2012 AAFCP Outstanding Research Paper Award

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I have no financial interests or disclosures in the subject matter or with authors of the discussed publications.
AAFCP
Outstanding Research Paper Award

- Review papers considered for the award
- Presentation by the Award Winner
- Presentation of the Award
Selection Process

- Call for papers announced:
  - AAFCP website and newsletter
  - IIRRM website
  - NFP Professionals list serve
  - CMA website

- Journals Reviewed
  - American Journal of Obstetrics and Gynecology
  - Fertility and Sterility
  - Human Reproduction
  - Journal of Women’s Health
  - Linacre Quarterly
  - Obstetrics and Gynecology

- Current Medical Research USCCB
  - Compiled by Richard Fehring
Selection Process

- Members of the Scientific Committee
  - Julia Cataudella, MD, CCFP, NFPMC, FCP
  - Annette Firkus, RN, CFCP
  - Thomas Hilgers, MD, CFCMC, CFCE
  - Amy Hogan, MD, CFCMC
  - Kathleen Talkington, BA, CFCP
  - Elizabeth Tham MD, CFCMC
  - Maria Wolfs, MD, M.H.Sc, FRCP

- Ad Hoc
  - Paul Kortz, RN
Selection Process

- Quality of Research
- Impact on Fertility Awareness and NaProTECHNOLOGY
- Adherence to Ethical Standards of the AAFCP
- Natural procreative technology for infertility and recurrent miscarriage: Outcomes in a Canadian family practice.
  - Elizabeth Tham MD CCFP FCFP, Karen Schliep PhD MSPH, Joseph Stanford MD MSPH

- Significant Risks of Oral Contraceptives (OCPs)-Why This Drug Class Should Not Be Included in a Preventive Care Mandate.
  - Rebecca Peck, M.D., C.C.D., and Charles W. Norris, M.D.

- Descriptive Statistical Evaluation of the Standard Days Method of Family Planning
  - Mary Schneider and Richard J. Fehring, Ph.D., R.N.

- NaProTECHNOLOGY (Natural Procreative Technology)- A Multifactorial Approach to the Chronic Problem of Infertility.
  - Phil Boyle MD, Joseph Stanford MD, MPH

- The Evaluation and Treatment of Cervical Factor Infertility-A Medical-Moral Analysis
  - Catherine E. Keefe, M.D., Renee Mirkes, O.S.F., Ph.D., and Patrick Yeung Jr., M.D.

- Efficacy of a New Postpartum Transition Protocol for Avoiding Pregnancy.
  - Thomas Bouchard, BSc, MD, Richard J. Fehring, PhD, RN, FAAN, and Mary Schneider, MSN, APRN
- Only covering highlights and main points
- This is not a critical analysis of each paper
Recent HHS mandate of all FDA-approved methods of contraception
- As part of preventive women’s health.

Mirrors widespread notion in the medical community that OCP’s are good for “prevention.”

Yet fertility and pregnancy are not diseases

Further, OCP’s cause disease
Focus on Cardiovascular Risk, Breast Cancer, and Cervical Cancer

Cardiovascular

- Venous Thromboembolism
  - Risk increased for all OCP’s based on estrogen dose and progestin
  - 3 to 5 times greater risk; ~ 1 extra death per 6,000 woman years for newer OCP’s; 1/250 for smokers
  - Highests risk for those containing desogestrel, gestodene and drospirenone
Significant Risks of Oral Contraceptives (OCPs)-Why This Drug Class Should Not Be Included in a Preventive Care Mandate

- Cardiovascular
  - Pulmonary Embolism
    - Similar increased risk as with VTE associated with newer progestins
    - Factor V Leiden prevalence 5% Caucasians
      - Combined with OCP’s increases risk 35 times
      - At the very least a thorough family history for VTE and PE before prescribing OCP's
Significant Risks of Oral Contraceptives (OCPs)-Why This Drug Class Should Not Be Included in a Preventive Care Mandate

- **Breast Cancer**
  - Overall rate of breast cancer is 6 times that of ovarian and uterine cancer
    - Yet decrease in ovarian and uterine cancer used to promote OCP’s
  - Before first full term pregnancy: ~40-50% increase
  - Triple negative breast cancer with >1 year use
    - 2.5 fold increase;
    - 4.2 fold if younger than 40 years old

- **Cervical Cancer: 10 years use, 20-30 yo**
  - Increase 1/1000; from 7.3/1000 to 8.3/1000 in less developed countries
  - 0.7/1000; From 3.8/1000 to 4.5/1000 in developed countries
Important information that is collected in one place.
Visibility in a Journal whose readership is likely to be open to serious consideration of these risks.
Mary Schneider and Richard J. Fehring, Ph.D., R.N.
The Linacre Quarterly 2012; 79(4): 460–473

- The Standard Days Method (SDM) is a method of family planning that assumes ovulation to be close to the midpoint of the menstrual cycle; fertility falls between days 8 and 19; and is most effective for cycle lengths between twenty-six and thirty-two days.

- Re-evaluation of assumptions of the method:
  1) In what percentage of menstrual cycles does the estimated day of ovulation (EDO) fall within one to three days of the midpoint of the menstrual cycle?
  2) In what percentage of menstrual cycles does at least part of the six-day fertile window fall outside of the eight to nineteen day range?
714 menstrual cycles with an in 131 women
  - (65% of original recruited sample after exclusions)
  - mean age 29;
  - Tracked cycles with urinary LH/estrogen monitor
  - LH peak estimated day of ovulation (EDO) and six-day fertile window.

Results:
  - 24% of cycles had part of the estimated 6 day fertile window outside of days 8-19
  - 80% cycles EDOs within three days of the midpoint of the cycle
    - 86% for cycle lengths between twenty-six and thirty-two days).
  - 24.1% of cycles had fertile window days outside of days 8 to 19:
    - 7.7% (78) before
    - 16.4% (92) after.
Conclusion

- Ovulation occurs within 3 days of the midpoint of the cycles 26-32 days in length.
- SDM fails to cover fertile window in 24% of cycles
  - 7.7% before day 8; early in fertile window
    - pregnancy probability estimated 8% single act
  - 16.4% after day 19
    - Most within day 4-6 of fertile window
    - Pregnancy probability 35% single act
FertilityCare professionals should be aware of all methods
Particularly should be aware of “calendar” methods continue to be promoted.
Infertility is usually a consequence of multiple chronic conditions rather than a single acute condition.

The authors propose that it is erroneous to apply acute medical interventions to a condition that is chronic in nature.

3 Case Studies of diagnostic and treatment regimens familiar to this group
Cases highlight diagnosis and treatment of conditions often ignored by IVF approach:

- Limited mucus
- Low grade endometritis
- Abnormal hormonal function
- Food intolerance
- Possible endorphin deficiency
- Possible adrenal fatigue

Conclusions:

- Multifactorial treatment strategy may be better for the chronic condition of infertility
  - Favorable outcomes for multiple pregnancy, low birth weight, premature delivery are seen with a comprehensive restorative approach
More visibility for concepts of NaPro, particularly internationally
The Evaluation and Treatment of Cervical Factor Infertility - A Medical-Moral Analysis


- Comparison of NaProTECHNOLOGY approach to ART regarding attention to cervical factor
  - Medical analysis followed by Moral analysis
The Evaluation and Treatment of Cervical Factor Infertility-A Medical-Moral Analysis

- Medical
  - Contrasted variety of strategies utilized by NaProTECHNOLOGY with ART approach that ignores/bypasses cervical mucus
    - NaPro: 40% success limited mucus cycles with or without B6
      - Hilgers
    - IUI in natural cycles 23%
      - Bhattacharya, BMJ 2008
Moral

- CrMS/NPT is ethically sound.
  - Respects the dignity of human procreation by allowing parents and providers to cooperate responsibly with the fruitful love of God.

- IUI (conventional or modified) is an inherently immoral.
  - Profanes the true meaning of human procreation
  - Prevents couples and clinical providers from cooperating responsibly with God’s plan for human procreation.

- Call for renewed interest and focus on the direct evaluation and treatment of cervical factor infertility.
Well executed review.
Visibility for NaPro concepts
Efficacy of a New Postpartum Transition Protocol for Avoiding Pregnancy.

- Thomas Bouchard, BSc, MD, Richard J. Fehring, PhD, RN, FAAN, and Mary Schneider, MSN, APRN
  - Breastfeeding transition is challenging:
    - Variability in the length of postpartum lactational amenorrhea
    - Uncertainty of whether ovulation will occur before the first menses
    - Irregularities in the first menstrual cycles, e.g. short post peak phases
Efficacy of a New Postpartum Transition Protocol for Avoiding Pregnancy.

- Pregnancy rates of various fertility awareness methods at 12 months postpartum:
  - 11.1 to 24 per 100 women

- Authors have adopted a new post partum protocol using the Clear Blue monitor:
  - Urinary LH and estrone-3-glucuronide
  - 20 day “cycles”
  - 10 Item Protocol
  - Website: Info, charting, professional feedback
Efficacy of a New Postpartum Transition Protocol for Avoiding Pregnancy.

- **Patients:** 346 original registrants postpartum breastfeeding
  - 41% did not chart; 16% incomplete charting
  - Final sample analyzed: 198 (57%)

- **Results:**
  - Cumulative unintended pregnancy:
    - 8 per 100 women at 12 mos.
  - Correct use:
    - 2 per 100 women at 12 mos

- **Limitations:**
  - Not randomized
  - Educated, computer using white women
  - Cost $200 monitor and $1 per test stick
Efficacy of a New Postpartum Transition Protocol for Avoiding Pregnancy.

- We should be aware of other methods
- Innovations
  - Website with
    - Teaching
    - Charting
    - Forums that make trained professionals available
Linacre Quarterly NFP Special Issue

- November 2012 and February 2013
- Editors:
  - Richard Fehring
  - Patrick Yeung
Linacre Special NFP Issue, Nov 2012

- **Natural Family Planning Instruction as a Marriage Requirement: A Retrospective Analysis of the First Two Years' Experience in the Diocese of Covington.** Manhart, Michael D.

- **Comparing Current, Former, and Never Users of Natural Family Planning: An Analysis of Demographic, Socioeconomic, and Attitudinal Variables.** Bertotti, Andrea M.; Christensen, Sinead M.

- **Descriptive Statistical Evaluation of the Standard Days Method of Family Planning.** Schneider, Mary; Fehring, Richard J.

- **The Influence of BMI Levels on Phases of the Menstrual Cycle and Presumed Ovulation.** Lasquety, Mary Grace; Rodriguez, Dana; Fehring, Richard J.

- **The Importance of Fertility Awareness in the Assessment of a Woman's Health: A Review.** Vigil, Pilar; Blackwell, Leonard F.; Cortés, Manuel E.

- **The Evaluation and Treatment of Cervical Factor Infertility: A Medical-Moral Analysis.** Keefe, Catherine E.; Mirkes, Renee; Yeung Jr., Patrick

- **How to Talk About the Use and Abuse of Natural Family Planning: The Importance of Accuracy in Translation and in Description.** Miller, Kevin E.

- **The Linacre Quarterly, Rhythm, NFP, and Human Fertility: From Popes Pius XI through Benedict XVI.** Fehring, Richard J.; Yeung Jr., Patrick
- **Case reports of the Marquette method.**
  Peck, Rebecca

- **Physiological signs of ovulation and fertility readily observable by women**
  Owen, Martin

- **The Papal Commission on Birth Control-revisited**
  Norris, Charles W.
Published this year...

- **Fertility awareness-based methods of family planning: A review of effectiveness for avoiding pregnancy using SORT.** Michael D. Manhart, PhD,a Marguerite Duane, MD, MHA, FAAFP, April Lind, MD, Irit Sinai, PhD, Jean Golden-Tevald, DO. *Osteopathic Family Physician (2013) 5, 2–8*

- **Cervical mucus monitoring prevalence and associated fecundability in women trying to conceive.** Emily Evans-Hoeker, M.D.,a David A. Pritchard, M.S.,b D. Leann Long, M.S.,b Amy H. Herring, Sc.D.,b,c Joseph B. Stanford, M.D., M.S.P.H.,a,c,d and Anne Z. Steiner, M.D., M.P.H. *Fertility and Sterility, 2013 (in press)*

- **A Pilot Feasibility Multicenter Study of Patients AfterExcision of Endometriosis.** Patrick Yeung Jr, MD, Frank Tu, MD, MPH, Krisztina Bajzak, MD, MPH, Georgine Lamvu, MD, Olga Guzovsky, Rob Agnelli, MStats, Mary Peavey, MD, Wendy Winer, RN, Robert Albee Jr, MD, Ken Sinervo, MD. *Journal of the Society of Laparoendoscopic Surgeons, 2013 Jan-Mar;17(1):88-94*
Calling All Papers!!

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Outstanding Research Paper Award

2012
Presented to

Elizabeth Tham MD CCFP FCFP
Karen Schliep PhD MSPH
Joseph Stanford MD MSPH