Survival Mode
Coping with life-threatening illness

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In This Issue

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In this issue we bring you the stories of several couples who have lived through situations that I hope you never have to face: living with serious or life-threatening illnesses while also trying to stay faithful to Church teaching on marital love. These couples are succeeding, and I hope you are able to tuck their experiences away in a little corner of your mind just in case you find yourself in their shoes one day.

I have a hard time imagining myself staying strong and having a formidable spirit in tragic circumstances, so I try to soak up any kind of advice or lesson that I can remember in case I ever need it.

I am a worrier by nature, and stories of tragedies sort of fascinate me. I have a hard time imagining myself staying strong and having a formidable spirit in similar circumstances, so I try to soak up any kind of advice or lesson that I can remember in case I ever need it. One sentence in particular from breast cancer survivor Stephanie Sanders, pictured on the cover, really stood out to me as she talked about the strain the disease had on her and Joshua’s relationship:

“But we had already laid the foundation with NFP to talk about hard stuff, to talk about frustration and to bring that to God and to work together.”

Read that again slowly. She is saying that their practice of NFP actually prepared them to weather this storm!

It is so natural and easy to grumble about NFP. It’s our human nature to not like it when we can’t have the things we want, on our own terms, the way we want them. And sometimes the little frustrations with NFP can even seem to eat away at our happiness. When that happens, we are so focused on what NFP is doing to us that we miss what it is doing for us.

It is our reaction to disappointments that makes all the difference. When we accept the crosses that come with living our lives as God wills for us with a spirit of self-sacrifice, our hearts will grow in love. Day after day, cycle after cycle, year after year, NFP presents us with countless opportunities to respond positively (or negatively). It’s like exercise for our hearts! Little by little we grow in patience, acceptance, and self-denial. Together with our spouse we learn to weather the little storms, and a strong spirit of cooperation, respect and resiliency grows.

It reminds me of the little Advent project when the kids add a piece of straw to Baby Jesus’ manger every time they do a good deed leading up to Christmas in order to prepare for his birth. Even if they weren’t aware of it, Joshua and Stephanie have been preparing to face a battle they weren’t expecting. And the strength brought to their marriage by all of their previous little self-gifts to each other through NFP was there to serve them well when they needed it.

Praise God for knowing so perfectly what is good for us!
In my last column I speculated that soon the pro-contraceptive lobby would be advocating the use of long-acting reversible contraceptives for teenagers. Soon is now.

In late September the American College of Obstetrics & Gynecology (ACOG) released new guidelines that state contraceptive implants and IUDs are to be first-line choices for sexually active teenagers.\(^1\) This means other contraceptives like the pill, patch, or barriers are now considered less desirable unless there is a reason to not use long-acting contraceptives.

This “evolution of thought” seems so logical: Teenagers will inevitably engage in premarital sex, teenagers will get pregnant, and while effective contraceptives are universally available, teenagers simply forget to use them properly. Therefore, long-acting contraceptives that avoid the need for daily compliance will better reduce unwanted teenage pregnancy. But what does this say of our opinion of the next generation?

To me, ACOG has an opinion of teenagers that is degrading, demeaning and, like buying drinks for alcoholics, enables continued bad behaviors. Temporarily sterilizing our daughters almost reminds me of how we treat our household pets when we do the responsible thing and have them spayed! How is such a girl to learn that she is a person of dignity who should not have to resort to such a measure? How in the world will this teach her that she shouldn’t settle for being treated like an object when this very idea treats her exactly like one?

Karen and I have survived four teenagers and all their bad decisions; I do understand that some make dumb mistakes, and sometimes they are life-altering. The challenge as parents and society, I would argue, is to not enable bad decisions but to teach kids how to make good ones. This starts with teaching your teenagers that they are loved and valued.

Who knows what will the long-term outcome of this policy will be. What health issues will be faced later by women who have spent their teenage years in medically-induced menopause, a time when the body is growing and maturing in preparation for a long and productive adult life, including having a family?

The challenge as parents and society is to not enable bad decisions but to teach kids how to make good ones. This starts with teaching your teenagers that they are loved and valued.

Karen and I have survived four teenagers and all their bad decisions; I do understand that some make dumb mistakes, and sometimes they are life-altering. The challenge as parents and society, I would argue, is to not enable bad decisions but to teach kids how to make good ones. This starts with teaching your teenagers that they are loved and valued. The twisted thinking behind this medical opinion strikes me as a total abdication of the dignity of the human person.

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It can be easy to read news such as this ACOG policy shift and not give it too much credence, because it’s hard to believe that this will actually play out. Think again. At the end of September, the New York Post announced that the Department of Education is giving out Plan B emergency contraception, birth control pills — and now Depo-Provera — in 13 local high schools. And they can do it without parental consent, unless parents have signed an opt-out letter. Unbelievable.

What are we to do? As you read this, we will be adjusting to the reality of national election outcomes, but more importantly, we will be immersed in the observance of the Year of Faith begun in October. Let’s all be more vigilant in living out our faith and learning even more about it. Politicians will come and go, but our faith endures and is what really should shape our lives.

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1 ACOG Committee Opinion #539, October 2012.
I interact with many Christian couples in my ministry as a deacon, and am always struck when some seem to pass their entire married lives unaware of the sacred fire which surrounds but does not consume them. These are good couples who are doing so many things right: They recognize that marriage is an institution that strengthens the bond of husband and wife and creates the permanence and exclusivity necessary for happy family life; they honor their promise to God and each other to love in good times and in bad and to accept children from the Lord; they roll up their sleeves and plunge into the lifelong task of trying to turn unruly youngsters into more or less civilized human beings; they may even learn NFP in obedience to the Church’s teaching against contraception and for the totality of self-giving love, and find that its use facilitates a deeper respect and love for each other.

But still some miss a deeper love, and are unaware of a fire that has indeed been enkindled within them.

Sacramental Christian marriage shares in the very source of goodness, truth, beauty and love. It shares in the life and work of the Holy Spirit. Your marriage may be troubled. Money might be short. Arguments may turn ugly. The flame of romance may have begun to flicker about when the diaper service began. The kids — don’t get me started on the kids. Yet, through it all, there is a far greater reality at work.

Christian marriage shares in the communion of the divine Persons of the Trinity. Their infinite love — if only we cooperate with it — takes up, protects and perfects the little flame of our human love. In giving ourselves for our spouse, we share in the love of God, which is the Holy Spirit, and we model that divine love in a human context. To disrespect our spouse, however, is to disrespect the communion of divine Persons.

The participation of marriage and family life in the life of the Trinity grows as we allow the Holy Spirit to conform us to Jesus, who is the perfect husband for his Bride, the Church. The miraculously fruitful self-giving love among the Persons of the Trinity is the love of perfect equals. Each divine Person is always worthy of the infinite love bestowed by the other two.

Life for us humans is messier than that. Not only is your spouse imperfect (as you may have noticed), but your spouse’s spouse is also imperfect (hey, that’s you, dude). Married love requires us over and over again to imitate Jesus, who gave himself for us while we were still sinners. We must continue to sacrifice ourselves for the highest good of our spouse even when he or she is in the wrong. Our redemptive self-giving draws its strength from the self-giving of Jesus on the Cross. It is his death that reveals both our sinfulness and the infinite depth of his saving love for us. It is his sacrifice that reconciles us with God and with each other and which opens us up so that we can participate in the life and love of the Trinity. For this reason, the sacrament of marriage is greatly enriched by our regular use of the sacrament of reconciliation and, of course, of the Eucharist.

Blessed John Paul liked to say, “Families, become what you are” (Familiaris Consortio 17)! What Christian families are in God’s plan is something shockingly beautiful and exalted. Awakening to the fire of divine love that envelopes but does not consume sacramental marriage enables us to call upon the power of God and to live according to his grace. Unfortunately, it does not make sin evaporate, but it does give us the strength and the inspiration to fight the daily battle against selfishness.

The identity of each and every Christian marriage and family is found in a sharing in the life of the Trinity and in the burning love of Jesus and his Bride, the Church. In the next issue, we’ll consider how that burning love is expressed in mission.

Editor’s note: This column on identity is the first in a three-part series.

Themes in this article were inspired by Marc Cardinal Quellet, Divine Likeness: Toward a Trinitarian Anthropology of the Family (Grand Rapids: William B. Eerdmanns Publishing Company, 2006).
Abortion status no impact on maternal death

Pro-abortion advocates have long argued that widespread access to legal and safe abortions is critical to reducing the risk of pregnant mothers dying needlessly. Yet a recent Chilean study debunks this argument.

Chile has remarkably reduced maternal death in the last 50 years. In 1957 there were 293 deaths per 100,000 live births; by 2007 this number was 16, a 93 percent reduction. A group of epidemiologists examined maternal deaths across all of Chile during these 50 years and correlated a host of factors and intervention programs initiated over this same time to gauge their relative impact on the reduction in the maternal mortality rate.

Using a series of mathematical models, they examined things like the impact of improved water and sanitation, access to skilled delivery care, family income, fertility rate, nutritional programs and the educational level of the mothers-to-be on maternal mortality. The single biggest influencer on maternal death was education; for every extra year of education women received, the mortality rate declined almost by 30 per 100,000 live births.

Importantly, in 1989 abortion was made illegal in Chile and the influence of this change on maternal mortality was carefully examined. The authors concluded “the legal status of abortion does not appear to be related to overall rates of maternal mortality.” They further reason that education of the mothers had such a dominant effect because “…higher knowledge may increase utilization of maternal health facilities…” and “…promotes higher autonomy to women allowing them to take control of their own fertility…”

NFP helps us see the bigger picture

by Andy & Mary Langbeen

Teaching Couple Andy and Mary Langbeen share this witness talk with their students in Capac, Mich.

**Andy:** We took our CCL NFP course 12 years ago as part of marriage preparation. At the time we thought of it as just another one of those motions we needed to get through to get married in the Church, but nevertheless found it to be a very interesting course. Little did we know at the time, but we were really going to need the information down the road.

**Mary:** We were planning on starting a family immediately, so while the fertility information was good to know, and I practiced some charts for experience, we figured we would use it “one day.” Well, we got married and things didn’t go quite as planned.

I got pregnant three months later, but lost the baby early on, and then it happened again a few months after that. By now charting and prayer were becoming a way of life as we were trying to figure out the cause of our losses. Before we knew it, a year went by and then another.

**Andy:** We were told by a specialist that we would never have children without the help of in vitro fertilization or adoption. Leaning on our faith, we prayed and eventually decided on fostering-to-adopt. We were quickly placed with a pre-adoptive baby boy right from the hospital. But that didn’t go as planned either. We found out that he had a loving father ready to incorporate this precious boy into his life. We still were happy to have this chance to be part of our foster son’s life, if only for a year. He went home and we continued pressing on, following whichever path God put in front of us. We had given up on charting, accepting that God had another plan.
Mary: Just a month after our foster son went back to his father, we learned (to our great surprise!) that we were pregnant, and this time we were blessed to carry to term and had a healthy baby girl of our own. Then six months later we discovered we were expecting again and were elated. After our son was born, we found out a few months later that I was pregnant again with number three!

We just couldn’t believe it. I didn’t think we could do it and was so full of self-doubt about my ability as a mother. Three kids so close in age?! Impossible! I felt like we could barely handle the two we already had! Why hadn’t we been stricter with NFP?

While the road may not be what we expected and isn’t always easy, we can truly see God’s hand at work.

Andy: NFP has become a way of life that fits easily into our environmental mindset as well, as we try to be good stewards of our lives, our children’s lives and our natural environment. Since this method relies on fertility information from both of us, it is important that we work together. I like to make sure Mary has her thermometer handy at around the same time in the morning, and we review the charts, discuss our plans and make decisions together based on that combined information. It is really amazing to work so in tune with our bodies, as God’s natural law intends. It has brought us closer together, not only in terms of the struggles with some of the pregnancies but just on a day to day basis. Initiating respect for our bodies has translated into respect for our individual personalities, which helps especially during times of abstinence.

Mary: We each have certain ways of handling those times, both physically and verbally. A hug, a touch, a movie after the kids have gone to bed, even projects around the house together become times to strengthen our bond. Since we have learned to communicate more clearly about our fertility verbally, it has been a lot easier to discuss other parts of our relationship as well. Times of abstinence don’t have to be viewed negatively for us. My favorite suggestion came from my OB, who said times of abstinence can be used to pray for our children’s future and the struggles with sexuality that they will experience growing up. To be so connected and in tune as our fertility ebbs and flows through the months has been a pretty cool experience for us, almost like we’re a part of a bigger picture. When we really stop to think about it….we are. We all are.

If you would like to learn more about this volunteer ministry, visit www.ccli.org/educate.

Ella (2), Basil (7), Amelia (4), Philomena (6), and Sabina (8).
Survival mode
Coping with life-threatening illness
by Maria Wiering
Stephanie Sanders was breastfeeding her daughter Kateri when she found the lump. It seemed small, like a pencil eraser, she said.

Fearing mastitis, she had a mammogram and an ultrasound. She never expected that she — a 33-year-old mom of four sandy-haired kids — would actually have an aggressive form of breast cancer.

In the months that followed, Sanders underwent chemotherapy and radiation. It was imperative that she not conceive. As a CCL teaching couple in Brownsville, Ore., Stephanie and her husband, Joshua, relied on natural family planning to avoid pregnancy — rejecting doctors’ recommendations to use contraception — while praying that Stephanie’s fertility might survive the harsh treatments.

As any couple using NFP knows, a common cold can affect a woman’s fertility cycle. For couples facing more serious illnesses, tracking irregular fertility cues may be challenging, but it is usually not impossible. It does require discipline, adaptation and commitment — and, as couples interviewed for Family Foundations attest — a willingness to ask for direction from experts, especially if a couple’s circumstance makes conception a health risk.

Like many young women, Stephanie was not doing regular self-exams before she found the lump, which was only the tip of a walnut-sized, irregularly-shaped Stage II tumor that had spread throughout her left breast.

“We say NFP saved my life,” she said. “If we had not been praying around our fertility and being open to life and God’s timing, we never would have had Katie [their nickname for Kateri]. And if we didn’t have Katie, I wouldn’t have been breastfeeding then. With how fast my breast cancer was growing, chances are we wouldn’t have caught it until it was too late.”

A year before her diagnosis, she was managing three young children, and Joshua was looking for work after losing his job. It seemed like a good time to postpone pregnancy, until a strange dream convinced Joshua that they should not wait.
During last year’s chemo treatments, Stephanie Sanders amassed a collection of hats and scarves that still comes out for her kids: Faith, 8; Caleb, 7; Joy, 4; and Kateri, 2. “We’d play with them all the time,” she said. “A lighthearted attitude about being bald helped me feel less weird.” She and her husband, Joshua, are a teaching couple in Brownsville, Ore. Their family was photographed by Danae Jones.
"If you knew my husband, you’d know that he’s not charismatic, but he had a dream where God told him that it was time to get pregnant again — even though we were unemployed — and not to be afraid, that He was going to use that child to bless us,” Stephanie said.

They decided to get pregnant, and Kateri was born nine months later, several months after Joshua, an engineer, found a job as a bridge construction inspector.

When the cancer was confirmed in March 2011, Stephanie had to wean her baby quickly, which was heartbreaking, she said. She had a mastectomy in April; later, her armpit lymph nodes were removed after multiple tested positive for cancer. She started chemotherapy in May and radiation in October.

According to the American Cancer Society, a woman’s reproductive system is especially vulnerable to cancer treatment; it usually destroys at least some eggs, and even if a woman’s fertility survives radiation and chemotherapy, she risks early menopause.

For Joshua, it was difficult to choose aggressive treatments that reduced their chances of having more children, he said, but they decided to wage an all-out battle for Stephanie’s life, not her fertility.

Doctors stressed that the Sanderses couldn’t get pregnant — Stephanie’s body could not handle a pregnancy, the cancer treatments would likely kill or badly deform an unborn child, and pregnancy would force doctors to postpone treatment, and Stephanie’s treatments could not wait. Their doctors repeatedly urged them to use non-hormonal contraceptives or get sterilized, but the Sanderses would not budge.

Instead, they chose extended periods of abstinence, which were challenging at times, they said.

Because chemotherapy attacks fast-growing cells, including ripening follicles in the ovaries, Stephanie’s body behaved as if she were in menopause during chemotherapy. Menstruation stopped, and she experienced night sweats and hot flashes.

Sometimes her body switched to a perimenopause phase, and cervical mucus appeared in atypical build-up patterns. Her typical waking temperature dropped to the low 96-degree range.

“I am really grateful to have a reliable [NFP] method,” Stephanie said. “Even though my charts were crazy, it was still really clear. We were able to easily interpret signs of fertility and infertility.”

During “chemopause,” as Stephanie called it, pregnancy would have been nearly impossible, but in truth, other factors limited their physical intimacy, she said. For months she was exhausted, often nauseous and in pain. Canker sores lined her mouth and digestive tract. She developed neuropathy, and radiation badly burned her fair skin. She also lost her hair and missed her breast.

“I was going through a lot of ‘What does it mean to be a woman?’” she said.

Throughout her treatment, she kept a blog at CaringBridge.com, a website designed to connect family and friends during an illness or surgery.

“I wish somehow this was one of those choose-your-own-adventure books so that I could turn back the pages and try a different ending,” she wrote in May 2011, before she really knew all she would endure while living in “Cancerland,” as she and Joshua called their changed life.

“The lingo in the cancer world is finding your ‘new normal,’” she wrote seven months later. “There’s no going back to life Before Cancer; we are now living in the age of After Diagnosis. I see life so differently now. My whole perspective has changed because I have viewed mortality up close and personal.”

As they had hoped, the Sanderses got pregnant on their honeymoon in 2003. Stephanie had their second child 15 months after their first. Both kids were extremely colicky due to later-diagnosed food allergies, and both
Big questions

Seven things couples facing a serious illness should ask their doctors and themselves.

1. **How might the illness or medications affect fertility signs or overall fertility?**
   If a doctor seems uncertain about fertility signs, ask if a treatment might cause dry-mouth or diminish nasal mucus, which will likely affect the cervical mucus in the same way.

2. **What ethical steps can be taken to preserve fertility? Does insurance cover these treatments?**
   When a doctor recommended that Gus and Andrea Suarez use Lupron to protect Andrea’s ovaries during cancer treatment, they wanted to make sure that the menopausal state it induced was no equivalent to using contraception. They called the Pope Paul VI Institute for the Study of Human Reproduction in Omaha, Neb., to speak with an ethicist, who assured them they could use the drug with good conscience. They had to fight for their insurance company to cover the treatments, which cost thousands of dollars each. (It eventually did.)

3. **What if we become infertile?**
   Unexpected infertility has emotional, spiritual and practical implications. Gus and Andrea discussed the possibility of adoption as a way to still be open to life if Andrea’s fertility didn’t return after cancer treatments, Gus said.

4. **Will this treatment affect my spouse?**
   In addition to emotional and spiritual effects, some treatments may also have physical ramifications for a spouse. Doctors advised the Suarezes to abstain for 48 hours following chemotherapy in order to protect Gus from the drugs in Andrea’s body.

5. **How should I respond if my doctor wants us to use contraception or other procedures, like IVF, which violate my moral beliefs?**
   Doctors unfamiliar with NFP often have misconceptions about its effectiveness and will question its use in avoiding pregnancy. Andrea advises CCL couples to stand strong and be firm. “Know your values, know your beliefs,” she said. “Don’t be wishy washy about it or apologetic about it.”

6. **Who can we turn to for support using NFP during serious illness?**
   For guidance, Andrea called CCL Central, connected with CCL members who had faced similar situations and talked to doctors familiar with NFP. Because there were no NFP-only doctors in her area, she once visited one in another state, which gave her confidence in what she and Gus were doing, she said. A directory of NFP-only practitioners can be found online at onemoresoul.com.

7. **If I have questions about medical ethics, whom should I ask?**
   In addition to consulting the Pope Paul VI Institute, Andrea recommends sharing concerns with an NFP-supportive priest and contacting the local diocesan family life office. Ethicists at the Philadelphia-based National Catholic Bioethics Center are also available to answer questions by phone and email: 215-877-2660 or consults@ncbcenter.org.
parents were overwhelmed and desperate for rest.

“We were afraid of getting pregnant and terrified of our fertility,” Joshua said of that time. They decided to learn NFP through CCL in order to hold off on a third child.

Even though the Sanderses were not using contraception and were faithful Catholics, they had not previously considered God’s role in their fertility before using NFP, Stephanie said.

“It didn’t even occur to me to invite God into the picture,” she said. “It was huge to be able to give God that part of our life, especially our fears around fertility.”

They credit NFP with saving their marriage by teaching them how to space births. Cancer tested their marriage in a new way, but practicing NFP long before the illness taught the Sanderses to communicate well about everything — a skill that helped them later make important decisions about her health quickly.

“NFP helps build your communication tremendously,” Stephanie said. “If you aren’t prepared to do some good communicating, that’s what destroys marriages during serious illness. But we had already laid the foundation with NFP to talk about hard stuff, to talk about frustration and to bring that to God and to work together.”

The power of charting

Regular communication about fertility issues has also been important to Eddie and Debbie Johnson, 41-year-old CCL promoters who live in Boise, Idaho.

Debbie struggles with multiple autoimmune disorders, and their NFP discussions have also made it easier to talk about Debbie’s health, Eddie said.

Debbie was 6-years-old when she developed vitiligo, a condition that causes patches of skin to lose pigmentation as well as frequent migraine headaches. In her 20s and 30s, she was diagnosed with endometriosis, celiac disease, fibromyalgia and a thyroid problem. She suffers from chronic fatigue, pain and muscle soreness.

Because some of her symptoms are atypical, doctors have yet to get to the heart of her health issues, she said.

On her blog, freefromcontraception.blogspot.com, Debbie compares her health issues to peeling an onion, where each layer reveals another layer beneath it. “Sometimes I want to unzip my body and step out,” Debbie said in an interview with Family Foundations.

However, as her blog title suggests, she is convinced NFP has
helped her take control of her health after using the birth control pill and Depo-Provera shots throughout her 20s allegedly to treat endometriosis, which only masked some of her health problems, she said.

The Johnsons learned NFP while preparing for their 2002 marriage, after Debbie read Fertility, Cycles & Nutrition by Marilyn Shannon, which is published by CCL.

“Everything started to make sense,” she said. “My chart started meaning so much to me.” Debbie’s chart has never looked “normal,” she said. For reasons unknown, she didn’t ovulate regularly for years. Her temperatures “looked like the Rocky Mountains,” she said. However, she learned to track her mucus closely.

Charting also helped the Johnsons eventually conceive their two children, ages 5 and 8. After childbirth, Debbie’s cycles became more regular but have shortened again in recent years.

Because pain frequently interrupts her sleep, it is difficult for Debbie to take her temperature at consistent waking times. Her basal body temperatures are lower than average, often hovering around 96.9 degrees and peaking at 97.5.

Today, Debbie is devoted to Blessed John Paul II’s teachings on human sexuality known as the Theology of the Body, and she views her body and suffering through a supernatural lens.

That outlook has also helped Eddie not to consider Debbie’s illnesses a “hindrance,” he said. “We basically understand that God always has a plan for us, and maybe his plan is for us to only have two children.”

God’s plan

Gina Turcotte, 38, was diagnosed with lupus two years before she married her husband, Marc, in 1998. During times of stress, the disease manifested itself in psoriasis, joint pain and inflammation, sun sensitivity and sensorial confusion.

By the time the Turcottes, CCL members who live in Greenville, S.C., were married a year and a half, Gina’s lupus had become more manageable. She weaned herself off medications, and they had two children in two years.

After her second child was born, the lupus flared again, and she resumed treatments and contraception use. NFP was not on her radar at the time, she said, and her doctor wanted her to avoid pregnancy.

After an IUD caused Gina to suffer toxic shock, she started researching NFP online. She was attracted to CCL’s sympto-thermal method because it relies on several fertility indicators, which gave her confidence that it would work with her lupus.

Although it had threatened her life, the toxic shock caused her body to reboot, and the lupus went into remission. The Turcottes decided to have another baby, and their youngest, Gavin, was born in 2011.

Regulating pregnancy naturally is important to Gina, she said. She eats mostly organic food to reduce lupus triggers, and NFP is an extension of that healthy lifestyle, she said. Gina also has a penchant for data analysis and likes to track her fertility signs. She loves that using NFP helps her better to understand her body, she said.

The Turcottes learned NFP from the Greenville-based CCL Teaching Couple Gus and Andrea Suarez, a couple who has “street cred” — as Gus puts it — when promoting NFP, since it helped them to postpone pregnancy while Andrea was recovering from cancer treatment.

The Suarezes’ first child, Christopher, was 18 months old when Andrea found a swollen, painful lump below her collarbone while on vacation in 2007. A PET-CT scan and biopsy confirmed it was Stage III Hodgkins lymphoma, but they were relieved to know it was a very treatable.

The Suarezes were concerned that the cancer treatments would cause infertility, and they wondered how they would avoid pregnancy if chemo confused Andrea’s fertility signs.

After they made it clear they would not consider contraception or freeze Andrea’s eggs for in vitro fertilization, their oncologist sent them to a reproductive endocrinologist. He suggested they use Lupron, which is often used to treat endometriosis (see article on page 20) and can protect a woman’s fertility by inducing a temporary menopausal state.

It would also make them infertile while they used it. After checking with a Catholic ethicist to make sure using Lupron was not equivalent to contraception, Andrea began injections.

The fertility-related challenges began when Andrea stopped Lupron in October 2007 but was still undergoing radiation and needed to avoid pregnancy.

“NFP helps build your communication tremendously. If you aren’t prepared to do some good communicating, that’s what destroys marriages during serious illness.”
Coming off Lupron made Andrea’s body act perimenopausal — an NFP phase she and Gus taught, but, at age 29, hadn’t experienced. Like the Sanderses, they closely practiced the Mucus-Patch Rule, which couples also use during breastfeeding before the wife’s first postpartum cycle.

At the time Andrea wasn’t sure if her fertility would return. She called CCL Central, whose experts offered support and guidance as she evaluated her changing fertility. Her first two cycles were irregular; the first one was 54 days and involved a lengthy period of abstinence. Her third cycle was normal.

Six months after Andrea finished treatment, she had a successful PET-CT scan. Her oncologist asked, “Do you think it’s time for Christopher to have a little brother or sister?”

Gus and Andrea conceived during that cycle. Now they have three children.

**Divine aid**

Faith was a constant support for the Suarezes. Andrea remembers hearing the Nicene Creed on the radio while driving to a medical appointment before the cancer was confirmed, and one phrase resonated in a new way.

“For the first time it hit me: Wow, God is the maker of heaven and earth,” she said. “If this is cancer, He can do something about it if He wants to, and if He doesn’t do anything about it, it’s OK, too, because God is in charge.”

She also took comfort in Psalm 121, where the Psalmist asks, “From where will my help come? My help comes from the Lord, the maker of heaven and earth.”

Across the country, the future for Stephanie and Josh is still unknown. Two-thirds of women in Stephanie’s situation are alive five years after cancer treatment; one-third is not.

They likely won’t know for several years whether her fertility survived the treatments, Joshua said, and even when doctors give pregnancy a green light, he said he would have to hear “very clearly” from God that they should try to conceive.

“We didn’t imagine our family this way,” Stephanie said. For them, four kids were just the beginning of the large family they had imagined. “[Cancer] changed everything.”

Her cycles have returned and appear normal, although she feels like a teenager with extreme mood swings, acne and PMS symptoms, she said. She and Joshua are practicing “strict NFP” and will continue to do so until doctors tell them it is safe to get pregnant.

“The virtues of NFP continue even when they’re challenged by illness,” Stephanie said. “The sacrifice that is the normal part of NFP that comes through abstinence and having to practice self-control is also magnified a little bit when you’re going through serious illness, but the rewards are also magnified.”

She added, “You have to stick to your guns, but it’s so worth it.”
My children are learning their faith every day, starting with daily Mass and continuing into their homeschool day. Our pastor has said that our kids have become the quiet leaders of their peers in church activities and he is using our family to encourage others who are struggling with their public or private school experience.

-A Homeschooling Parent
Managing endometriosis

by Kathleen M. Basi

Joanne Beauregard remembers menstrual pain so intense that she had to have a friend drive her home from work. Pain and 45-day cycles were regular occurrences. It took three years of infertility before the CCL member from Broomfield, Colo., found help. Dr. Thomas Hilgers, of the Pope Paul VI Institute in Omaha, Neb., diagnosed her with endometriosis and polycystic ovarian syndrome, two common conditions influencing women’s health.

Endometriosis occurs when endometrial tissue, the lining of the uterus, grows outside the uterus. Like all endometrial tissue, it thickens, shrinks and sheds under shifting hormonal influences. But with nowhere to go, it causes inflammation and eventually, if left untreated, scar tissue.

For women with endometriosis, pain can occur during menstruation, intercourse, or while using the bathroom. NFP user Anne Meyer of St. Louis often had to call in sick because the pain made her nauseous; she had trouble standing up. “I was on prescription pain meds, and I accidentally overdosed one day because it wasn’t working,” said the 27-year-old mother of one. The pain increased over time along with cycle irregularity. “It was routine for me to have two periods a month.”

Eventually Meyer contacted Dr. Michael Dixon, a NaPro OB-GYN in St. Louis. NaPro doctors are trained at the Pope Paul VI Institute to treat women’s reproductive issues without resorting to contraceptives or other technologies contrary to Church teaching. Dr. Dixon treated Meyer’s endometriosis surgically. “It’s like night and day,” she said of the impact. “I couldn’t believe that was the way normal people experienced their periods.”

Then there is Polycystic Ovarian Syndrome, or PCOS, a hormonal condition related to insulin resistance. It can occur in women who also have endometriosis, though the two conditions are not formally linked. PCOS often causes long cycles with ambiguous fertility signs, excess facial hair, obesity and infertility. It can also include progesterone deficiency. Yet there is a wide spectrum of body types and symptoms among sufferers. Some ovulate regularly, some irregularly, and some not at all.

FAST FACT

As many as 1 in 10 U.S. women have PCOS.

PCOS may be treated with metformin, a drug that regulates insulin. But many NFP users are suspicious of taking medications on a long-term basis. CCL teacher Marissa Chaney, 26, of St. Paul, Minn., a mother of two, was diagnosed with PCOS at 18. She didn’t want to be on medication for the rest of her life. “I wanted to self-manage as best as possible,” she said. “I diet, I exercise; I’m down to a healthy weight.”
It took three years of infertility before CCL member Joanne Beauregard was diagnosed with endometriosis and polycystic ovarian syndrome. Now she and her husband, Daniel, are the proud parents of Clare, 2, and James, 4 months.
MANAGING ENDOMETRIOSIS

Fast Fact

Endometriosis is one of the top three causes of female infertility.

Endometriosis and PCOS seem to be more prevalent these days, but Dr. Dixon thinks that is because doctors are more aware of them. “A generation ago we’d call it cramps and irregular cycles. We’d call it dysmenorrhea,” he said. “I don’t think there is an increased incidence. I think there is an increasing realization of what it is.”

Today doctors can identify and treat endometriosis through “near-contact laparoscopy,” a surgical procedure involving examination of the pelvic wall and organs at a distance of 2 mm.

Bad Medicine

And yet most women with these conditions are automatically put on birth control unless they’re actively pursuing conception. That was Anne Meyer’s experience. As a teen, she said, “Doctors put me on the pill and told me I was a person with lots of bleeding and pain and I would just have to learn to live with it.” The problem was, being on a pill that put even more estrogen in her system didn’t fix the problem — it made it worse.

Patients who pursue surgical solutions are often told that endometriosis has a 50 percent recurrence rate. But Dr. Dixon says that’s not quite accurate. Endometriosis exists in a number of different forms, and older surgical techniques often miss affected tissue. “When the patient comes back with pain a year later, it’s easy to say it’s back, when really they never got all of it,” he said. Dr. Dixon tells his patients to expect a 5 to 10 percent chance of recurrence.

If you’re not trying to conceive, it’s tempting to ignore the symptoms. But untreated endometriosis gets worse with time, and women with PCOS are more prone to many long-term medical conditions, including Type 2 diabetes, heart disease and endometrial cancer. It’s far better to treat early and save later heartache.

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If you’re not trying to conceive, it’s tempting to ignore the symptoms. But untreated endometriosis gets worse with time, and women with PCOS are more prone to many long-term medical conditions, including Type 2 diabetes, heart disease and endometrial cancer. It’s far better to treat early and save later heartache. Joanne Beauregard points women to NaPro-trained doctors. “They really want to get to the bottom of the problem,” she said. “It’s not a cookie-cutter solution.”

Lifestyle can also make a difference. Studies show that five hours of aerobic exercise per week can reduce the risk of endometriosis recurrence by 50 percent. And childbearing, because of the extended period of low estrogen levels, also helps.

PCOS sufferers should look into a higher-fiber, lower-starch diet plus weight loss and regular exercise in order to promote healthy blood sugar and insulin levels. CCL teacher Lynn Heeren, of Bloomington, Minn., was told she couldn’t conceive without metformin. But she found the side effects intolerable. “Being diagnosed with PCOS is a wake-up call to clean up your diet and start healing your body,” she said. The Heeren family reduced or eliminated processed foods and sugars from their diet. Lynn’s charts didn’t improve much, but one important thing happened: Their fifth child, due in December, was conceived without medical intervention.

Five hours of aerobic exercise per week can reduce the risk of endometriosis recurrence by 50 percent.

The Chaneys credit NFP with their ability to have children despite PCOS. “At the end of the day, my husband, Chad, and I became teachers because we were so thankful for the benefits of NFP,” Marissa said. “Many women with PCOS struggle with depression and anxiety due to their femininity being overshadowed by the male physical attributes — excess testosterone, belly fat, hair growth. The increased communication, understanding and emotional support of shared fertility make coping with PCOS more manageable.”
Gentle Reader, surely I am not the only one vexed by the vicissitudes of perimenopause! Do you feel like no one understands you, that no one has patience for one more of your whimpers? Well, take heart. I will be your ally in your heroic estrogenic struggle. I get you.

Just the other day, when I was whining charmingly about my latest hormone fluctuations, my friend Meg was impolitic enough to tell me that besides a little cycle irregularity, she’s had no symptoms at all. None! She feels great!

Well, bless her heart, but I don’t want to hear it. My misery wants company, doesn’t yours? I am here for you, and you will be here for me, like it or not, and we will muddle through this mess together.

The details of my latest battle follow. First, the back story:

When I was about four years old, I was tested for allergies. In addition to pollen, dust and grass, it was discovered I had a vast array of foods on the naughty list: cow’s milk, all meat except mutton, melons, oranges, tomatoes, almonds and many more, (as well as numerous allergies to animals I’d rather befriend than consume). I received two injections a week for years until college; my food allergies seemed to largely subside, except for a manageable sensitivity to dairy, soy protein and raw tomatoes.

About two months ago, I started having some serious discomfort after meals: a terrible pressure behind my breastbone and the sensation that my esophagus was swelling. Assuming my allergies were re-emerging and that dairy and soy were the likely culprits, I completely cut every trace of them out of my diet. Unfortunately, the discomfort continued. Soon, I started experiencing the pain after eating beef, so that went off the menu. That was followed by eggs, then whole wheat bread, then all gluten.

It seemed like every few days I was finding some new food that was making me sick. Needless to say, I was frightened. I was losing weight because I was afraid that my allergies would worsen and eventually affect my breathing. I became convinced that I would be reduced to eating nothing but rice. In a panic, I finally did what any normal person would have done weeks earlier: I called the doctor’s office and made an appointment with a nurse practitioner.

She listened to my symptoms and decided that what I was experiencing wasn’t consistent with an allergic reaction. She suspected that I had gastroesophageal reflux disease, commonly known as GERD. Stomach acid had been flowing up into my esophagus.

Although I have no degree in medicine, I decided to argue with her. How could that be? I watch the commercials featuring people with GERD and their symptoms don’t sound like mine. I don’t have heartburn. I have an intense pressure in my chest. It feels like a swelling.

She explained that my cardiac sphincter (at the top of the esophagus) can become overstretched, like a rubber band, and that pressure is not an uncommon symptom. GERD can also feel like cramping, or the sufferer might have an acidic taste in his mouth or a cough. It doesn’t always feel like heartburn.

They drew some blood to rule out an ulcer, prescribed a once-daily dose of an over-the-counter proton pump inhibitor and instructed me to eat small, frequent meals. Although I’m still avoiding dairy, soy protein and whole wheat, for the most part I feel like I’m back to normal. In another six weeks I’ll be put on a maintenance regimen.

Why GERD, why now? Perimenopause is one culprit, and likely mine, but it’s not the only one. GERD might result from pregnancy, stress, being overweight, or by overeating at meals. You may be able to moderate symptoms without a doctor’s supervision by eating smaller portions, limiting fried, spicy or trigger foods (like chocolate or tomatoes), losing weight, or not lying down right after eating, but if symptoms persist, you should consult a medical professional. Acid erosion of the esophagus is no fun.

So, I’m back to eating again and my mood has improved. It’s remarkable what a few calories can do for your outlook. I’m not as svelte as I would have been on a diet of rice and nutritional yeast, but still, a happy conclusion to this lurid tale of stomach acid.

Don’t fear that I’ll run out of stories, by the way. Trust me, I’ve got plenty.
One of the duties of a priest is to minister to the sick and suffering. But when Guillain-Barré syndrome paralyzed Father Jan Michael Joncas and brought him close to death in 2003, the well-known liturgical music composer suddenly found himself on the receiving end of a ministry he knew well.

Father Joncas, an associate professor at the University of St. Thomas in St. Paul, Minn., and composer of the well-known hymn “On Eagles’ Wings,” spent months in the hospital recovering the use of his arms and legs.

During that time he gained insight into suffering and dependence on God and others.

“I learned that you don’t solve the problem of suffering,” Father Joncas said. “You enter into the mystery of suffering. And it does change you, and it changes your world.”

Father Joncas said he still lives with nerve pain in his hands and feet. He can no longer play the guitar, and when he’s tired he sometimes stumbles. He also occasionally experiences unpredictable waves of fatigue. But, he said, he is 95 percent back to normal and busier than ever.

Surge of creativity

Since his recovery, Father Joncas said, he has had an “explosion” of musical creativity. From 2008 to 2009, he recorded three collections of liturgical music. In 2010 he was writing settings of every responsorial song for the three-year Sunday Mass cycle and a hymn text for every Sunday and solemnity, in addition to other projects he was commissioned to do.

He has found, upon reflection, that his newer works mostly revolve around themes of rescue, hope and thanksgiving. “That’s the stuff that’s coming out of the suffering,” he said.

Father Joncas popped a disc into his CD player, then played a few verses from his “Great God, Your Love Has Called Us”:

Great God, your love has called us here, as we, by love, for love were made.

“Great God, your love has called us here, as we, by love, for love were made,” he interjected.

“And this verse breaks my heart,” he said as the song continued:

Then take the towel, and break the bread, And humble us and call us friends, Suffer and serve till all are fed, And show how grandly love intends To work till all creation sings, To fill all words, to crown all things.

“And the last verse,” he said, “I didn’t know I really believed this until writing it. The end is what I love.”
Great God, in Christ you set us free
Your life to live, your joy to share.
Give us your Spirit’s liberty
To turn from guilt and dull despair
And offer all that faith can do,
While love is making all things new.
While love is making all things new.

‘God of rescue’

Asked what he learned from his suffering, Father Joncas replied: “I didn’t know [my faith] would be as strong as it was. Because I live as a university professor and a theologian, an intellectual, I spend a lot of my time pondering God under lots and lots of headings and using all the tools of reason I can think of to deal with it, and this changed all that.

“I mean, I still do all that, but now I can talk about an experience of a God of rescue, which is very different.”

Father Joncas said the experience also rounded out some of the sharper aspects of his personality. “Once you look death in the face, a lot of stuff just doesn’t matter that much,” he realized.

He finds himself more attentive to people, he said. “I’m much less concerned about my agenda and much less worrying about whether I get feedback from them and much more able to just kind of enter into their world and be with them, even if it just means being present and silent.”

Father Joncas said family, friends and chaplains all helped him get through a difficult time in his life. Particularly memorable was when a priest friend celebrated the sacrament of anointing of the sick with him, which Father Joncas described as “shatteringly beautiful.”

“I’d done that for years,” he said. “But then to hear those prayers being applied to me was a whole new world.”

Another experience that touched him deeply was the first time he was wheeled on a gurney to attend Mass at the hospital chapel surrounded by other patients on gurneys, in wheelchairs and using walkers.

Although feeding tubes prevented him from receiving Communion that day, he said, “It was just so wonderful to finally be back praying in community — but unlike a lot of parish communities, realizing how broken most of us were.”

Today Father Joncas celebrates life and health with new eyes, he said. He continues to ponder what God was trying to teach him through his suffering. “I am a middle-aged, Caucasian male in this culture, and that means that we highly prize independence, autonomy, being in charge, being in control. And I had none of that. I had to completely rely on other people to do even the most basic things for me,” he said. “What I say now is I wouldn’t wish this on anybody. But I also think for me it was a great blessing.”

This article is reprinted with permission. It was originally published by The Catholic Spirit in St. Paul, Minn., whose award-winning website is TheCatholicSpirit.com.

The Catechism of the Catholic Church sets the stage for the anointing of the sick with the following explanation, excerpted from part two, section two, chapter two:

Every illness can make us glimpse death. Illness can lead to anguish, self-absorption, sometimes even despair and revolt against God. It can also make a person more mature, helping him discern in his life what is not essential so that he can turn toward that which is. Very often illness provokes a search for God and a return to him.

Christ’s compassion toward the sick and his many healings of every kind of infirmity are a resplendent sign that “God has visited his people” and that the Kingdom of God is close at hand. Jesus has the power not only to heal, but also to forgive sins; he has come to heal the whole man, soul and body; he is the physician the sick have need of. His compassion toward all who suffer goes so far that he identifies himself with them: “I was sick and you visited me.”

Often Jesus asks the sick to believe. He makes use of signs to heal: spittle and the laying on of hands, mud and washing. The sick try to touch him, “for power came forth from him and healed them all.” And so in the sacraments Christ continues to “touch” us in order to heal us.
The end of my public blogging days began with the conception of our fourth child in six years. We had always wanted at least four kids, but not exactly in that time frame — and the crazy reality of it brought me to my knees and drove me to find a new spiritual director.

A year and a half later, after heavy monthly conversations with my spiritual director and some serious soul searching, I decided to privatize my blog in January 2012 for my family’s security, to combat my root sin of vanity and to begin a more humble, hidden, full life.

I first began blogging in 2007 to keep in touch with everyone back home when my family moved to Texas for a year. When we returned home to Minnesota in 2008, I decided to start a new blog that would serve many purposes: as a living scrapbook of our family life; as an opportunity for me to process and write about what was on my heart as a believer, wife and mother; and to highlight any articles I might be able to accomplish as a freelance journalist, child-willing.

I’ll admit that I had some small notion of possible grandeur, that by some act of God, I might become one of those supercybermom bloggers whom I followed and envied just a bit, becoming one of the cool kids in the Catholic mommy blogging world with a regular guest column somewhere, devotees across the nation and maybe even a book deal down the road.

So I started watching my page views every single day, sizing up my stats by days, weeks and months, and began participating in Conversion Diary’s “Seven Quick Takes Friday” ritual in an effort to increase my blog’s visibility and popularity. I was not sure exactly who was reading about my precious family’s personal life, but I was secretly thrilled when I topped out at 300 views in one day and 3,000 views in a month.

That’s about when I had a major breakthrough with my spiritual director and truly figured out my root sin. As a convert I used to think it was sensuality then defaulted on the root sin of pride for a while. But it was my spiritual director who discovered that vanity was really what was going on with me. Vanity was not sitting in front of a mirror all day, as I had erroneously assumed. No, it meant worrying more about what other people were thinking than what God thought.

I hated to admit it to my spiritual director, but I had to: blogging was a main artery for my vanity and the
I hated to admit it to my spiritual director, but blogging was a main artery for my vanity eye I needed to pluck out. Cutting myself off from the blogosphere was the decisive way for me to turn away from the world so I could turn more toward God.

I realized that I needed to lessen my distractions from my relationship with Jesus, my husband and my kids. When I’m bored, lonely or seeking escape, the Internet is an all-too-willing enabler to turn away from the people I should be turning toward. Right now, I feel like I need to tend to the people who are right in front of me while they are here. The days are long, but the years are short.

So, I announced that my blog would be no more, invited only a handful of family members and far-flung friends to be my private readers and went dark.

And the sun still rose in the East.

When I was first detoxing from public blogging, it was hard for me not to be getting the kind of attention and the feel of camaraderie and community that came from page views and comments. I confess that I felt isolated, a bit friendless and a little empty on the inside at times.

But mostly a new capacity opened up in my family life, in which I could enjoy and be fully present in a moment for what it was — not documenting every minute, composing blog posts in my head, seeing things through my digital camera screen instead of with my naked eye, snapping the perfect shot of my kids or acting as their press secretary.

Whenever the hole left by blogging aches, I remind myself that only God could — and should — fill it for me. When I want to go to the Internet, I really should be going to Jesus.

Annamarie Adkins, a mother of four, writes from the Twin Cities.
Women are listening. 
Are we ready to share the truth?

by Angela Murphy

We have all heard the statistic thrown about so much last spring in the heated discussions about the contraceptive mandate: 98 percent of Catholic women use contraception. It sounds depressing, and the thought of trying to open the eyes and hearts of that large of a percentage of Catholic women, let alone others, seems daunting, overwhelming and even impossible sometimes to an NFP teacher like myself. But thanks to a new study from the Women, Faith, and Culture Project, we know that the real opinions of Catholic women are actually a lot more encouraging.

Emily Stimpson at CatholicVote.org provides a nice summary of the study:

“What Catholic Women Think: Faith, Conscience, and Contraception” was released in August by the inestimable Mary Hasson and her co-author, Michelle Hill. In great detail, it confirms what some of us have been saying all along: Catholic women’s attitudes about contraception are much more nuanced and diverse than MSNBC would have people believe.

In a nutshell, the study found that while only 13 percent of church-going Catholic women are completely on board with the Church’s teachings on family planning, young women (ages 18–34) are far more receptive, with 27 percent in full agreement with Rome.

Moreover, when the women in question are women who go to Mass weekly and have been to confession at least once in the past year, 37 percent stand with the Church on the issue of contraception.

Which is to say that more than a third of the women sitting in the pews on most Sundays believe and live what the Church teaches.

Furthermore, the study shows that even many of the women who aren’t 100 percent in line with the Church aren’t waiting to throw rotten tomatoes at anyone who dares utter the letters “NFP.” Forty-four percent of all Mass-going women accept at least some of the Church’s teachings on family planning. And 53 percent of those women say they are open to learning more about what the Church teaches. Half of younger Catholic women overall said the same.

Unfortunately, not all the news from the study is quite so cheering.

The results also show that somewhere along the line, 85 percent of Mass-going Catholics have picked up the idea that they can be good Catholics without following the Church’s teachings on contraception.

The statistics revealed by this study present a picture which is both encouraging and challenging. For
Catholics who already believe and live what the Church teaches about family planning, the study shows they are not alone. But for those same Catholics, and especially those who are serious about sharing the truth and beauty of the Church’s teachings on human sexuality with others, the study challenges them to persevere in their efforts. Because women (and men) are hungry for the truth and they are open to listening those who would speak it to them with charity and clarity.

Interestingly, CCL now has results that backs this up. The November 2012 issue of Linacre Quarterly (the journal of the Catholic Medical Association) contains an article authored by CCL Executive Director Mike Manhart that documents the attitude shift in couples being taught by CCL in the Diocese of Covington, Ky. In short, couples in CCL classes are indeed listening.

Covington is one of several U.S. dioceses that have recently required an NFP series as part of their marriage preparation program. Prior to the requirement, about 35 percent of the students being taught by CCL were already married, and only 40 percent came to class because they were required to. Since the requirement, 95 percent of Covington student couples are engaged and fully 75 percent are there solely because of the requirement. Current contraceptive use among students rose to 54 percent, as opposed to 27 percent prior to the mandate being in place.

The CCL teachers in the diocese learned quickly to start their classes with an acknowledgment that most really did not want to be there and to thank them for taking time to invest in their relationship. “We also had to learn that the unresponsive body language and less-than-enthusiastic responses should not diminish our enthusiasm,” Manhart said. “We saw these unspoken messages as reminders to warmly welcome our students where they were and to remember that we are working within His plan, not ours.”

Given the assumed poor student attitudes, the results they received after starting to survey the students at the end of the class series were a bit surprising:

- Fully 95 percent of students acknowledged that they had a better understanding of their fertility as a result of the class.
- When asked “How beneficial do you believe the content of this class will be to you?” 43 percent said “very beneficial,” 51 percent said “somewhat beneficial” and only 6 percent said “not beneficial.”
- When asked if they would recommend the class to a friend, an amazing 83 percent said yes!

Diving further into these responses, even among those who freely admitted that they came to the class with a poor attitude, a surprising 74 percent said they would now recommend the class to a friend.

“We’ve seen that behind those sometimes stony faces and bored body postures, our students really were listening and finding information of value,” Manhart said.

These two reports point to a still daunting challenge in winning couples over to NFP, but it is one that is clearly not impossible and still vitally important. If 85 percent of Mass-going Catholics think they can be good Catholics whether or not they contracept, those who know the truth must not be silent. Lack of conformity to Church teaching on sexuality constitutes a mortal sin, at least when done with full knowledge of the gravity of the act. Therefore, with the utmost charity, faithful Catholics must share the truth about the spiritual, emotional, relational and physical harm caused by contraception. And although we should always share the truth, regardless of success, we should be encouraged to know that Catholic women are listening. The secular culture and media would have us believe that the discussion is over, but it is not.

We should also encourage our

What Catholic women want to hear

- Testimonies from couples about the health and relationship benefits of NFP 23%
- Studies on NFP effectiveness 23%
- Doctor’s recommendation of NFP 22%
- Testimonies from couples about NFP’s effectiveness 20%
- Information on why NFP is pro-woman 20%

priests to speak out on this issue. Stimpson reports:

According to the study, 72 percent of the women rely primarily on the Sunday homily for their faith formation. Which means if they’re not hearing about the Church’s teachings on love and life there, they’re not hearing about them anywhere.

And many aren’t. For more than two generations, there has been only silence from the majority of our Church’s pulpits on the issue of contraception. Too many pastors and shepherds of souls have kept mum on the question, instead leaving it to the culture to form the Catholic conscience. Or, more accurately, malform the Catholic conscience.

The study doesn’t give us a reason for that. Anecdotally, we can hazard a guess that a little of the reticence stems from disagreement with Church teaching; much more from the fear of alienating parishioners.

The reality, however, is that people are open to hearing the truth, even from the pulpit. When I mentioned this study to a priest friend, he agreed, saying that when he recently preached on contraception he received only positive feedback regarding the homily. And that was at a large parish in the D.C. suburbs. Yes, some people may not like what they hear. But we could learn something from the secular media. If you say something enough times, people begin to hear and believe. Our culture bombards people with lies and misinformation constantly. It’s time to use the same tactic for speaking the truth.

And be encouraged: Many are listening.
Q: Who speaks for women?

**THEY SAY:**

On its website, the organization We Are Woman, which held a rally in Washington, D.C., on Aug. 18, asserts, “In just the past two years, we have seen...birth control attacked, Roe v. Wade threatened and the rise of personhood laws that criminalize miscarriages and demonize women. The facts are clear: This is a war on women, and we will fight back.” The presumption of We Are Woman is likewise clear: This organization believes it speaks for all women.

**THE FACTS:**

Dr. Helen Alvare, founder of Women Speak for Themselves, exposes one fact that WAW has conveniently ignored: “It defies reason that a few groups could speak for all women on issues of life, family, sex and religion.”

In February WSFT sent an open letter signed by more than 31,000 women to the White House, Congress and Kathleen Sebelius, secretary of health and human services, “demanding respect both for religious freedom and for an understanding of woman’s freedom and equality that goes beyond ‘free contraception.’”

One woman, who identified herself as pro-choice, signed WSFT’s letter because she “expect[s] the government, in compliance with the Constitution, to protect every person from being coerced into acting in a manner contrary to his or her conscience.”

One woman, who identified herself as pro-choice, signed WSFT’s letter (found at www.womenspeakforthemselves.com) because she “expect[s] the government, in compliance with the Constitution, to protect every person from being coerced into acting in a manner contrary to his or her conscience.”

Q: What do women in impoverished countries really need?

**THEY SAY:**

Melinda Gates seems to believe that the most helpful thing an affluent society can do for women in impoverished countries is ship them birth control. “The Bill & Melinda Gates Foundation is spearheading a drive to distribute contraceptives in impoverished countries, and Melinda Gates — who is described in news stories as a ‘practicing Catholic’ — insists that the initiative ‘makes sense’ to most people,” reported the Al Kresta radio show on July 18.

**THE FACTS:**

Melinda Gates does not speak for all African women. Obianuju Ekeocha, a 32-year-old Nigerian woman and biomedical scientist, has written an open letter to Melinda Gates expressing a very different view. “Growing up in a remote town in Africa,” Ekeocha writes, “I have always known that a new life is welcomed with much...joy...With all the challenges and difficulties of life in Africa...I have never heard a woman complain about her baby (born or unborn).”

When Ekeocha learned of Gates’ plan, she immediately recognized its potential “to stifle love and life in our continent...[and] replace the legacy of an African woman, which is her child, with the legacy of ‘child-free sex.’ “

Ekeocha predicts that Gates’ intended “gift” will bequeath to Africa only “misery...unfaithful husbands...streets devoid of the innocent chatter of children...dis-ease and untimely death...and a retirement without the tender loving care of our children.”

Ekeocha goes on to point out that Africa is not equipped with the resources — such as reliable emergency medical care and safe disposal of waste — required to protect it from the health and environmental dangers posed by artificial birth control. She begs Mrs. Gates to redirect her wealth to the provision of the things Africa really needs, including “good healthcare systems...food programs...higher education...micro-business opportunities...[and funding for] established NGOs...aimed at [eliminating] sex-trafficking, prostitution, forced marriage, child labor, domestic violence, sex crimes, etc.”

If she heeds this advice, writes Ekeocha, Gates can transform her legacy into one “that leads life, love and laughter into the world in need.”

Help Marian spot misinformation about NFP!
Send tips to nfpfacts@gmail.com.
I am more grateful than I can even express. NFP brought my husband and I together on a level we had never imagined. It further led us to understanding the beauty of the Church’s teaching and sharing that with young couples. It was a definite life-changer for us! Jan Boeding

No hormones polluting my body! Heidi Kerkhof

Through charting I have been able to be in touch with how my body works! It helped me find an ovarian cyst that needed to be removed along with my ovary and tube. It could have been a lot worse without NFP’s help with early detection! Melanie Reagan

NFP is not only good for the environment, my body, my soul, my family, and my relationship with my husband, but it’s God’s will. Amanda Stewart

If it wasn’t for NFP, my daughter wouldn’t exist. I have PCOS, and knowing NFP plus working with a doctor to help my cycles helped us conceive much sooner than we would have otherwise. Sarah Babbs

It is the great secret the world wants to keep from us! Love your body! Love your husband! Love your kids! Love being a family! Love life! Love God! He gave us boundaries for our good. NFP teaches us how to live in those boundaries. Gerri Namuth
My wife feels 100 percent better not being on birth control, and I live with much deeper peace!!  

Douglas Sousa

I love not putting my body through unnecessary harms or trying to fix something that isn’t broken — like my fertility. And the marriage my husband and I have is beautiful; the lines of communication are open, honest and full of love.

Melanie Edwards

The No. 1 reason I’m grateful is that I do not have to depend on something so artificial and harmful as artificial birth control just to be intimate with my husband.  

Sally Casey

NFP opened up a whole world of awareness about my body. I discovered there is so much more than “that time of the month” surrounded by all the stigmas and negative inconveniences we are set up to deal with as young girls. I love that it’s based in science and I love even more that it coincides with my faith. It is true whole health.  

Carolyn Svellinger

Love being able to rely on God’s grace each month to discern his will for our family.  

Julie Kiefer

NFP is one of those things in life that you may come to appreciate in hindsight...our Heavenly Father knows what is best for us and through the struggles and joys he is teaching us more and more about trust...that is the major spiritual benefit with NFP!  

Nicole Jaramillo

I’m grateful that my wife and I are following God’s plan and embracing our gift of fertility and not following the ways of the world, even though it is very difficult at times.  

Joe Obringer

Glad to have something that doesn’t screw up the wife’s system.  
I like my woman like my chicken: organic!  

Josh Beckman

NFP has empowered me as a woman. I always know more about my body than the doctors. I am in control of my sexuality and working in unity with God and my husband. I am grateful that I can trust and predict my cycles; I know when I’m probably going to be a little moody or tired. Finally, I am grateful for the relationship it has built between my husband and myself. We still have an amazing love life 14 years later and are bound together in an amazing way.  

Kelli Phillips-Porter

Un-contracepted, natural sex is better. Sex is exciting when it might bring another child into being. Even if the couple is hoping to postpone, there is always knowledge that it might happen this time, which is seen a blessing.  

Andrea Abate

As a newlywed, I love that my husband and I work together in understanding how my body works; the birth “control” is not all on me! We work as a team and, as a feminist, that was really important to me.  

Scarlet Gross
Most of us have encountered at least some minor NFP challenges, such as dealing with abstinence or interpreting the occasional atypical cycle. But when faced with a serious illness, the practice of NFP takes on a whole new dimension.

In addition to the illness itself, couples must usually navigate the possible side effects of strong medications taken for the illness — medications that may negatively impact their fertility cycles or harm a newly conceived child, if they were to become pregnant. The NFP stakes are raised substantially.

Is it possible to practice NFP during such times? Yes but with reservations. In this article I will outline the experience of one couple who traversed this path after the wife learned she had breast cancer.

Uncharted territory

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Dr. Donald Higby, an oncologist and NFP advocate, cautions that “steroids, which are frequently given in high doses during chemotherapy, can really throw a woman’s hormonal balance off.”

He further states that “the effect on the female cycles of pulses of steroids is somewhat unpredictable. Given in the middle of the cycle, it could suppress ovulation.” Add this unpredictability to the potential infertility that some of the cancer medications induce, and one can see how they might produce uncertain effects. “Chart anyway,” Dr. Higby universally recommends.

What to do

How then can couples make prudential decisions when faced with such a dilemma? Of primary importance is for the couple to engage in discussions with the woman’s oncologist as well as an NFP-supportive doctor, if at all possible. Each case is very individual and the physicians’ input is necessary before making any decisions regarding the interpretation of their charts. Do the doctors know whether the medications produce amenorrhea or a menopause-like state? If so, can a couple use the Mucus Patch Rule, as CCL recommends during the postpartum and premenopause transitions? If a woman takes strong medications that produce a menopause-like state, a parallel inference could be made that the Mucus Patch Rule might also be applied in these situations. No research has ever been conducted, however, to study the effectiveness of applying rules like the Mucus Patch Rule while taking strong cancer medications. Frankly, the effectiveness of any rules during this time is hypothetical.

CHART REVIEW
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by Vicki Braun

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One actual case

Shelly (not her real name) was diagnosed with breast cancer when she was nursing her 18-month-old daughter. Approximately one month later she had a mastectomy. She and her husband were able to identify Phase III of that cycle (Chart 1) with the Sympto-Thermal Rule as beginning on the evening of Cycle Day 22. Two of the medications she was on from Cycle Day 20 through the beginning of her next cycle — diazepam and lorazepam — have no documented effect on fertility signs. However, the third medication — the pain medication oxycodone — has the potential of drying up the mucus. Nevertheless, this did not interfere with the couple’s interpretation in this case as Shelly started it after her Peak Day.

Once chemotherapy treatments commenced, Shelly became too sick to take her waking temperatures, and her mucus signs were “all over the place” (see Chart 2; note that the numbering of these charts is not sequential, but rather a representative sample of her charts at the time). Both her illness and uncertain fertility signs made the decision to abstain from marital relations necessary.

Notice that Shelly did experience another bleeding episode. Without the temperatures documented on this chart, we cannot confirm whether this cycle was ovulatory and the bleeding episode a true menstruation. A little over halfway through her treatments, Shelly
began to observe days of no mucus sensations and no characteristics and an absence of bleeding episodes for an extended period of time, likely due to the effects of the chemotherapy medications. The couple then decided to resume marital relations after applying the Mucus Patch Rule (Chart 3).

About 10 months after her mastectomy, Shelly began tamoxifen treatment. Tamoxifen is an anti-estrogenic drug used to treat and prevent breast cancer. It can cause different patterns of mucus, or possibly no mucus, amenorrhea, etc. In Shelly’s case, she observed varying kinds of mucus, prompting the couple to abstain further, which contributed to frustration in their marriage because of the inability to be intimate (Chart 4). Because Shelly’s breast cancer was estrogen negative, not estrogen positive, she discussed with her doctor the possibility of discontinuing tamoxifen, who agreed to her request. His decision was likely based upon research data which has found “no conclusive data on survival to support treatment with tamoxifen in women with estrogen negative breast cancer. Treatment with tamoxifen in these patients is not recommended at this time.”2 After discontinuing tamoxifen, Shelly noticed a return to dry days or days with only tacky mucus characteristics, and the couple was able to apply the Mucus Patch Rule until her fertility (and ovulation) returned.

Take home lessons

When faced with serious health-related issues that can impact the practice of NFP, be sure to consider the following:

1. Dialogue with your health care provider and seek advice from an NFP-supportive doctor as well. See www.omsoul.com for NFP physicians.

2. Engage your health care providers (including pharmacists) in determining possible fertility side effects of the medications you will be taking but realize that you may need to be your own advocate on finding out this information.

3. Check with CCL Central for additional insights into assessing your fertility signs.

4. Pray with your spouse for guidance and wisdom. Know that at the end of the day you two will have to decide as a couple how you will interpret and use the fertility information your body is providing; fertility awareness rules have not been studied during such circumstances.

5. Ask CCL to pray for you; we would be glad to.

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In this completely updated and expanded edition, Shannon identifies the specific nutrition and targeted supplementation that can be used to overcome cycle problems or improve fertility.

Learn self-care for:
- Premenstrual syndrome (PMS)
- Painful or heavy periods
- Polycystic ovary syndrome (PCOS)
- Infertility
- Repeated miscarriage
- Pregnancy
- Perimenopause
- Stress and energy
- Male fertility and reproductive health

Got questions? CCL has answers.

Face it. The Catholic Church’s teaching on marital love is one of the most rejected teachings, but also one of the most misunderstood. Here are some resources to help yourself — or someone you know — better understand the beauty and truth that the Church continues to uphold.

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- Is NFP Good? by Revs. Richard Hogan & John Le Voir
- The Human Body...a Sign of Dignity and a Gift by Rev. Richard M. Hogan
- Marriage is for Keeps - Wedding Edition by John Kippley
- Birth Control & Christian Discipleship by John Kippley

BROCHURES
- What Does The Catholic Church Really Teach About Birth Control?
- From Contraception To Abortion To Columbine
- What’s Wrong With Contraception?
- Until Death Do Us Part
For to His angels
He’s given a command
to guard you in all
of your ways.
— Father Michael Joncas
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