NATURAL FAMILY PLANNING
A new breed of doctors proclaiming the message of women's health and happiness

Drs. Alexis Simon, Brooke Jemelka, Gavin Puthoff, Kathleen McGlynn, Simon Patton and Jacob Peyton are resident physicians in the OB/GYN Residency Program at Mercy Hospital in St. Louis. The six plan to specialize in natural family planning in their future practices. See Natural Family Planning, Pages 15-17.

More confusion
Cardinal Dolan says mandate still causing confusion, needs advocacy, education. PAGE 23

Ring bling
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NATURAL FAMILY PLANNING

A new generation of medical professionals is embracing true women’s health through the new scientific approach to natural family planning

BY JENNIFER BRINKER
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It was a month before she had to decide her specialty in medical school, and Brooke Jemelka found herself at a crossroads.

She had been concentrating on pediatrics during her studies at Texas A&M University, but by the end of her third year, she was starting to question what she wanted to do with her life.

Then she delivered her first baby, “and my whole life changed,” said Jemelka, a native of Yoakum, Texas.

As a Catholic, she was involved in pro-life activities, including sidewalk counseling, pro-life rallies and more. It was later that she realized that was preparing the way for a future in obstetrics and gynecology.

“I felt like there was no way I could not be doing God’s work,” she said.

Today, Jemelka is one of six — yes, six — resident physicians in the OB/GYN Residency Program at Mercy Hospital in St. Louis who plan to specialize in natural family planning in their future practices. As part of their training, the residents currently are caring for uninsured and underinsured women who come to Mercy’s JFK Clinic.

Each of them has a different story of how they became involved in medicine, but all of them agree that God put them in the place where they are at now for a reason. While doctors here and around the nation who specialize in natural methods of fertility care are still considered the minority, all of these residents have encountered many women who want to know the truth about their fertility through the use of NFP.

The reaction

First-year intern Jacob Peyton of Argyle, Texas, said as a Catholic, his family and friends were very supportive of his decision to focus on natural family planning. However, as a student at University of Texas Southwestern Medical School in Dallas, he said almost no one was familiar with current natural family planning methods.

“They thought it was impossible to do OB/GYN without prescribing contraception,” he said.

Second-year resident Gavin Puthoff, a native of Austin, Texas, admitted he tried talking himself out of pursuing obstetrics and gynecology, but he realized, like the others, that “for most of us, a big part of what we do everyday is God’s work.”

Jemelka, who is a fourth-year resident, said she, too, was told by many during her medical school days that they “thought I was hanging myself out to dry” by focusing on natural family planning. Next year, she will be moving to Omaha, Neb., for a fellowship program at Pope Paul VI Institute for the Study of Human Reproduction.

Founded in 1985 by Dr. Thomas Hilgers, the institute is the home of the Creighton Model FertilityCare System, one of several Church-accepted natural methods of fertility regulation. It also is the force behind NaPro Technology, a medicine-based health science that monitors and maintains a woman’s reproductive and gynecological health, all within the realm of Church teaching. (See related story.)

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THE NEW FACE
of Natural Family Planning

NFP

From Page 15

Merry's support

While it’s common knowledge that practicing NFP-based medicine isn’t exactly mainstream these days, the residents and others have heaped their praises on Mercy for welcoming them into the program.

Jemelka said she interviewed with more than 17 residency programs around the country and found the process discouraging. Several of those programs, including some at Catholic hospitals, even told her that she wouldn’t be able to practice medicine “according to my moral conscience.”

She said the rejection she received from Mercy was, thankfully, much different.

“This was a non-issue at Mercy,” she said. “Even on my first interview, I felt accepted and not judged based on my religious beliefs. I knew that my beliefs would be supported fully, much different.

First-year intern Alexis Simon, said she, too, has been pleased with her decision to come to Mercy for residency.

“I know that my beliefs aren’t exactly mainstream, but nearly every person I’ve worked with has been supportive of me,” she said. “I felt so blessed to have been welcomed into this program.”

K. Diane Daly, supervisor of the Department of Fertility Care Services at Mercy and director of the Archdiocesan Office of Natural Family Planning, said she gives “a lot of credit to Mercy for the support they give to these residents, for the hospitals that support these NFP programs, and to the archdiocese for the support they give to all models of natural family planning, which help empower women to be partners in their health care.”

St. Louis as a leader in NFP

It has been a slow and quiet process, but St. Louis is emerging as a leader in NFP-based health care. That’s a sentiment being echoed by Catholic health care organizations around the country.

Besides the six residents, there are five other OB/GYN doctors practicing in St. Louis. There are also several family medicine doctors, not to mention nurse practitioners, nurses and others who teach four methods of NFP here. (See related story.)

“I think St. Louis certainly has emerged as a real powerhouse for natural family planning,” said John Brehany, executive director and ethicist with the Catholic Medical Association. “Mercy Hospital in St. Louis has had an outstanding FertilityCare Services clinic since the 1970s, there is a strong Catholic Medical Association guild there with several all-NFP OB/GYNs, and the Archdiocese of St. Louis has provided substantial support over the years. I don’t know of any city or diocese which is doing it better.”

Daly, who travels around the world to teach and supervise programs in natural family planning, said she is seeing St. Louis emerging as the forefront of fertility care through natural family planning.

“It’s not the old rhythm method that your grandmother once used,” she said. “St. Louis has been outstanding in its support and program.”

Take charge of your fertility through NFP

Women observe the external mucus that is produced when estrogen is alarming them to approaching ovulation. When progesterone is high, cervical crypts produce a thick mucus that is very difficult for sperm to penetrate and usually not visible externally.

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Vatican workshop looks at helping couples overcome infertility

BY CINDY WOODEN
Catholic News Service

VATICAN CITY — The majority of the world’s fertility specialists have spent so much time and effort trying to promote and perfect in vitro fertilization that they have wasted resources and time that could have been used to find ways to prevent and treat infertility, a U.S. physician told a Vatican audience.

“Infertility is a symptom of an underlying condition,” and too many physicians do not even attempt to find the cause and treat it; they simply recommend in vitro fertilization, said Dr. Thomas W. Hilgers, a member of the Pontifical Academy for Life and director of the Paul VI Institute for the Study of Human Reproduction in Omaha, Neb.

Hilgers was one of 16 speakers at a workshop Feb. 24 sponsored by the Pontifical Academy for Life to discuss the latest research on the causes, prevention and treatment of infertility.

“We want to offer a contribution to try to reduce as much as possible this phenomenon, which makes it impossible for so many people to procreate a child and to satisfy their just desire for responsible parenthood,” Bishop Ignacio Carrasco de Paula, academy president, told the Vatican newspaper, L’Osservatore Romano.

In an interview with Catholic News Service, Hilgers said, “There are 9.5 million women in the United States who have some type of fertility problem. Of those 9.5 million women, less than 0.5 percent of them had a baby last year by IVF,” a method in which a woman’s eggs are removed, united with sperm in a laboratory, and then implanted in the womb of the mother or a surrogate.

The Catholic Church teaches IVF is immoral. “First of all, because fertilization does not take place through the sexual union of a husband and wife, but also because of the number of fertilized embryos that usually are destroyed or frozen.”

“We women go to the IVF clinic with an underlying disease and they walk away from these clinics with the same disease,” Hilgers told participants at the workshop.

Hilgers said his Natural Procreative Technology, presented at the conference, is the result of more than 35 years’ work on treating the causes of infertility, including endometriosis, tubal adhesions and polycystic ovaries.

NaProTechnology includes diagnostic methods as well as pharmacological and surgical treatments aimed at allowing couples to conceive naturally.

Richard Doerflinger, associate director of the U.S. bishops’ Secretariat for Pro-Life Activities and a member of the pontifical academy, said many people mistakenly believe that in the field of fertility, the Catholic Church is against the use of advances in medicine and science.

Procreation “is more than just another bodily function. This is something with an inherent meaning and must be treated with respect and care. The treatment the physicians are speaking about here today — hormonal treatments, surgery, changing behaviors that can interfere with fertility — these are all things the Church can enthusiastically endorse.”

Research is beginning to demonstrate some of the problems with in vitro fertilization, he said.

Learning the hard way about the great benefits of NFP

BY JENNIFER BRINKER
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Tonight, as I was nursing my three-month-old son, I came across another writer taking yet another swipe at the Church and its position on the HHS health care mandate business.

Just the week before, I also had seen an image, courtesy Planned Parenthood, which pictured five religious leaders, all men, as they testified before Congress against the mandate. The caption? “What’s wrong with this picture?” as it went on to lambast “anti-birth control lawmakers” for disallowing women a voice in sharing how birth control should have a role in women’s health.

As a Catholic woman, I’ve had it with these weak arguments in favor of birth control (including the false argument that 98 percent of Catholic women have used birth control in their lifetime), and the insinuation that women want — even need — birth control.

My fellow Catholic sisters, you should be fed up, too.

As the Church continues its fight against the mandate on the grounds of religious liberty (Oh, and by the way, the Lutherans, Southern Baptists and others have joined us, too) there’s been an interesting parallel discussion going on about artificial contraception and why women “need” it. The birth control issue, it seems, has gone from the elephant in the room to front and center.

Somehow, women have been conned into thinking that the pill helps them take control of their fertility. And why should we believe otherwise? For exactly 28 days, each pill, meticulously delivering the exact amount of hormones, presents a perfect cycle, from start to finish. Have sex, don’t worry about producing babies until you’re ready. What could be better, right?

Problem is, it’s just placing a mask on top of a woman’s true fertility.

And I had to learn that the hard way.

Like many older young women in college these days (and many high school girls, too), I went on the birth control pill right before I got married. In a way, it was a rite of passage. I told my OB/GYN at the time my husband-to-be and I didn’t want to have kids right away, so she offered me a prescription for the pill. It was a no-brainer.

I should have known then what havoc it would wreak on my body. I remember right after my first dose, I began experiencing horrible cramping. Totally normal, my OB/GYN instructed. It will take your body a little while to get used to the change in hormones.

Several years of wedded bliss passed, and my husband and I decided we were finally ready to welcome children into our lives. I went off the pill. But as I quickly discovered, my cycles were not normal anymore.

It started with the brown bleeding. Then the irregular bleeding at various points in my cycle. I was confused. This wasn’t what I remembered my cycles to be before I went on the pill. It was then that I realized how really I was in control of my own fertility while I was on the pill.

After more than six months of trying to conceive, I finally went back to my doctor. I told her, “I don’t think this brown bleeding is right.” She wrote it off as normal. At my urging, we tested my progesterone level; it was low, but good enough to conceive, she said. Something didn’t quite settle with me, though. I started reading everything I could about fertility and charting my own cycles.

Out of desperation, I emailed Diane Daly, director of the archdiocesan Office of Natural Family Planning. I had befriended her through my work as a reporter for the Review and told her my whole story. I admit, I was embarrassed at the time. For years, I had been writing about the good work that her office did with NFP, but at the time, I told myself that personally, NFP wasn’t for me.

Diane didn’t bat an eyelash. She said, “Come see me.”

For the following months, we got down to the work of charting my cycles using the Creighton Model FertilityCare System. Not only did we discover that my low progesterone was a problem — in that it had the ability to hinder my chances of carrying a baby to term — but also that potential fibroids and endometriosis, based on the irregular bleeding, were potentially contributing to my infertility.

That, my friends, was empowering.

I could have been devastated by the news; but instead I took it as an opportunity to understand more about how my body works.

Diane referred me to Dr. Brian Gosser, a Catholic OB/GYN who specializes in NFP. He looked over my charting history and immediately scheduled me for a laproscopy to see what was causing the irregular bleeding. The result: confirmed endometriosis and low progesterone, which were treated with a removal of the endometriosis and the addition of a natural progesterone compound to boost that hormone.

A month after surgery, I became pregnant.

We lost our first baby to miscarriage, but after several more months of trying, my husband and I conceived again. Our first born was a healthy baby girl, Lauren Julia. We just had our second baby, a boy, Evan Joseph, last fall.

So for those who say the fight against the birth control mandate is merely being fueled by a bunch of old, celibate guys in pointy hats, trying to tell women what to do with their bodies, you’re wrong. This woman has control over her body, and she doesn’t need a pill to make it happen.

And there are many more women like me who are out there.

Ladies, this is the time for us to start sharing our stories. And start taking back our natural fertility.

Pregnancy rates are really very low, live-birth rates are even lower, the great majority of embryos produced by IVF are discarded or lost and now studies are beginning to come out documenting increased risk of birth defects and other problems in the babies conceived that way,” Doerflinger said.

Jennifer Brinker