

EDITORIAL

Natural Family Planning: A Safer Alternative

STANLEY J LLOYD

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Breast-feeding mothers who wish to avoid pregnancy need a safer alternative than hormonal contraception. Although ecological breast-feeding can reduce the incidence of pregnancy to 1% during the first 6 months after giving birth,¹ not all mothers are able to adhere to the frequent feeding schedule it requires. Consequently, many women seek another method to help avoid pregnancy during this time and may assume that hormonal contraceptives are the safest and most effective choice. However, the medical literature indicates otherwise.

Appearing in this issue of *jPT* is the first² in a series of 3 articles reviewing the effects of various drugs and drug classes in breast-feeding. Although many agents pose little or no risk to nursing infants, the safety of others is less certain. In their review of the available literature on hormonal contraceptives taken during breast-feeding, Nice et al. found conflicting study results, descriptions of breast milk irregularities, and reports of adverse effects in nursing infants. Clearly, hormonal contraceptive use by mothers places their breast-feeding children at some degree of risk. But the good news is that this risk can be avoided through an often overlooked or misunderstood alternative to hormonal contraception called natural family planning (NFP). By using simple, reliable criteria to identify a woman's fertile times, NFP provides an effective, affordable, and natural way to avoid pregnancy while posing absolutely no risk of adverse drug events to nursing infants or their mothers.

NFP is actually not one single method, but identifies a handful of methods of varying complexity and effectiveness used to discern when ovulation occurs during a woman's monthly cycle. In one of the simplest forms of NFP, known as the Billings, ovulation, or mucus-only method, daily cervical mucus secretions are observed and charted to identify periods of fertility. Another com-

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mon variation, the temperature-only method, predicts fertility based on shifts in morning basal body temperatures. The most reliable form of NFP, the sympto-thermal method, combines daily mucus observations, basal body temperature measurements, and assessments of cervical positioning to yield a triple-cross-checked system with reliability comparable to or exceeding that of any contraceptive method. In terms of avoiding pregnancy, the Billings method, temperature-only method, and full sympto-thermal method are 92.6%, 96.1%, and 99.6% effective, respectively.³

Common misconceptions about NFP often dismiss it from consideration as a worthwhile alternative to contraception. Perhaps the most prevalent misunderstanding is that NFP is simply a euphemism for the so-called rhythm method of avoiding pregnancy. In fact, the two differ both in means and ends. The antiquated rhythm method attempts to predict fertility from records of previous cycle lengths. Its retrospective nature, however, makes it inherently unreliable in the face of a woman's ever-changing physiology. Conversely, NFP's simple morning self-assessments provide real-time data, automatically adjusting to unexpected variations in cycle length that would render the rhythm method ineffective.

Another common misconception is that NFP is overly complex and that few people can persist with the daily

STANLEY J LLOYD PharmD, Assistant Editor and Director of Professional Services, *jPT*.

measurements and charting that are required. While NFP requires some initial learning and adjustment, the day-to-day procedures are relatively simple. Once the basic concepts are understood, the instructions necessary for using the method to either avoid or achieve pregnancy can be summarized in just a few sentences. Indeed, with minor adaptations such as charting with colors or stickers, the Billings method has been successfully taught to poor and illiterate persons in developing countries.⁴



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In addition to comparable efficacy, NFP has numerous other advantages over hormonal contraceptive agents. As mentioned above, NFP is not only safe for nursing infants, but also avoids subjecting women to adverse effects triggered by the drugs, from minor events such as nausea and edema to the more serious risks that include hypertension and thromboembolism. The daily self-assessments and accumulated data also provide women with an increased understanding and awareness of their monthly cycles and menstrual health.

Unlike hormonal contraceptives, NFP has no lingering effect. It is immediately and completely reversible, and the method can be used to help achieve pregnancy as well as avoid it. Because NFP has no postfertilization effect, it provides an ethically acceptable alternative for women who oppose the use of hormonal contraceptives due to their abortifacient potential. Additionally, because NFP is not a form of contraception, it offers a morally acceptable method of family planning for many women whose personal or religious beliefs prohibit contraception. When couples use NFP to abstain from intercourse during fertile times, there is simply no possibility of conception and therefore no potential outcome to *contracept* against.

When deciding to switch to NFP for the good of their children, married women actually gain another, perhaps unexpected, advantage toward that end. In addition to the above benefits, the practice of NFP by married couples is associated with a divorce rate much lower than that of the general population. The Couple-to-Couple League, a leading educator in the sympto-thermal method,

estimates that the divorce rate among couples using NFP ranges between 2% and 5% compared with 50% for the general US population.⁵ This has been attributed to factors such as increased communication and mutual respect between spouses resulting from the cooperation and periodic abstinence required by the method.⁶ This speculation was corroborated in a recent study that used questionnaires to examine the effect of NFP marital dynamics.⁷ Seventy-four percent of comments about NFP were positive including enhanced relationships, improved knowledge, enriched spirituality, and method success. Difficulties mentioned with NFP included maintaining abstinence, method problems, and other frustrations or misunderstandings. Although some of the couples expressing difficulties subsequently decided to discontinue NFP, its many advantages certainly warrant a trial run by any interested parents.

Finally, because NFP requires only simple charting materials and perhaps a basal thermometer, its financial expenses are negligible compared with those of ongoing drug therapy. As alluded to before, NFP is essentially within the means of any patient, regardless of education level, income, or insurance status.

In today's climate of medication safety concerns, rising drug costs, and ever-increasing interest in "natural" therapies, NFP is a timely alternative that offers many advantages over hormonal contraceptives. NFP is a safe, effective, and affordable choice for nursing mothers who wish to limit their exposure to unnecessary medications. All women seeking a method of family planning, whether nursing or not, could benefit from learning about NFP from their pharmacist or healthcare provider.

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