directly with "contraception" as the underlying philosophy differs. The BOM allows the couple more choice regarding their fertility on a daily basis and many will choose to be open to life. In our culture this often means BOM couples will choose to have more children. This contrasts with a "contraceptive mentality" where personal choice is less obvious, couples expect sterile intercourse and any pregnancy is a

failure of a medical intervention. Hence pregnancy is frequently the cause of anxiety for the couple and considered a failure by the health professional. Any study examining efficacy would need to be designed taking this fundamental difference into account. Rather than contraceptive efficacy perhaps the emphasis should be on quality of life, satisfaction with the method and benefits to the couple.

Changing General Practice environment

During the time this Pilot Project was running we faced some challenges within St Luke's. We had important staff changes, financial difficulties and were expected to take part in a new practice accreditation system ("cornerstone"), which added significantly to administration costs and our workload. This has meant we were forced to look at a new practice environment as continuing a "solo-GP" model is not sustainable.

We are working towards amalgamation of the practice with another Christian GP so that we can retain a home for Crisis Pregnancy Support and BOM Teaching. We would also like to explore ways of making this model of primary care available in more centres around NZ. Options could include a "St Luke's Trust" or a franchise providing management and resource support for other like-minded GPs. We would like to see greater provision for pro-life health professionals to be able to practice medicine in the "Hippocratic tradition" and according to their conscience.

Future Opportunities for WOOMBNZ

We see many potential areas for growth to allow the BOM to become an accepted alternative to artificial methods in our New Zealand context. These include:

- Published Research, including research in the area of sub fertility as well as efficacy studies (with emphasis on quality of life and satisfaction with choice of family planning).
- Health professional education: We are pleased that Dr Cathy Black will be presenting at the NZMA Conference in Dunedin in August (BOM in subfertility). This conference is well attended by NZ GPs and the fact that Cathy has been invited signals a high level of interest in her work by the NZ Medical Profession. It would be good to see more development in this area including provision of undergraduate and post-graduate health professional education. We have also found the All For Life conferences in Nelson to be a useful networking opportunity for the BOM.
- Involvement in referral pathways. We are preparing a submission, on the use of BOM in sub fertile couples, for "Health Pathways". This is an online

decision support tool for Nelson GPs and primary care teams. Similar decision support systems are being developed in other areas in NZ.

- Development of accredited teaching workforce:
 During our pilot Project many expressed an interest in becoming teachers of this method.
- Improved promotion and networking: As the number of accredited teachers increases, we will be able to give greater focus to promotion of the method.
- Teaching in Schools: Many expressed to us that they thought this information should be taught in schools. We have been very impressed by the "Loving for Life" program and Tina Jack presented this at the last "All For Life Conference" in Nelson. It would be good to see this program adapted for use in New Zealand schools.
- Development of confidential cloud-based note taking and charting (perhaps this could be a future development of Fertility Pinpoint).
- Develop funding strategies to reduce cost while maintaining quality (this may involve seeking sponsorship or government funding)

Summary

The Billings Ovulation Method is an important option for couples in our secular culture. It offers an affordable, acceptable and reliable method of family planning, which many are enthusiastic to embrace. It is free of side effects and offers hope to those trying to conceive.

Our project has demonstrated the benefits of a strategic approach to making this method more available in our cultural context. We have found high levels of interest and if the service is accessible and the teaching is high quality we expect continued growth in interest.

We have found that The Billings Ovulation Method is 'life giving' for couples and teachers involved. Natural blessings are expressed in the lives of each couple, as they are encouraged to respect each other and the gift of their fertility.

Our hope is that our pilot project will be helpful as WOOMBNZ strives to make the teaching of this method readily available across New Zealand in a high quality and sustainable way.

Finally we would like to finish with another scripture verse, which has encouraged us along the way:

1 Corinthian's 2: 9

What God has planned for people who love Him is more than eyes have seen or ears have heard. It has never even entered our minds. We pray for all who are working to bring about a culture of life, that they will be astounded with how the Holy Spirit can take our flawed and ordinary efforts and through grace and love produce extraordinary fruit .We pray that this work fanned by the Holy Spirit will spread like wildfire across the face of the earth, in order that all women everywhere may access this work of love.

References

- Statistics NZ, Abortion Statistics: Year ended Dec 2011
- 2. Catechism of the Catholic Church. 1995, 2370
- **3.** Professor Shao-Zhen QIAN, et al: Paper presented at "The Woman of Today and Her identity: Femininity, Fecundity and Procreation", Congress, Rome 2000. Bulletin of OMRRCA; Vol 27, No 4. 2000.
- 4. Holy Bible, Matthew 5: 13



NEWS AROUND THE WORLD

Vietnam

WOOMB NZ Conference, 13-14 August 2013, La Vang, Viet Nam



Nearly 60 delegates attended the first ever Conference of WOOMB Vietnam since its inception following the 3-year project of Teacher Training Programs throughout ten dioceses which trained 1225 teachers. This conference included 13 delegates from South Vietnam, 28 delegates from Central Vietnam, 14 delegates from North Vietnam and also Dr On and Mr Trung Lien from Australia. The Conference was organized by Fr Louis Nguyen Anh Tuan, who had been the driving force behind getting the original team of trainers into Vietnam, with the assistance of Mr Peter Nugyen Duc Hieu, who had travelled with the Australian trainers to every course during the 3-year project.



This Conference was organized following the experience of several delegates from Vietnam who attended the WOOMB International Conference in Kuching, Malaysia at the end of April. They went home excited about all they had learned and full of enthusiasm to share it with other teachers in Vietnam. Sr Theresa Nguyen Thi Phu, who is the representative of WOOMB VN with WOOMB International and who had attended the WOOMB Conferences in Melbourne in 2011 and in Kuching in 2013, shared what she had learned. Sr Mary Huong presented her special way of guiding people to use the Billings Ovulation Method, especially how to develop and spread the Method. Fr Louis Tuan confirmed his support for the work of WOOMB VN.



The Committee of WOOMB Vietnam was confirmed as:

Fr Louis Nguyen Anh Tuan, Director and Spiritual Advisor

Sr Theresa Nguyen Thi Phu, International Associate with WOOMB International and Spiritual leader for the South

Fr Stephen Nguyen Van Dau for Central VN

Fr Thomas Le Xuan Khan for North VN

Dr Theresa Nguyen Thi Tuyet Minh, Secretary

Mr Mathew Le Thanh Xuyen, Treasurer

Billings Vietnam in the South is represented by

Mr Nguyen Duc Hien, Chairman

Mrs Nguyen Kim Lan, Vice Chairwoman

Dr Nguyen Thuyet Minh, Secretary

Mrs Nhan, Treasurer

The results of the Conference of WOOMB Vietnam can be summed up as follows:

- Active joy in teaching
- Keep up to date in scientific knowledge
- Simple teaching for easy understanding
- Moral teaching side-effects of contraception, especially the abortive IUD
- Importance of BOM for pre-marriage education courses, including follow-up with teacher
- WOOMB VN Conference to be organized every 2 years in different dioceses
- Next Conference to be in Ban Me Thuot Diocese after Easter (April) 2014



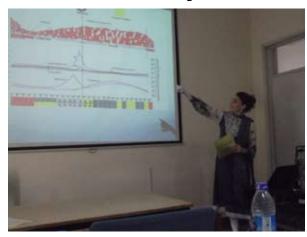
Pakistan

We recently had a wonderful experience to be part of the National Conference of Obstetricians and Gynaecologists held in the Sheraton Hotel, Karachi. Pakistan's top OB/Gyn professors and doctors were present. It was a great opportunity for us to introduce the Billings Ovulation Method™ to them. Most were not aware of the Method and those who were aware, considered it to be a complicated method for people at grass-roots level.

It was a challenging task in a 10 minute presentation to introduce the Billings Ovulation Method™ and change the minds of those who considered it complicated. We used a power-point presentation prepared by Lucy. The program was simultaneously proceeding in three halls of the hotel with participants able to choose the topic of their interest. In Hall B where we presented the Billings Method a total of 60-65 doctors were present. The president of SOGP (Society of Obstetricians and Gynaecologists of Pakistan) took special interest in our Paper and attended our session. Later, we had a very fruitful meeting with her to discuss future collaboration.



A total 20-25 doctors came to us after the presentation wanting to know more about the Billings Ovulation Method™. We gave them Part 1 and Part 2 of Teaching the Billings Ovulation Method as well as Dr. James Brown's book on Studies of Human Reproduction. We exchanged business cards with these doctors and will keep in touch with them. Some of the doctors are working in IVF centres, some are consultants and professors and some are running their own clinics.



Another, significant person we met was the president of the Pakistan Midwifery Council, Mrs. Imtaiaz Taj, I think with the help of Clara Pasha (Vice president) we can further collaborate with this body.

During lunch and tea breaks we had interaction with dozens of other doctors and gave our business cards to them - some of them are from Islamabad and Rawalpindi and we hope to personally visit them later.

We are grateful to Lucy who took the initiative and did the presentation on the BOM, which hopefully they will publish in their next bulletin of SOGP. Initially we wondered about the value of joining this conference but I think in the end it was really worthwhile to go all the way from Rawalpindi to Karachi and establish some new contacts and present the Billings Ovulation Method ™ to top level medical personnel.

We received a Shield of appreciation from SOGP for our Presentation on BOM and some "complimentary gifts" from the "contraceptive industry" which were distributed to all participants of the conference!

Pervez Roderick: 19 Sept 2013

Costa Rica

Receive warm greetings from us at the Department of Natural Methods and Sexuality, WOOMB-Costa Rica.

Once again we want to thank you for all the help and support that you gave us last year to allow us to offer the Basic Teacher Training course in our country. The course was offered by Raul Armenta and Lupita Rodriguez from Mexico. Since this training, the promotion and teaching of the authentic Billings Ovulation Method continues to grow in our country.

During this year, we have offered two basic courses for new instructors. One in the archdiocese of San Jose and another one in the diocese of San Isidro del General. We are now organizing the third one for the month of November in the diocese of Cartago. With the Lord's help, next year we will have more basic TT in the following dioceses: Alajuela, Puntarenas, Tilarán-Liberia, Ciudad Quesada and Limón.

We want to inform you that we have also organized an Extension Course for instructors, scheduled for November 28-29 in the archdiocese of San José. The purpose is to give continuity to the work done by our colleagues Raul Armenta and Lupita Rodriguez and we have invited them again to our country to help us give the Extension Course.

Please keep us in your prayers; we will keep you in ours.

Greetings,

Christian Calvo & Grettel Mendoza. 11 September 2013

Mexico

Last June, I had the opportunity to participate as International Associate of WOOMB International and representing WOOMB de México, in the First Congress for Priests and Seminarians for Life, which was organized by the Mexico Bishops Conference with speakers from the United States, Latin América, and México. One of them was the president of Human Life International Father Shenan.

I had the opportunity to explain the basis of the Billings Ovulation Method™, the success in China and that the method is known in more than 100 countries around the world (unfortunately many priests did not know the method, or others did not trust in its efficacy). I explained also, the Magisterium of the Church which mandates the use of natural methods for family planning.

At the end of the Congress, many priests and seminarians expressed their agreement with what I had said in my lecture. One of the seminarians was really interested in the BOM. He is studying to be a certificated teacher, and is a student of the Seminary of Guadalajara, where he will inform to his fellow students and some priests about the basis of the BOM, so they can have information to have confidence in the Method.

I told the Congress that it was important to ensure quality teaching of the authentic BOM through certified instructors. The Mexican Episcopate asked WOOMB de México if there is a national recertification and a directory of teachers, so the priests may consult a list and only call the people qualified to teach the BOM. "In this way neither the Church nor the method will lose credibility" said Mons. Chavolla, Bishop of Toluca, who is responsible for the Family Dimension of the Episcopate.

During this Congress WOOMB de México, was able to make this directory available on the internet at: http://sites.google.com/site/instructoresmob. This list is ordered by dioceses, and is constantly updated adding new teachers. Currently we have 241 instructors certified, plus the instructors of the Medical School and Nursing School of the Universidad Panamericana.

As a consequence of this Congress, the bishop of Aguascalientes asked for a repeat of the event in August in his diocese. In this case the attendance was of 250 priests, seminarians, religious and laity, with good acceptance of the BOM, which was not well known before. We hope little by little to be invited by the seminaries to participate in the education of future priests, so the BOM will be asked for and the Method may be known and practiced by more and more couples.

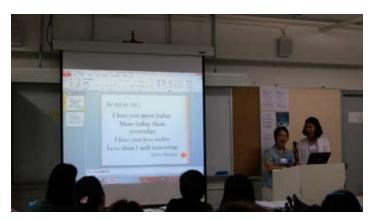
Benjamin Zamudio

Hong Kong and China

Recently a Teacher Training Program has been conducted in Hong Kong by Alice and Doris (two of the teachers who travelled as translators with the Drs Billings and the WOOMB team on trips to China in the 1990s. They were assisted by Kathy who is a new trainer who has recently completed her Chinese doctor training in Hong Kong.







Meanwhile Grace and Vanessa (also translators from Caritas from the early days) and Rosa, a volunteer, have recently returned from Hebei in China where they went to support two trained teachers in China to deliver a talk on the Billings Ovulation Method™ for the first time to a group of couples at a pre-marriage program.

Uganda

Louise Allard, a certified Billings Ovulation Method™ instructor with BOMA-USA and founder of Alliance for Life, has travelled again to Uganda to conduct Teacher Training Programs. She was assisted by Phionah, Emily and Beatrice, all of who are currently trainee teachers with the WOOMB International Teacher Training Correspondence Course. Louise also met with James Onyai (Jimmy), the Population Officer for the Kiryandongo District, who has developed a 3-year project to bring the Billings Ovulation Method™ to the district as the first step in addressing the needs of the population.

The first training program Louise conducted was at a school near Kiryandongo Parish where Fr Matthias is the parish priest. He attended many of the classes himself to encourage his people.

Next the team moved to the Antal Centre close to St Anthony's Church near Nebbi where Fr Valente had invited approximately 30 catechists to attend the seminar. Then to Orussi where Jimmy's sister, Sr Florence, is the administrator for a Health Centre. The 22 participants included nurses, a midwife, clinical officer, lab technician, nursing assistants and 15 village health workers. Sr Florence also took them to visit the hospital which is well run, clean and functional.

Future training programs will reach out to other faiths in the Kiryandongo District. In addition to Catholics they will invite Anglican, Pentecostal and Muslim communities to participate.



Pontifical Academy for Life

Dear WOOMB Family

Thanks for sharing;

This year the Pontifical Academy for Life had our Board meeting, three weeks ago, and a Private Audience with our Pope Francesco . As you know, our beloved Lyn was a member of the Academy since its foundation. The Theme for our Next Assembly in February 2014 is: AGING in todays Society from Spiritual, Medical, Pastoral , Philosophical and Psychological view Attached two Pics

In unity of Prayers

Prof Mounir Farag Egypt







Synod of Bishops on Pastoral Challenges of the Family in the Context of Evangelisation

We recently sent you a letter from Archbishop Lorenzo Baldisseri, General Secretary of the forthcoming Synod of Bishops on Marriage and the Family, together with the Preparatory Document for the Synod.

As teachers of the Billings Ovulation Method™ we are in a unique position to offer the Bishops a perspective on how teaching this wonderful method is a powerful tool for evangelization of couples everywhere.

You would all have stories of how this Method has enpowered women and couples your have taught and the impact of this aspect of the Church's teaching on the lives of people who have been given access to this practical and holy means of living their lives for God within their marriages and families.

We urge you to send us your comments, stories, thoughts and insights so that we can send a response to the General Secretary that truly represents the worldwide experience of teaching the Billings Ovulation MethodTM. But further, we suggest that you write yourselves to:

H. Exc. Most Rev. Lorenzo Baldisseri General Secretary Synod of Bishops Via della Conciliazione, 34 Citta del Vaticano Europe

The more submissions that are received on the work that we are all doing, the more impact it will have so that the Bishops will recognize and value what is being done and will support the work of teaching the Billings Ovulation MethodTM throughout the world.

Some of the questions on which Archbishop Baldisseri has particularly asked for feedback are:

- 1. The Diffusion of the Teachings on the Family in Sacred Scripture and the Church's Magisterium describe how the Catholic Church's teachings on the value of the family contained in the Bible, *Gaudium et spec, Familiaris consortio* and other documents of the post-conciliar Magisterium is understood by people today? What formation is given to our people on the Church's teaching on family life?
- 2. Marriage according to the Natural Law how is the theory and practice of natural law in the union between man and woman challenged in the light of the formation of a family?
- **3.** The Pastoral Care of the Family in Evangelization what experiences have emerged in recent decades regarding marriage preparation? What efforts

are there to stimulate the task of evangelization of the couple and of the family? What specific contribution can couples and families make to spreading a credible and holistic idea of the couple and the Christian family today? What pastoral care has the Church provided in supporting couples in formation and couples in crisis situation?

- 4. Pastoral Care in Certain Difficult Marital Situations is cohabitation ad experimentum a pastoral reality in your particular Church? Do unions which are not recognized either religiously or civilly exist? Are separated couples and those divorced and remarried a pastoral reality in your particular Church? In all the above cases how do the baptized live in this irregular situation? Does a ministry exist to attend to these cases? Decribe this pastoral ministry.
- 5. On Unions of Persons of the Same Sex this is perhaps less relevant to our situation, but some of you may have been asked for instruction by a women in a same sex relationship wanting a child? How have you responded?
- 6. The Education of Children in Irregular Marriages how do the particular Churches attempt to meet the needs of the parents of these children to provide them with a Christian education? Our teachers working with adolescents in schools will have experience in this field.
- 7. The Openness of the Married Couple to Life what knowledge do Christians have today of the teachings of *Humanae vitae* on responsible parenthood? What natural methods are promoted by the particular Churches to help spouses to put into practice the teachings of *Humanae vitae*?
- **8.** The Relationship Between the Family and the Person Jesus Christ revealed the mystery and vocation of the human person. How can the family be a privileged place for this to happen?
- **9.** Other Challenges and Proposals what other challenges or proposals related to the topices above do you consider urgent and useful to treat?

These are selected questions from the 10-page document received. Please read the whole document. Contact us at enquiries@woombinternational.org if you did not receive the email with the attachment.

Archbishop Baldisseri has asked for responses by the end of January. The Directors of WOOMB International will discuss this matter before the end of this year. Please send us your initial thoughts as soon as possible and then consider writing to the General Secretary yourselves.



CHARTER OF THE RIGHTS OF THE FAMILY

Presented by the Holy See to all persons, institutions and authorities concerned with the mission of the family in today's world October 22, 1983

Preamble

Considering that:

- A. The rights of the person, even though they are expressed as rights of the individual, have a fundamental social dimension which finds an innate and vital expression in the family;
- B. the family is based on marriage, that intimate union of life in complementarity between a man and a woman which is constituted in the freely contracted and publicly expressed indissoluble bond of matrimony and is open to the transmission of life;
- C. marriage is the natural institution to which the mission of transmitting life is exclusively entrusted;
- D. the family, a natural society, exists prior to the State or any other community, and possesses inherent rights which are inalienable;
- E. the family constitutes, much more than a mere juridical, social and economic unit, a community of love and solidarity, which is uniquely suited to teach and transmit cultural, ethical, social, spiritual and religious values, essential for the development and well-being of its own members and of society.
- F. the family is the place where different generations come together and help one another to grow in human wisdom and to harmonize the rights of individuals with other demands of social life;
- G. the family and society, which are mutually linked by vital and organic bonds, have a complementary function in the defence and advancement of the good of every person and of humanity;
- H. the experience of different cultures throughout history has shown the need for society to recognize and defend the institution of the family;
- I. society, and in a particular manner the State and International Organizations, must protect the family through measures of a political, economic, social and juridical character, which aim at consolidating the unity and stability of the family so that it can exercise its specific function;
- J. the rights, the fundamental needs, the well-being and the values of the family, even though they are progressively safeguarded in some cases, are often ignored and not rarely undermined by laws, institutions and socio-economic programs;

K. many families are forced to live in situations of poverty which prevent them from carrying out their role with dignity;

L. the Catholic Church, aware that the good of the person, of society and of the Church herself passes by way of the family, has always held it part of her mission to proclaim to all the plan of God instilled in human nature concerning marriage and the family, to promote these two institutions and to defend them against all those who attack them;

M. the Synod of Bishops celebrated in 1980 explicitly recommended that a Charter of the Rights of the Family be drawn up and circulated to all concerned;

N. the Holy See, having consulted the Bishops' Conferences, now presents this "Charter of the Rights of the Family" and urges all States, International Organizations, and all interested Institutions and persons to promote respect for these rights, and to secure their effective recognition and observance.

Article 1

All persons have the right to the free choice of their state of life and thus to marry and establish a family or to remain single.

- a) Every man and every woman, having reached marriageable age and having the necessary capacity, has the right to marry and establish a family without any discrimination whatsoever; legal restrictions to the exercise of this right, whether they be of a permanent or temporary nature, can be introduced only when they are required by grave and objective demands of the institution of marriage itself and its social and public significance; they must respect in all cases the dignity and the fundamental rights of the person.
- b) Those who wish to marry and establish a family have the right to expect from society the moral, educational, social and economic conditions which will enable them to exercise their right to marry in all maturity and responsibility.
- c) The institutional value of marriage should be upheld by the public authorities; the situation of non-married couples must not be placed on the same level as marriage duly contracted. Article

Article 2

Marriage cannot be contracted except by free and full consent duly expressed by the spouses.

a) With due respect for the traditional role of the families in certain cultures in guiding the decision of their children, all pressure which would impede the choice of a specific person as spouse is to be avoided.

- b) The future spouses have the right to their religious liberty. Therefore to impose as a prior condition for marriage a denial of faith or a profession of faith which is contrary to conscience, constitutes a violation of this right.
- c) The spouses, in the natural complementarity which exists between man and woman, enjoy the same dignity and equal rights regarding the marriage.

Article 3

The spouses have the inalienable right to found a family and to decide on the spacing of births and the number of children to be born, taking into full consideration their duties towards themselves, their children already born, the family and society, in a just hierarchy of values and in accordance with the objective moral order which excludes recourse to contraception, sterilization and abortion.

- a) The activities of public authorities and private organizations which attempt in any way to limit the freedom of couples in deciding about their children constitute a grave offense against human dignity and justice.
- b) In international relations, economic aid for the advancement of peoples must not be conditioned on acceptance of programs of contraception, sterilization or abortion.
- c) The family has a right to assistance by society in the bearing and rearing of children. Those married couples who have a large family have a right to adequate aid and should not be subjected to discrimination.

Article 4

Human life must be respected and protected absolutely from the moment of conception.

- a) Abortion is a direct violation of the fundamental right to life of the human being.
- b) Respect of the dignity of the human being excludes all experimental manipulation or exploitation of the human embryo.
- c) All interventions on the genetic heritage of the human person that are not aimed at correcting anomalies constitute a violation of the right to bodily integrity and contradict the good of the family.
- d) Children, both before and after birth, have the right to special protection and assistance, as do their mothers during pregnancy and for a reasonable period of time after childbirth.
- e) All children, whether born in or out of wedlock, enjoy the same right to social protection, with a view to their integral personal development.

- f) Orphans or children who are deprived of the assistance of their parents or guardians must receive particular protection on the part of society. The State, with regard to foster-care or adoption, must provide legislation which assists suitable families to welcome into their homes children who are in need of permanent or temporary care. This legislation must, at the same time, respect the natural rights of the parents.
- g) Children who are handicapped have the right to find in the home and the school an environment suitable to their human development.

Article 5

Since they have conferred life on their children, parents have the original, primary and inalienable right to educate them; hence they must be acknowledged as the first and foremost educators of their children.

- a) Parents have the right to educate their children in conformity with their moral and religious convictions, taking into account the cultural traditions of the family which favor the good and the dignity of the child; they should also receive from society the necessary aid and assistance to perform their educational role properly.
- b) Parents have the right to freely choose schools or other means necessary to educate their children in keeping with their convictions. Public authorities must ensure that public subsidies are so allocated that parents are truly free to exercise this right without incurring unjust burdens. Parents should not have to sustain, directly or indirectly, extra charges which would deny or unjustly limit the exercise of this freedom.
- c) Parents have the right to ensure that their children are not compelled to attend classes which are not in agreement with their own moral and religious convictions. In particular, sex education is a basic right of the parents and must always be carried out under their close supervision, whether at home or in educational centres chosen and controlled by them.
- d) The rights of parents are violated when a compulsory system of education is imposed by the State from which all religious formation is excluded.
- e) The primary right of parents to educate their children must be upheld in all forms of collaboration between parents, teachers and school authorities, and particularly in forms of participation designed to give citizens a voice in the functioning of schools and in the formulation and implementation of educational policies.
- f) The family has the right to expect that the means of social communication will be positive instruments for the building up of society, and will reinforce the fundamental values of the family. At the same time the family has the right to be adequately protected,

especially with regard to its youngest members, from the negative effects and misuse of the mass media.

Article 6

The family has the right to exist and to progress as a family.

- a) Public authorities must respect and foster the dignity, lawful independence, privacy, integrity and stability of every family.
- b) Divorce attacks the very institution of marriage and of the family.
- c) The extended family system, where it exists, should be held in esteem and helped to carry out better its traditional role of solidarity and mutual assistance, while at the same time respecting the rights of the nuclear family and the personal dignity of each member.

Article 7

Every family has the right to live freely its own domestic religious life under the guidance of the parents, as well as the right to profess publicly and to propagate the faith, to take part in public worship and in freely chosen programs of religious instruction, without suffering discrimination.

Article 8

The family has the right to exercise its social and political function in the construction of society.

- a) Families have the right to form associations with other families and institutions, in order to fulfil the family's role suitably and effectively, as well as to protect the rights, foster the good and represent the interests of the family.
- b) On the economic, social, juridical and cultural levels, the rightful role of families and family associations must be recognized in the planning and development of programs which touch on family life.

Article 9

Families have the right to be able to rely on an adequate family policy on the part of public authorities in the juridical, economic, social and fiscal domains, without any discrimination whatsoever.

- a) Families have the right to economic conditions which assure them a standard of living appropriate to their dignity and full development. They should not be impeded from acquiring and maintaining private possessions which would favour stable family life; the laws concerning inheritance or transmission of property must respect the needs and rights of family members.
- b) Families have the right to measures in the social

domain which take into account their needs, especially in the event of the premature death of one or both parents, of the abandonment of one of the spouses, of accident, or sickness or invalidity, in the case of unemployment, or whenever the family has to bear extra burdens on behalf of its members for reasons of old age, physical or mental handicaps or the education of children.

- c) The elderly have the right to find within their own family or, when this is not possible, in suitable institutions, an environment which will enable them to live their later years of life in serenity while pursuing those activities which are compatible with their age and which enable them to participate in social life.
- d) The rights and necessities of the family, and especially the value of family unity, must be taken into consideration in penal legislation and policy, in such a way that a detainee remains in contact with his or her family and that the family is adequately sustained during the period of detention.

Article 10

Families have a right to a social and economic order in which the organization of work permits the members to live together, and does not hinder the unity, well-being, health and the stability of the family, while offering also the possibility of wholesome recreation.

- a) Remuneration for work must be sufficient for establishing and maintaining a family with dignity, either through a suitable salary, called a "family wage," or through other social measures such as family allowances or the remuneration of the work in the home of one of the parents; it should be such that mothers will not be obliged to work outside the home to the detriment of family life and especially of the education of the children.
- b) The work of the mother in the home must be recognized and respected because of its value for the family and for society.

Article 11

The family has the right to decent housing, fitting for family life and commensurate to the number of the members, in a physical environment that provides the basic services for the life of the family and the community.

Article 12

The families of migrants have the right to the same protection as that accorded other families.

a) The families of immigrants have the right to respect for their own culture and to receive support and assistance towards their integration into the community to which they contribute.

- b) Emigrant workers have the right to see their family united as soon as possible.
- c) Refugees have the right to the assistance of public authorities and International Organizations in facilitating the reunion of their families.

Sources and References

- A. "Rerum novarum", no. 9; "Gaudium et spes", no. 24.
- B. "Pacem in terris", Part 1; "Gaudium et spes", nos. 48 and 50;

"Familiaris consortio", no. 19; "Codex Iuris Canonici", no. 1056.

- C. "Gaudium et spes", no. 50; "Humanae vitae", no. 12; "Familiaris consortio", no. 28.
- D. "Rerum novarum", nos. 9 and 10; "Familiaris consortio", no. 45.

E. "Familiaris consortio", no. 43.

- F. "Gaudium et spes", no. 52; "Familiaris consortio", no. 21.
- G. "Gaudium et spes", no. 52; "Familiaris consortio", nos. 42 and 45.
- I. "Familiaris consortio", no. 45.
- J. "Familiaris consortio", nos. 46.
- K. "Familiaris consortio", nos. 6 and 77.
- L. "Familiaris consortio", nos. 3 and 46.
- M. "Familiaris consortio", no. 46.

art. 1

"Rerum novarum", no. 9; "Pacem in terris", Part 1; "Gaudium et spes", no. 26; "Universal Declaration of Human Rights", no. 16, 1.

- a) "Codes Iuris Canonici", nos. 1058 and 1077; "Universal Declaration", no. 16, 1.
- b) "Gaudium et spes", no. 52, "Familiaris consortio", no. 81.
- c) "Gaudium et spes", no. 52; "Familiaris consortio", nos. 81 and 82.

art. 2

"Gaudium et spes", no. 52; "Codex Iuris Canonici", no. 1057; "Universal Declaration", nos. 16, 2.

- a) "Gaudium et spes", no. 52.
- b) "Dignitatis humanae", no. 6.
- c) "Gaudium et spes", no. 49; "Familiaris consortio", nos. 19 and 22; "Codex Iuris Canonici", no. 1135; "Universal Declaration", no. 16, 1.

art. 3

"Populorum progressio", no. 37; Gaudium et spes, nos.

50 and 87; Humanae vitae, no. 10; Familiaris consortio, nos. 30 and 46.

- a) Familiaris consortio, no. 30.
- b) Familiaris consortio, no. 30.
- c) Gaudium et spes, no. 50.

art. 4

Gaudium et spes, no. 51; Familiaris consortio, no. 26.

- a) Humanae vitae, no. 14; Sacred Congregation for the Doctrine of the Faith, Declaration on Procured Abortion, November 18, 1974; Familiaris consortio, no. 30.
- b) Pope John Paul II, Address to the Pontifical Academy of Sciences, October 23, 1982.
- d) Universal Declaration, no. 25, 2; Convention on the Rights of the Child, Preamble and no. 4.
- e) Universal Declaration, no. 25, 2.
- f) Familiaris consortio, no. 41.
- g) Familiaris consortio, no. 77.

art. 5

Divini Illius Magistri, nos. 27-34; Gravissimum educationis, no. 3; Familiaris consortio, no. 36; Codex Iuris Canonici, nos. 793 and 1136.

- a) Familiaris consortio, no. 46.
- b) Gravissimum educationis, no. 7; Dignitatis humanae, no. 5; Pope John Paul II, Religious Freedom and the Helsinki Final Act

(Letter to the Heads of State of the nations which signed the Helsinki Final Act), 4b; Familiaris consortio, no. 40; Codex Iuris Canonici, no. 797.

- c) Dignitatis humanae, no. 5; Familiaris consortio, nos. 37 and 40.
- d) Dignitatis humanae, no. 5; Familiaris consortio, no. 40
- e) Familiaris consortio, no. 40; Codex Iuris Canonici, no. 796.
- f) Pope Paul VI, Message for the Third World Communications Day, 1969; Familiaris consortio, no. 76.

art. 6

Familiaris consortio, no. 46.

- a) Rerum novarum, no. 10; Familiaris consortio, no. 46; International Covenant on Civil and Political Rights, no. 17.
- b) Gaudium et spes, nos. 48 and 50.

art. 7

Dignitatis humanae, no. 5; Religious Freedom and the Helsinki Final Act, 4b; International Covenant on Civil and Political Rights, no. 18.

art. 8

Familiaris consortio, nos. 44 and 48.

- a) Apostolicam actuositatem, no. 11; Familiaris consortio, nos. 46 and 72.
- b) Familiaris consortio, nos. 44 and 45.

art. 9

Laborem exercens, nos. 10 and 19; Familiaris consortio, no. 45; Universal Declaration, nos. 16, 3 and 22; International Covenant on Economic, Social and Cultural Rights, nos. 10, 1.

- a) Mater et magistra, Part II; Laborem exercens, no. 10; Familiaris consortio, no. 45; Universal Declaration, nos. 22 and 25; International Covenant on Economic, Social and Cultural Rights, 7, a, ii.
- b) Familiaris consortio, nos. 45 and 46; Universal Declaration, no. 25, 1; International Covenant on Economic, Social and Cultural Rights, nos. 9, 10, 1 and 10, 2.
- c) Gaudium et spes, no. 52; Familiaris consortio, no. 27. art. 10

Laborem exercens, no. 19; Familiaris consortio, no. 77; Universal Declaration, no. 23, 3.

- a) Laborem exercens, no. 19; Familiaris consortio, nos. 23 and 81.
- b) Familiaris consortio, no. 23.

art. 11

Apostolicam actuositatem, no. 8; Familiaris consortio, no. 81; International Covenant on Economic, Social and Cultural Rights, nos. 11, 1.

art. 12

Familiaris consortio, no. 77; European Social Charter, 19.



Prayer for acceptance

What we call "The Serenity Prayer" offers a valuable adjustment when we come unglued because life isn't to our liking. After the part we all know, however, that prayer in its original form continues: "Living one day at a time, enjoying one moment at a time, accepting hardship as a pathway to peace, taking, as Jesus did, this sinful world as it is, not as I would have it, trusting that You will make all things right, if I surrender to Your will, so that I may be reasonably happy in this life, and supremely happy with You forever in the next." The whole prayer is worth memorizing.

Take Five for Faith: Wednesday 9 October 2013

Length of human pregnancy and contributors to its natural variation

A.M. Jukic^{1,*,}
D.D. Baird^{1,}
C.R. Weinberg^{2,}
D.R. McConnaughey³
A.J. Wilcox¹

Author Affiliations

- 1. Environmental Health Sciences, PO Box 12233, Durham, NC 27709, USA
- Biostatistics Branch, National Institute of Environmental Health Sciences, Durham, NC 27709, USA
- 3. Westat, Inc., Durham, NC 27709, USA

Correspondence address. Tel: +1 919 541 2992; Fax: +1 919 541 2211; E-mail:jukica@niehs.nih.gov

Abstract

STUDY QUESTION How variable is the length of human pregnancy, and are early hormonal events related to gestational length?

SUMMARY ANSWER Among natural conceptions where the date of conception (ovulation) is known, the variation in pregnancy length spanned 37 days, even after excluding women with complications or preterm births.

WHAT IS KNOWN ALREADY Previous studies of length of gestation have either estimated gestational age by last menstrual period (LMP) or ultrasound (both imperfect measures) or included pregnancies conceived through assisted reproductive technology.

STUDY DESIGN, SIZE, DURATION The Early Pregnancy Study was a prospective cohort study (1982–85) that followed 130 singleton pregnancies from unassisted conception to birth, with detailed hormonal measurements through the conception cycle; 125 of these pregnancies were included in this analysis.

PARTICIPANTS/MATERIALS, SETTING, METHODS We calculated the length of gestation beginning at conception (ovulation) in 125 naturally conceived, singleton live births. Ovulation, implantation and corpus luteum (CL) rescue pattern were identified with urinary hormone measurements. We accounted for events that artificially shorten the natural length of gestation (Cesarean delivery or labor induction, i.e. 'censoring') using Kaplan–Meier curves and proportional hazards models. We examined hormonal and other factors in relation to length of gestation. We did not have ultrasound information to compare with our gold standard measure.

MAIN RESULTS AND THE ROLE OF CHANCE The median time from ovulation to birth was 268 days (38 weeks, 2 days). Even after excluding six preterm births, the gestational length range was 37 days. The coefficient of variation was higher when measured by LMP (4.9%) than by ovulation (3.7%), reflecting the variability of time of ovulation. Conceptions that took longer to implant also took longer from implantation to delivery (P = 0.02). CL rescue pattern (reflecting ovarian response to implantation) was predictive (P = 0.006): pregnancies with a rapid progesterone rise were longer than those with delayed rise (a 12-day difference in the median gestational length). Mothers with longer gestations were older (P= 0.02), had longer pregnancies in other births (P < 0.0001) and were heavier at birth (P = 0.01). We did not see an association between the length of gestation and several factors that have been associated with gestational length in previous studies: body mass index, alcohol intake, parity or offspring sex.

LIMITATIONS, REASONS FOR CAUTION The sample size was small and some exposures were rare, reducing power to detect weak associations.

WIDER IMPLICATIONS OF THE FINDINGS Human gestational length varies considerably even when measured exactly (from ovulation). An individual woman's deliveries tend to occur at similar gestational ages. Events in the first 2 weeks after conception are predictive of subsequent pregnancy length, and may suggest pathways underlying the timing of delivery.

STUDY FUNDING/COMPETING INTEREST This research was supported by the Intramural Research Program of the NIH, National Institute of Environmental Health Sciences. None of the authors has any conflict of interest to declare.

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http://humrep.oxfordjournals.org/content/early/2013/08/06/humrep.det297.abstract.html?papetoc



Drug interactions with metformin

Some notes on the use of Metform written by Dr Mark Whitty for one of our teachers, which may of interest to others for information. (Remember that, unless medically qualified themselves, our teachers should not be recommending particular treatment regimes, but advising women to consult their own doctor for advice.)

- ACE inhibitors may increase effect of metformin
- alcohol may increase effect of metformin
- anabolic steroids may increase effect of metformin
- (antiarrhythmic) disopyramide may increase effect of metformin
- (old antidepressant class) MAOIs may increase effect of metformin
- (antihistamine) ketotifen avoid; may reduce thrombocyte count
- corticosteroids oppose the lowering of blood glucose by medication
- (cytotoxic) diazoxide oppose the lowering of blood glucose by medication
- (diuretics) loop diuretics and thiazides oppose the lowering of blood glucose by medication
- (hormone antagonists) lanreotide, octreotide reduce the need for antidiabetics; not relevant for non-diabetic use of metformin
- oestrogens oppose the lowering of blood glucose by medication
- progestogens oppose the lowering of blood glucose by medication
- testosterone may enhance the lowering of blood glucose by medication
- (ulcer-healing) cimetidine reduced excretion = increased blood level of metformin
- 1) I have experience of some, few, more enlightened gynaecologists who were happy to hear that obese/amenorrheic/PCOS patients were on metformin + diet + exercise and were interested to see charted progression to ovulation I always ask these patients to show the gynaecologist their charts.
- 2) Ideally the women end up being able to stop taking metformin, but not all can, and all need to be careful about being prone to developing diabetes in later years.
- 3) Metformin has officially category B safety if the woman becomes pregnant; there is "no evidence of animal or foetal toxic or teratogenic effects". Those

who become diabetic in (later stages of) pregnancy are usually managed with insulin; but a diabetic woman who conceives on metformin should not abruptly stop the tablet, because of the higher risk of miscarriage for those who are diabetics.

- 4) For a useful review of metformin use, not only in pregnancy, see http://care.diabetesjournals.org/content/34/10/2329.full
- 5) Use of metformin for reasons other than diabetes is "off-license", but there are many instances of use of

medicines for purposes other than what they were originally licensed for. Extending the license of a tablet to include even one other use would require big expense by the manufacturer, almost as if trying to get the tablet licensed all over again/ for the first time, so manufacturers rarely do this unless it would be financially justified.

- 6) From the BNF British National Formulary; metformin interactions; I attached a summary I made out on the page below. Most are quite obvious, only one is potentially serious (ketotifen), one might cause nausea (cimetidine) by effectively increasing the metformin dose, and none of these effects can be measurably predicted they all vary individually.
- 7) If the use of metformin is "non-diabetic" there is no reason to be scared about sugar levels. Metformin is somewhat unique, the only biguanide class of anti diabetic drug. It reduces liver output of sugar and sensitises the body to insulin, and if a diabetic patient on metformin misses a meal, the sugar level does not then become too low, as could happen with the other tablets and especially with insulin-takers.
- 8) A young woman is safer on metformin than remaining amenorrheic and obese. If after a few months on good diet + some exercise + metformin a patient is having regular withdrawal bleeds but no mucus/peak, she might increase the metformin dose for a while to see if this achieves a gradual return to fertility, rather than immediate referral to a gynaecologist.

Increasing the dose results in a gradual recovery of normal charting, and the women are very happy to see the changes on their chart record. Most can reduce and/ or eliminate metformin after they change diet, weight and keep up some exercise.

9) I ask them to keep charting, for their health and other reasons. The new rules card will be a great help to these women also, reminding them of possible future uses of the BOM.



WOOMB International Ltd

Aims to promote the authentic Billings Ovulation Method™ in support of couples, the family and society, and to undertake and pursue all such other similar, related or compatible objects as may from time to time be considered appropriate by the Company.

To this end, and in furtherance of the vision and the Aims and Objects of the original WOOMB International Inc, and of the founders of the Billings Ovulation Method $^{\text{TM}}$, Drs John and Evelyn Billings:

- a. WOOMB International Ltd, will actively seek to enrich the union between husband and wife for their mutual benefit by giving them knowledge of the Billings Ovulation Method™ that they can use to develop love and fidelity within the marriage.
- b. Through teaching the Billings Ovulation Method™ to men, women and young persons WOOMB International Ltd will encourage parents and future parents to meet their mutual responsibilities to each other and their children by giving them insights which can be used to develop unselfish love.
- c. Knowledge about fertility regulation, using the Billings Ovulation Method™, will be directed at:
- i) helping couples who wish to have children;
- ii) helping couples who wish to avoid pregnancy.
- iii) helping women to understand their fertility and to monitor their reproductive health.
- d. WOOMB International Ltd, through the Billings Ovulation Method $^{\text{TM}}$, aims to teach all who seek the information, how to make the observations and interpretations necessary for the identification of fertility, infertility and reproductive health.
- e. WOOMB International Ltd aims to impart to men the knowledge necessary to exercise a supportive and collaborative role in the application of the Billings Ovulation Method TM .
- f. WOOMB International Ltd, through information and encouragement, will promote an acceptance of a pregnancy not deliberately planned, so that the child will be welcomed and loved.
- g. WOOMB International Ltd believes that husband and wife have the sole right to determine in conscience the number of children of their marriage.
- h. WOOMB International Ltd aims to encourage ongoing research into the Billings Ovulation Method TM , human fertility and reproductive health.

The *Bulletin of WOOMB International Ltd* is produced 3 times/year. It is a medium for the publication of medical and scientific articles about natural fertility and related topics. It also publishes theological and philosophical articles pertaining to sexual morality and marriage which are in accord with traditional morality and with the teachings of the Magisterium of the Catholic Church.

Editor: Joan Clements woomb.bulletin@gmail.com

The offices of WOOMB International Ltd are located at:

Billings LIFE - Leaders in Fertility Education 2A/303 Burwood Hwy
East Burwood
Victoria 3151,
Australia
Phone: 61 (0)3 9802 2022
Fax: 61 (0)3 9887 8572
enquiries@woombinternational.org



www.woombinternational.org

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will help us to continue to bring the good news of the Billings Ovulation Method™ to women and families throughout the world. Please send bank cheque in Australian dollars or credit card details (VISA or Mastercard) to the offices of WOOMB International Ltd or donate using *PayPal* at www.woombinternational.org



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