Planned Parenthood: Denying the Medical Science of Fertility Awareness

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On Point

Planned Parenthood data analyzed by the Charlotte Lozier Institute reveal that, over its past five years of annual reports, Planned Parenthood’s client numbers have declined by 20 percent – from 3 million to 2.4 million. This decline stands in stark contrast to Planned Parenthood’s success as a colossal moneymaker: indeed, while enjoying the protective tax status of a non-profit organization, Planned Parenthood has collected annual excess revenues of between $50 and $100 million over the past seven years. The decline in unique patients is mirrored in its smaller service counts across the board, with one notable exception – induced abortion holding steady at a third or more of the U.S. total.

Mega-donors such as foundations funded by Bill and Melinda Gates, George Soros, and Warren Buffett apparently have failed to keep up with the organization’s dwindling return on investment. Or they simply do not expect to see certain results from their contributions. In any event, several factors might account for Planned Parenthood’s shrinking roster of both clients and overall services despite hefty support from wealthy private donors. Planned Parenthood’s paltry return on a half-billion dollars in monetary support from both federal taxpayers and private funders may reflect – at least in part – the organization’s failure to keep up with advances in women’s health and reproductive science.

Witness, for example, recent claims by retiring Planned Parenthood President Cecile Richards that contemporary models of Natural Family Planning (NFP), based on fertility awareness, are “bringing back” the so-called “Rhythm Method.” During an interview with Tina Brown on December 4, 2017 at the Women in the World Texas Salon, Richards exclaimed it is “crazy!” that the current White House administration would seek to “redirect” federal support away from Planned Parenthood and its artificial birth control programs. Richards argued that supporting fertility awareness models of family planning is equivalent to going “back to the Rhythm Method.” She further opined that support or use of Natural Family Planning by anyone who might wish to eschew chemical, mechanical, and other artificial methods is “completely insane.”

Such mockery reflects a woeful ignorance of major studies in women’s health and reproductive science that have been conducted since at least 1972, when Drs. Evelyn and John Billings of the Melbourne (Australia) University Department of Obstetrics and Gynecology published in The Lancet their findings on the “Symptoms and Hormonal Changes Accompanying Ovulation.” This first of numerous publications was soon followed by more peer-reviewed science in the British Medical Journal, the Medical Journal of Australia, the American Journal of Obstetrics and Gynecology, and Acta Eur Fertil, to name but a few. Research on the Billings Ovulation Method of natural family planning and other models quickly revealed the precision with which women, couples and clinicians can identify the fertile phase of the female ovulatory cycle. Unlike the so-called “Rhythm” or calendar method, which used information about previous cycle lengths to predict future days of fertility, Billings and modern fertility-awareness-based methods (FABMs) employ a
growing body of science that enables women to easily track the signs of the female cycle to identify the potential days of fertility in real time.

Even before 1991, when Dr. John Billings published data constituting “The validation of the Billings ovulation method by laboratory research and field trials,” research on fertility-awareness-based methods of NFP had proliferated widely. By the early 1980s Dr. Thomas Hilgers and colleagues were publishing in Obstetrics and Gynecology multiple articles on what has come to be known as the Creighton Model of Natural Family Planning and NaPro Technology. Hilgers and colleagues would further publish in the Journal of Reproductive Medicine, the New England Journal of Medicine, and other major peer-reviewed journals.

Throughout the 1980s and 1990s, studies of fertility-awareness-based methods of NFP were not limited to the United States. In India, for example, a 21-month study looked at efficacy of the Billings Ovulation Method for 32,957 woman-months of data collected. Researchers found that 21 women experienced an unintended pregnancy while following the method correctly, resulting in an unintended pregnancy rate of only 1.1 per 100 users at 12 months. With typical use, the unintended pregnancy rate was observed to be 10.5 per 100 women users at 12 months; meaning, the Billings Ovulation method showed an effectiveness rate of almost 99 percent with correct use and 90% with typical use. More recent studies of the Sympto-Thermal method conducted in Germany showed even higher effectiveness rates. In this 2007 study, data from 900 women with 17,638 cycles were analyzed and the unintended pregnancy rate was 0.43 per 100 women and 13 cycles with correct use and 1.79 per 100 women after 13 months, resulting in effectiveness rates of more than 99% with perfect use and 98% with typical use.

Planned Parenthood’s Richards is not the only recognized leader in women’s health to be remarkably ill-informed regarding the efficacy and appeal of fertility-awareness-based methods of natural family planning. A 2010 survey of gynecologists and family physicians showed only 3-6% of them had correct knowledge of the effectiveness of NFP methods with correct use. Study findings shared in 2012 by Marguerite Duane, MD, MHA, FAAFP, et al. showed that among 120 family medicine residency programs surveyed, more than one-half of women’s health faculty members were not familiar with modern methods of NFP, and 25% of these programs did not include NFP in the women’s health curriculum.

Using the Strength of Recommendation Taxonomy to review FABM studies published in peer-reviewed journals between 1980 and 2012, Duane and colleagues found that, with typical use, the effectiveness of individual methods ranged from 85.8% to 98.4%, based on high-quality studies. The researchers noted that commonly cited figures placing NFP effectiveness at 76% or worse reflect some data analysts’ practice of “lumping together” evidence-based, fertility-awareness methods with the clearly outdated “calendar” or “Rhythm” method. This oft-quoted, albeit misleading statistic, which is promulgated by
the CDC, is also based on retrospective surveys, rather than prospective clinical trials of individual methods.

Publishing more recently in *Frontiers in Medicine* (2017), Drs. Peter Danis, Sally Kurz and Laura Covert observe that “[s]tudies of modern FABMs, including the Creighton Model Fertility Care System, the Marquette Model, and a symptothermal method, show that the typical unintended pregnancy rates can be comparable to other commonly used contraceptives.”

Danis and colleagues, like Duane and colleagues, have found that traditional medical school curricula in the U.S. have not addressed fertility-awareness-based methods (FABMs) of family planning, despite ever-increasing evidence of their effectiveness. The curriculum gap persists despite the fact that many women and couples find the methods to be healthful and empowering, and despite the fact that physicians with knowledge of these methods can use a woman’s chart to assist in the diagnosis and treatment of gynecologic problems including PMS, abnormal bleeding, and infertility.

Fortunately, the tide is changing, aided in large part by demands from women themselves for greater choice and control over their reproductive health. Concomitant with the “greening” of society as a whole, and explosive interest in environmentally friendly consumer products, we have seen the growth of organizations such as “Natural Womanhood” and the rejection of artificial birth control methods, by women’s health advocates such as Holly Grigg-Spall, author of *Sweeting the Pill: or How We got Hooked on Hormonal Birth Control*. Research by Dr. Victoria Jennings, *et al.*, of the Georgetown University Institute for Reproductive Health, is being conducted partly in response by demands from more than 220 million women worldwide who wish to avoid the side effects associated with chemical and mechanical methods such as hormonal contraception, intrauterine devices, *etc.* Other researchers also note the desire of many women in the United States and globally to avoid common artificial methods that are now known to be potentially abortifacient. Thus it is fitting that the American Academy of Family Physicians Commission on Education now recommends that FABMs counseling be included as one of the core skills in Maternity and Gynecologic Care Recommended Curriculum Guidelines, and the American College of Obstetricians and Gynecologists recommends that even adolescents should learn to track cycles.

One brief cautionary note here: A growing number of electronic “Fertility Apps” for tracking cycles are being advertised today, some more effective than others. Clinical evidence shows that some apps are very effective in combination with proper training in FABMs. However – and as always – women and couples should consult the evidence, and not rely on mere marketing or personal "impressions" (Cecile Richards, please take note).
Opportunities abound for clinicians and the public to learn more about FABMs: for example, in February 2018, FACTS, the Fertility Appreciation Collaborative to Teach the Science offered a Symposium for Healthcare Professionals and Students on Modern Fertility Awareness. The learning objectives for the symposium were reviewed and the live activity was acceptable for up to 5.50 prescribed credit(s) by the American Academy of Family Physicians. In addition to CME credits, advanced practice nurses and other eligible professionals could earn CEs/CEUs respectively. Furthermore, FACTS offers live webinars on a monthly basis, including continuing medical education presentations for healthcare professionals and students and an introduction to FABMs for a general audience.

Ms. Richards and Planned Parenthood staff would be well advised to join other women and professionals in learning the facts.

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4 Planned Parenthood Federation of America. Planned Parenthood Annual Report 2016. See https://www.plannedparenthood.org/uploads/filer_public/18/40/1840b04b-55d3-4c00-959d11817023ff8/20170526_annualreport_p02_singles.pdf. The report is for the fiscal year ending June 30, 2016. The government funding figure includes both federal and state receipts. See also https://www.google.com/search?q=Planned+Parenthood+Action+Fund+%2415+million+2016&oq=Planned+Parenthood+Action+Fund+%2415+million+2016&gs_l=psy-ab.3...4571.5355.0.6251.4.4.0....0...1.1.64.psy-ab..1.0.0.gel2B1NKFBE.


11 Ibid.


17 Work by Dr. Hilgers and his colleagues has appeared in Fertility & Sterility, the Journal of Ultrasound Medicine, the Journal of Laparoendoscopic Surgery, Linacre Quarterly, as well as Issues in Law and Medicine, et al.


25 Danis et al. cite:


Natural Womanhood is woman’s health literacy organization based in San Antonio, Texas: https://naturalwomanhood.org.


Additional information at http://www.factsaboutfertility.org/research/