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Credidimus caritati
we have put our faith in love



**WOOMB International Ltd
continuing the work of
Drs John and Evelyn Billings
of bringing the
Billings Ovulation Method®
to the world.**

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Your subscription/donation

WOOMB International continues the work of its founders by promoting the Billings Ovulation Method® and ensuring that wherever it is taught globally, it is the authentic Method without variation, and that only WOOMB International approved teaching and training materials are used.

The work of WOOMB International is funded entirely by the donations of generous benefactors. It attracts no other financial support. The Bulletin provides a medium for sharing news of what is happening around the world so we welcome your annual subscription of AUD\$25 which will ensure its continuing production.

If you are able to give more to support the work started by the Drs Billings in spreading the Billings Ovulation Method® teaching in poorer countries, we thank you for your generosity.

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How the Billings Ovulation Method® is changing a fertility-unaware culture globally

Marija Ćurlin, PhD, WOOMB Croatia



This paper was presented in Rome at MaterCare's 20th Anniversary and 13th International Conference, on 22 September 2017 and is reprinted here with permission.

The Billings Ovulation Method® was first discovered by Dr John Billings of Melbourne in 1953. He was joined in this work by his wife, Dr Evelyn Billings, and together they travelled the world teaching their method.

In the 1970s the World Health Organization recommended that the Drs Billings add their name to the method which had been originally called the Ovulation Method. Temperature measurements and Rhythm calculations had been discontinued as unnecessary and unreliable. In 1981 WHO undertook a 5-nation trial which proved the reliability of the Billings Ovulation Method®.

Over 50 years of scientific research and hormonal studies have confirmed that cervical mucus is the most reliable signal of fertility. Our teaching methods have been refined and updated to establish universally applicable guidelines for fertility control that ensure the Billings Ovulation Method® is as successful for preventing pregnancy as any method of family planning available today. Every modern method of natural family planning, including SymptoThermal and the Creighton Model Fertility Care system, relies on the research and findings of those who developed the Billings Ovulation Method®.

This Method can be used by all women throughout the world regardless of culture, religion or status. Every fertile woman can be taught to recognize the signs and symptoms of her fertility and the couple can then apply 4 simple Rules to manage their fertility naturally, whether it is their desire to achieve or avoid a pregnancy. Its greatest attribute is its simplicity: blind women are successfully using and teaching this Method.

The Billings Ovulation Method® is now taught and successfully used by couples in over 100 countries around the world to achieve pregnancy, to prevent pregnancy and to safeguard their reproductive health.

From the very beginning of spreading "this knowledge that every woman ought to have", doctors Evelyn and John Billings were aware that it inevitably includes changing a fertility-unaware culture.

The Billings Ovulation Method® in poor countries

The fertility-unaware culture differs considerably in poor countries and in the western nations. The Billings Ovulation Method® played an important role in changing the lives of the poor, particularly in Africa, where drought, famine and disease made teaching the method an almost impossible task.

HIV/AIDs

It has been shown that the Method fits easily into every culture, even in the worst social circumstances. It was successfully introduced into countries where HIV/AIDs was rife, like Tanzania and Malawi and helped couples to resume a healthy and happy life together protected by fidelity from infection or reinfection.

Abstinence. The knowledge and truth gained through the Billings Ovulation Method® empowered married couples to be faithful, in countries where fidelity and family structures had been preserved by their practices of managing fertility, with customs of abstinence.

In Africa, after a child is born it is common practice for the husband to move to another house while the mother breast feeds the baby. Then, when the child is 2 years old and can talk, he is sent off with a gift to invite his father home. The practices introduced by Planned Parenthood and like organizations have destroyed this fidelity persuading the man and his wife that they do not have to suffer with abstinence and fidelity. The effects were dire. However when the couple is given information about the Billings Ovulation Method®, and unnecessary abstinence is removed, they can resume a healthy and happy life together.

Families damaged by birth control programs

Billings Ovulation Method® improved couple communication and relationships. In Latin American countries, like El Salvador, in the early 1970s, families were large and unsupportable because of severe poverty and the Church was finding it difficult to persuade people that contraception was bad. Church attendance was low, children were unbaptized and moved from family to family. The Billings Ovulation Method® came to El Salvador through three American missionaries and a change was observed. They took the teaching out to the homes and the people could see that their Church cared and they responded by coming to church, getting married and the children were being baptized. The whole community, centered on the Church, was becoming strong. The problem of fertility regulation was acute and when it was solved, as it was in El Salvador at that time, a cultural healing took place.

In the Philippines, and other parts of the Christian world, great damage was being done to good families by the birth control programs but Church communities were restored and rebuilt with the support of Billings Ovulation Method® teaching programs. Our programs in the Philippines are showing the success of good teaching by dedicated people. Our teachers are working with the poor, street vendors, fishing communities, jail inmates, those living in dumpsites and other depressed areas. They report improved couple communication and relationships.

Male dominated culture

As has been the case in all societies where the Method has been taught, the change from servitude of the woman to respect by her partner has come about through the practice of the Method itself. Inherent in the Method is the loving discipline which is obedience to the Natural Law when men and women live a more generous life together, no matter what their creed or belief. The teachers in Pakistan are gradually overcoming the social challenges to get better husband cooperation in a culture which is male dominated.

Systematic training

The countries where systematic training of teachers was established, such as China, Pakistan and Philippines, were most successful in spreading the Billings Ovulation Method®. The availability of funding for the work in those countries was what made this task somewhat easier.

In 1986 the Chinese Ministry of Health was faced with burgeoning population and unpopularity of the solutions provided, which produced a huge cultural change in families.

The doctors were concerned also by damaged reproductive health of the women and also by their infertility. The Chinese Ministry of Health had explored all alternative birth regulation strategies and decided to invite the Billings to visit them to teach the Billings Ovulation Method®.

In China the abortion rate has dropped sevenfold in those areas where Billings Ovulation Method® instruction is available. The figures showed a greatly reduced pregnancy rate. It was acknowledged that by removal of the IUD, the woman would no longer suffer from pain, bleeding and infection, caused by the IUD. When the couple relied on the Billings Ovulation Method® alone, the pregnancy rate fell to less than one percent. The improved couple communication and relationships was reported too.

The WOOMB (World Organisation Ovulation Method Billings) continues to provide trainings in developing countries. The Billings Ovulation Method® is very well accepted by couples and families in those countries and brings them many benefits.

The Billings Ovulation Method® in the western countries

In the western countries, the fertility-unaware culture entails not only a lack of fertility awareness, but also the consumerism, contraceptive, anti-life and pro-abortion mentality, coupled with value relativism, the imperative to have an easy and comfortable life, lack of personal responsibility, all of which are supported by the strong influence of social media.

In these countries, the NFP (Natural Family Planning; it also stands for "Not-For-Profit") organisations are not attractive to investors, but have still been forced to compete at a very aggressive contraception and reproductive health market where significant resources have been invested into development and promotion of contraceptives and assisted reproductive technologies. Western countries' consumers are accustomed to buy ready to use "off-the-shelf" solutions, very nicely wrapped in shiny paper. Pills fit perfectly into this concept. Pills don't demand any activity, any communication, and any relationship. IVF technology doesn't pay much attention to subtle reproductive health deviations, it just produces new babies. On the contrary, NFP requires personal engagement, self-reliance, partnership, communication, respect: qualities that cannot be bought "off-the-shelf".

So, the basic problem for NFP in western culture is users' consumerism and detachment from themselves and their real nature.

NFP organisations, pro-life activists and other like social groups can change something, but governments and world medical authorities can have a greater impact. We can understand that politicians and health authorities do not recognise the psychological and social benefit of NFP, but it seems that governments don't even realize that natural methods provide significant public health and financial benefits. The anti-life and pharmaceutical propagandas obviously have greater impact and influence on them so very few financial resources have been allocated to NFP.

World health authorities do not care much about NFP either. Their role should be to ensure systematic education of health professionals and their clients about NFP, but they have failed here too. For example, the Center for Disease Control and Prevention (CDC) published a study which states that the effectiveness of Fertility-Awareness Based Methods is only 24%. It is clear that they have not made a distinction between old and modern methods. But the message is still here: NFP methods are inefficient and useless.

Moreover, while World Health Organisation (WHO) initiated and conducted the 5 country study of the Billings Ovulation Method® which proved its effectiveness, this result on the Billings Ovulation Method® has been removed from their website because it is not current research. It was research into a woman's ability to identify the signs of her fertility with the Billings Ovulation Method® and it proved that it works. What has happened in the intervening years to the physiology of women that would not make this still valid?

I don't want to comment on the reasons for that, but it seems that anti-life agenda and third party money have some influence...

How WOOMB organisations overcome impediments

Without systematic financial support it is difficult to work, but fortunately, spreading the Billings Ovulation Method® does not depend only on money. It depends, first of all, on dedicated teachers, members of international and national WOOMB organisations (World Organisation Ovulation Method Billings).

In their enthusiasm and creativity, they tirelessly work on holding training courses and individual teaching; they promote the method through personal contacts; through targeted educational programs and seminars for health professionals, social leaders and priests; through youth educational programs teaching the true

values of fertility, sexuality, marriage and family like Teen STAR ; by lobbying at local and world administration and health authorities to recognize the value of the method and contribute to its spreading.

The web and mobile phone applications play a particular role in promoting the Billings Ovulation Method®. They are simply “must haves”, since modern users cannot imagine any service without a related App. Although those Apps have attracted a certain number of new users and can be very useful as an electronic data record with the very welcomed option to share it with partner and teacher, there are some traps we should be aware of. The Apps cannot replace the teachers, neither as a learning device, nor as a predictor or interpreter of fertility pattern. The Billings Ovulation Method® demonstrates patterns which are very individual, and computers cannot accurately interpret them. The teachers aim to help every woman all of the time by empowering her to identify her unique pattern of fertility and infertility and for this couple to make decisions based on this knowledge. The couple “owns” their fertility and their decisions - acting as stewards of their fertility. The Apps can never do that.

And the last thing which is crucial for spreading Billings Ovulation Method® is scientific and clinical research and development of diagnostic tools.

The Billings Ovulation Method® becomes more attractive to medical professionals and patients who recognize Fertility Awareness Based Methods (FABM) as a harmless, but valuable way to diagnose and treat fertility disorders.

The scientific works of Professor James Brown of Melbourne and Professor Erik Odeblad of Sweden, validated the clinical studies, which enabled teachers and users to monitor women’s reproductive health, and to value their records as a diagnostic tool. This diagnostic aspect has been particularly useful in the alleviation of sub fertility with successful results exceeding those of modern assisted reproductive technologies.

In a nowadays medical practice, the assisted reproductive technologies are often the first step when a couple is asking for help to conceive. It is often offered well before any real attempt to discover the cause of the problem. The efforts by good doctors who are searching for another way, like Dr. Pilar Vigil and Dr. Mary Martin through organizations such as The Reproductive Health Research Institute (RHRI) or The Billings Institute for Fertility and Reproductive Medicine offer newer approaches which gain more and more interest of the medical community. Both the RHRI and the International Institute for Restorative Reproductive Medicine (IIRRM) which is based on the Creighton model are showing that as long as the woman has been taught a modern method of NFP, - one that is based on the science of fertility, the chart, whichever method is being used, will reflect patterns which are indicating an abnormality. This makes this approach attractive to doctors since they don’t need the skills to teach all the various FABMs, rather they can now instigate diagnostic investigations by recognizing that the chart is reflecting an abnormality.

The true value of the Billings Ovulation Method® – the truth that builds the culture of life

Besides all those good features of the Billings Ovulation Method®, which makes it attractive to people of any culture, religion or status, this method has a particular value that makes it a powerful weapon to change the world:

The truth is that our body and our fertility is a gift from God. The signs of fertility are written in the woman’s body. It is also a gift from God.

The Billings Ovulation Method® helps us to interpret those signs precisely and simply. The four Rules of the method are also written in our nature and by following the Rules we respect the laws written by God.

Using the Billings Ovulation Method® a couple accepts their mutual fertility and their bodies so they live their everyday life respecting the God as their Creator, they respect each other as God’s creature and build their love toward its creative “level”- so they become able to “conform their activity to the creative activity of God” as Pope Paul VI wrote in “Humanae Vitae”. Pope John Paul II also spoke of Truth and Love, and John Billings wrote a book about this Truth. When teachers of natural fertility regulation are trained, they are

trained to impart Truth and Love to all alike. This is the Essence of the Method which leads couples to live their marriage in its original meaning, in health and happiness. It is for this reason that we are adamant that the Billings Ovulation Method® that is taught, is in conformity with the scientific findings and the authentic teaching without variation. Couples are entitled to the truth, as much as they are entitled to the exercise of their free will.

We are very optimistic and proud to be able to take this message of Truth and Love to the world, thus fulfilling the prophetic words of Pope Paul VI in his Encyclical *Humanae Vitae* (31) "Truly a great work, as We are deeply convinced, both for the world and for the Church, since man cannot find true happiness – towards which he aspires with all his being – other than in respect of the laws written by God in his very nature, laws which he must observe with intelligence and love."

References:

1. Billings, E.L. (2008). 'Cultural Value of Natural Family Planning', *Bulletin of OMR&RCA* Vol.35 (2) 4-12
2. Paul VI, Encyclical Letter *Humanae Vitae* (25 July 1968), 13: AAS 60 (1968).



Subscription/Donation

You may have noticed that we have again asked our readers to consider paying an annual subscription. If you have been receiving the Bulletin for many years, you would recall that this was the practice when we mailed hard copies of the Bulletin all around the world. However, the subscriptions received never covered the cost of printing and postage which necessitated the move to an electronic Bulletin. Obviously this system does not incur the same production costs, but there are still costs associated with preparing and distributing the Bulletin.

Many people have the Bulletin forwarded on to them by the WOOMB International affiliated organisation in their country, but it is still being produced in the office of Billings LIFE in Melbourne, Australia. WOOMB International receives no funding whatsoever, from any source, for such ongoing costs; nothing to cover overheads such as rental of office space, electricity, computer costs or salaries. Such reserves of funds as we have received from benefactors can only be used for specific purposes, such as teacher training in poorer countries, and even those resources are dwindling.

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If you enjoy receiving the Bulletin from us three times each year, we ask you give consideration to paying a small annual fee, if you are in a position to do so.

Meet Rev Fr Maurice Catarinich, 1917 – 2005



Continuing our series introducing our readers to the pioneers of our organisation, Joan Clements writes about the man who prepared her and her husband for marriage, concelebrated at their Nuptial Mass and taught them the Billings Method™. The man without whom we might not have the Billings Ovulation Method®.

In his paper *The Quest – leading to the discovery of the Billings Ovulation Method®* (<http://www.woombinternational.org/index.php/philosophy/item/33-the-quest-leading-to-the-discovery-of-the-billings-ovulation-method>), Dr John Billings wrote that in 1953 he “had been drawn into this work by a splendid priest, Fr Maurice Catarinich, who had recently been appointed by our Archbishop Daniel Mannix to fulfil the role of a marriage consultant in the Melbourne Catholic Family Welfare Bureau.” Dr John went on to explain that one evening per week Fr Catarinich interviewed married couples. Some of these couples came from weekend “Cana” conferences, run by Fr Catarinich, where he invited couples who had had unintended pregnancies to come for a private interview. He discovered in these interviews that some of these couples had serious medical reasons why they needed to take a break from pregnancy, for others it was the financial burden of providing for their growing family which was becoming onerous.

Most Rev Denis Hart, Archbishop of Melbourne, who officiated at Fr Catarinich’s funeral Mass, said in his homily: “Doctors John and Lyn Billings remember him as a man of solid faith and belief that the Lord would provide his Church with an appropriate solution to the problems of family planning.” Not one to sit and wait for inspiration to strike, Fr Catarinich determined he needed help to find that solution and, being the son of a doctor with several siblings who were also doctors, he sought the help of a faithful Catholic doctor. Thus, in 1953, he asked Dr John Billings would he join him in this task. Dr Billings famously replied that he would give three months to this work. It was some six decades later, only upon their deaths that they both laid down the baton that they had taken up in 1953.

Dr John Billings, together with his wife Dr Evelyn, made it their life’s work to perfect the Billings Ovulation Method® and to freely take the message to a world hungry for the knowledge. Throughout those years, Fr Catarinich remained their very close friend, wise counsellor and spiritual mentor, and a frequent guest at their dinner table.



Maurice Joseph Catarinich was born in Beechworth, a small town in north-east Victoria, Australia. He was the fifth of eight children to Dr John Catarinich and his wife Nora. His father was a noted psychiatrist who became Director of the Mental Health Authority in Victoria, which necessitated a move to Mont Park in

Melbourne. Young Maurie was educated at Our Ladies College in Heidelberg and later at St Patrick's College in East Melbourne where he is recorded as having been a gifted and competent student.

He entered Corpus Christi Seminary in March 1936 and is remembered as "a faithful and hardworking student who was a very approachable man, if not a great conversationalist."

Fr Catarinich was ordained on 25th July, 1943, by Archbishop Daniel Mannix. After stints as Assistant Priest in a Melbourne parish and at St Patrick's Cathedral, Fr Catarinich was appointed to the Catholic Marriage Guidance Bureau in January 1953 – a post he held until August 1966. Archbishop Hart said that "he worked with great zeal and wholehearted commitment" at the Bureau. On the occasion of his Golden Jubilee of Ordination, Archbishop Sir Frank Little wrote: "You took up work so close to your own heart. You surrounded yourself with people of expert advice from the professions required to support you. You carried a heavy workload and made a great outreach and gave immensely enriching support to many young couples as they sought to fulfil their vocation in married life. The results of your labours are found in the happy couples who still remember your ministry."

Fr Catarinich subsequently was appointed as Parish Priest of East Kew in suburban Melbourne, very close to where the Drs Billings lived. He continued his work counselling couples, in addition to his duties as Parish Priest. Many of the couples involved with the Billings Ovulation Method® in Melbourne are among those who sought his advice and counted him as a dear friend over the following years.

Archbishop Hart related that "He was recognised as a man who was extremely wise, with an analytical brain and a marvellous marriage counsellor." His Grace illustrated the point as follows: according to one experienced doctor, "His counselling techniques were so good and he had such sensitivity that he could get the women pregnant over the phone." The Archbishop also commented that "Father Maurice was always immensely proud that the Encyclical Letter of Pope Paul VI on the regulation of human birth, (*Humanae Vitae*) was published on his ordination anniversary, 25th July, 1968, the Feast of Saint James."

In the early days of the development of the Billings Ovulation Method®, Fr Catarinich and Dr Billings asked the women to keep a chart of their temperature and other symptoms. Dr Lyn used to tell the story of the two of them on their knees in the hallway of her home, with the charts, laid out on the floor, earnestly seeking to unlock the secrets that they firmly believe were contained therein.

As the guidelines and system of charting were perfected, but with acceptance slow to come "in their own country", it was Fr Catarinich who urged Drs John and Lyn (like the prophets of old) to take it to the world. And so the Drs Billings embarked on more than 30 years and millions of miles travelling around the globe taking their Method to more than 100 countries. In many of those countries the Billings Ovulation Method® is still taught, thanks in no small part to the faith, inspiration, dedication and hard work of Fr Maurice Catarinich and his vital role in the beginnings of the Method. He is remembered "as a generous and faith-filled pastor, one who preferred substance to unnecessary chatter, who was ever-loyal and faithful to the Magisterium; a man of the priesthood, a man of the Church."

We at WOOMB International who had the great joy of having known "Fr Cat" are forever grateful for the blessing of his friendship.



From the Archives

The Early Beginnings of the Billings Ovulation Method® continued

Directors of WOOMB International

Following her proof-reading of the manuscript of "The Ovulation Method", Dr Lyn Billings' interest was aroused and she then became involved at the Catholic Marriage Guidance Centre in Melbourne to assist the work of her husband John and the Director of the Centre, Fr Maurice Catarinich. The Ovulation Method authored by Dr John Billings was first published in 1964 and dedicated "To my wife" with the quoted text: "Her children are the first to call her blessed, her husband is loud in her praise" Proverbs 31, 28. The foreword to the book stated "this work is directed mainly to my medical colleagues, so many of whom are inadequately informed about the determination of the fertile days of the menstrual cycle, but who are all likely to be consulted by persons who for moral, medical or aesthetic reasons are unwilling to accept artificial contraception or temporary or permanent sterilisation" It was also directed at couples and also theologians who "should not build elaborate theories on inaccurate medical opinions of their own".¹

This book came at a time when social changes were beginning with the approval by the US FDA of the contraceptive pill in 1960. It was available in Australia and other western countries in 1961 and it is reported that within 3 years 2.3 million American women were using the Pill. This first book detailed the work of helping couples to regulate their fertility using rhythm calculations, identification of the mucus symptoms and temperature rise. In his reflections on his work John Billings commented: "One came to be impressed by the fact that the physiology of a woman's fertility has been part of Creation since the creation of the first woman and that it was just at this time that the Creator was allowing the details of this physiology to be recognised, with its obvious application of regulating fertility by a method superior in every way to chemical contraception, whether by the pill, implants or injections."¹

This book had five English Editions and five revisions and was also published in Chinese, Spanish, Italian and separately published in the United States, indicating the interest that it generated. It was deliberately titled "The Ovulation Method" to emphasise that a new idea was being described with reference to the time of ovulation and the resulting ability to recognise the fertile phase. During the 1970s a committee of the World Health Organisation attached the Billings name to the method, explaining that every new scientific discovery should be given the name of those who made the discovery.²

Dr Lyn Billings' role at the Centre was to take "the difficult cases" and amongst these were a series of pre-menopausal women who were having difficulty due to the irregularity of their cycles, making rhythm counting and temperature taking not applicable. Quickly she gathered 98 women and gained experience of the fertility symptoms accompanying pre-menopause. With the assistance of Professor James Brown hormonal assays were performed which confirmed that the woman's charted record was reflecting her hormonal patterns. It was this work that gave rise to an understanding of the patterns of fertility and those indicating infertility, and the development of the Basic Infertile Pattern (BIP). Early in the 1970s a Melbourne gynaecologist/obstetrician, Dr Patricia Harisson was working with breastfeeding women and the understanding of the BIP was applied to the teaching. Dr Lyn Billings had a small room in the family planning section of the Queen Victoria Hospital in Melbourne and these breastfeeding women were able to be helped as the understanding of the BIP meant that women could recognise infertility, which was often prolonged. Prior to this understanding women had been advised that at three months they had to choose between their babies and their husbands, with many babies being weaned so that ovulation would occur and temperature would rise. This understanding of pre-ovulatory infertility of a variable length was revolutionary in the understanding of NFP.

As described by John Billings: "Amongst the many Beatitudes we have been privileged to receive is the story of how Kevin Hume decided to work with us". Dr Kevin Hume a GP from Sydney was a committee member along with John Billings on a special Fellowship Committee of the Post-Graduate Medical Foundation of the University of Sydney and the Australian Post-Graduate Federation in Medicine. A strong friendship developed, particularly as it soon became clear that they shared an allegiance to the Catholic Church and

the teaching of its Magisterium. Dr John Billings gave Dr Hume a copy of his book when it was published, and after he had read it he “decided to establish a working relationship in the promotion of this new method of natural family planning”. It was Kevin Hume who later introduced Professor Erik Odeblad of Umea Sweden to the work of this new Method and to the Drs Billings.

In 1968 Drs John and Lyn Billings accepted an invitation to go to New Zealand. Before their arrival *Humanae Vitae* had been released and the general practitioners they met insisted that if they did not prescribe the Pill their practices would not survive. In 1969 they accepted invitations to teach the Ovulation Method in Hong Kong, Malaysia and Singapore and so began a life-time devotion of travelling the world accepting invitations to teach what was then known as The Ovulation Method.

In the late 1960s Dr Lyn Billings taught the Method to a young Guatemalan woman, Mercedes Wilson who immediately saw the value in the simplicity of the Method for the women in her country. Following discussions the charting system of colours and stamps with the imprint of a baby were devised. In addition a teaching resource – the Circular Diagram was developed to show that the cycle did not have to be of 28 days and that fertility and infertility could be recognised whatever the cycle length. In the 1968 edition of *The Ovulation Method* the circular diagram was first published and a stamp with the imprint of a baby appeared for the first time. The charting system, similar to what is used today was available to teach women prior to 1971. The Drs Billings made a teaching trip to Guatemala and the United States in 1970.

By 1970 the team believed they were ready to teach the Method based on mucus alone. Worldwide interest had been generated by the publication of *The Ovulation Method*, guidelines which became known as the 4 Rules had been developed for the teaching and Professor James Brown had accumulated corroborative evidence of the correlation between the woman’s charted record and the ovarian hormones and Professor Henry Burger of Prince Henry’s Hospital was collaborating by measuring pituitary hormones. This evidence was published in an article in the *Lancet* in 1972.⁵

Around this time Sr Cosmas Weismann from Tonga came to Melbourne looking for assistance for a natural method that did not require temperature taking because she said “there was no hope of getting poor illiterate people living in little village huts to keep temperature records”. Lyn Billings recalled that “she was the first person that I really trained thoroughly”³ and when Sr Weismann returned to Tonga she instructed couples to use the Method. She conducted a study which began in July 1970 and ended in February 1972. Altogether a total of 282 couples used the Ovulation Method for a total of 2503 months, with one case of method failure and two cases of user failure.

This was the first clinical trial of the Method which was published. This Tongan trial showed the Ovulation Method could be applied with a high rate of success for couples wishing to use it to avoid a pregnancy and then choose to apply the knowledge to achieve pregnancy. The couples entering this study did not have to agree that they were only using it to avoid pregnancies. As a result pregnancies were carefully evaluated and were identified as Method-related; informed choice and teaching related. All but one couple returned to use the Method to avoid pregnancy after an achieved pregnancy. This trial was published in *The Lancet* in 1972.⁶

These studies and the scientific validation had proved that the mucus indicator alone was a reliable method of natural family planning and to enable the Method to be taught without temperature or rhythm counting, Archbishop Knox, then Archbishop of Melbourne, set up a second centre for the teaching of natural family planning in the Melbourne Archdiocese in Provincial House in East Melbourne in 1972.

The decision was then made to hand over the teaching of the Method to women who could share this knowledge with other women. In 1970, Dr Joseph Santamaria, a good friend of the Drs Billings, who was involved with them in the early days of the pro-life movement in Melbourne, had taken a position as Director of the Department of Community Medicine at St Vincent’s Hospital. He was keen to have Natural Family Planning as part of this centre and got the approval of the Hospital authorities to have a centre devoted to teaching the Ovulation Method and to train teachers. In 1971 Dr Lyn Billings began visiting parishes in the evenings, speaking to women and teaching the Method. The first of these parishes was St Martin of Tours Macleod. Marilyn Kennealy hosted this evening and as a result a teaching group was formed. This proved

to be a very providential evening as four women who attended this meeting have since made a life-long commitment to teaching the Method: Kath Smyth and Marian Corkill became teachers immediately and Marilyn Kennealy and Marie Marshall joined them shortly afterwards.

Regular training sessions were held at St Vincent's Hospital and the number of teachers grew and the Method spread across Melbourne, mainly through parishes in these early days.

In February 1973 the Eucharistic Congress was held in Melbourne and this was an opportunity to share the information about the Method, particularly to Missionaries working in poorer countries. Dr Sr Anna Cappella, who was working in Pakistan and Dr Sr Catherine Bernard from India learned the Method at this time. Dr Sr Anna Cappella did not return to Pakistan but returned to her home country of Italy and took the knowledge with her and set up a Natural Family Planning Centre at the University of the Sacred Heart in Rome.

As explained by Dr John Billings: "We learned of the work of another great scientist, Professor Erik Odeblad, of the Department of Medical Biophysics in the University of Umeå in Sweden in the early 1970s and he too was guided to know the Ovulation Method in a remarkable way. After studying in the USA, he decided to combine his expert knowledge of both physics and gynaecology by concentrating on the secretions produced by the cervix of the uterus during the menstrual cycle. At first, his work was largely ignored by his University colleagues but it then happened that he was invited to Sydney to give a lecture to a group of veterinarians."4 Having read a book produced by the WHO containing an article by Erik Odeblad about two types of cervical mucus secretion, the estrogenic (E) mucus and the gestogenic (G) mucus John Billings passed it onto Kevin Hume and it was a few years later than Kevin Hume saw the notice in Sydney that Professor Odeblad was coming and arranged to meet with him to present him with some of the published resource material on the Ovulation Method. As John Billings continued: "With his exemplary caution, again a manifestation of the true scientist, Professor Odeblad studied these materials and the information that Kevin Hume had given him after the lecture, correlating it with the discoveries he had made over several years of research in Sweden. We did not hear of him until about two years after his visit from Sydney when he announced that there was a total correlation between his work and the work that had been carried out in Australia. He proclaimed publicly then, and on many subsequent occasions that all the guidelines of the BOM are correct"⁴.

In 1978 an International Conference was held in Melbourne to celebrate 10 years of *Humanae Vitae* with the theme Human Love and Human Life. This Conference received a Papal Message from His Holiness Pope Paul VI who had already met the Drs Billings and encouraged them to continue their work. This Conference attracted delegates from within Australia and worldwide and a number of international speakers presented philosophical and scientific papers. St Teresa of Calcutta (Mother Teresa) attended this Conference and became a good friend of the Drs Billings, encouraging them to continue their apostolate, particularly to the poor. This Conference was an opportunity to present the new Ovulation Method and Teacher Training Programs followed the Conference. Following this exposure the Drs Billings were in demand to travel and teach the Method and they were often accompanied by their good friends Dr Kevin Hume and his wife Peggy. Kevin Hume was to repeat this activity by organizing an International Conference in Sydney to celebrate the 20th Anniversary of *Humanae Vitae* in 1988.

The clinical studies had proved the accuracy of the Method and the scientific studies proved the validity of the Rules and the teaching. Now was the time to share this knowledge with the world. The journey had just begun.

1. *The Ovulation Method* John Billings The Advocate Press 1964
2. *The Quest* J.J. Billings Bulletin of Natural Family Planning Council of Victoria Vol 29, No.1, March 2002 18-28
3. Personal reflections – private correspondence J.B. and EL Billings
4. *A Story of God's Providence* – Billings, J.J. (2007). 'A Story of God's Providence', Bulletin of OMR&RCA Vol34 (2).
5. Billings, E.L., Billings, J.J., Brown, J.B., & Burger, H.G. (1972). *Symptoms and hormonal changes accompanying ovulation*. Lancet, 299(7745), 282-284.
6. Weissman, M.C., Foliaki, J., Billings, E.L., & Billings, J.J. (1972). *A Trial of the Ovulation Method of family planning in Tonga*. Lancet, 300, 813-816.

Question to Senior Teachers

Bleeding regularly but no Peak

We are teaching a young couple preparing for marriage. This couple is waiting for marriage for intercourse and there is no history of contraceptive use. Her chart is not revealing patterns of infertility and potential fertility with a recognisable Peak but does show regular bleeding. We have identified her Basic Infertile pattern as dry but can we give her a combined BIP? With the current charting there would be very little time for intercourse.

There are two questions here. Firstly, can a combined BIP be given when the woman is bleeding regularly although no Peak is identifiable?

Secondly, the woman is bleeding regularly but the chart is not indicating a Peak. Why not?

To be able to answer these questions we would need to know more about her history: her age, her reproductive health history, her family history etc. When did she first menstruate, has she always had regular cycles? What does she look like e.g. is she overweight/underweight, is there obvious skin acne or hirsutism (excessive hair growth)? Had she been sexually active prior to this charting? Apart from the stress of organising a wedding, is there any other stress in her life? Is she on any medication or natural health treatments which may be interfering with hormone production?

By taking a good history, including a family history, when we first meet the woman/couple, we have a much better chance of helping them. When the chart is not clear there could be a number of reasons and one of these may be reproductive health issues. Unless the woman is in a reproductive life stage where we would expect the infertile stages of the Continuum, erratic charting should be investigated.

As Billings Ovulation Method® teachers we recognise that if a woman is not ovulating then she is not cycling but as this woman is having regular bleeds, then we know there is ovulatory activity. The recognition of a Peak confirms ovulation. However if there is ovarian activity, but no Peak identified, and there is a subsequent bleed, then ovulation cannot be dismissed. A young woman should be ovulating regularly with the response of a healthy cervix showing a changing, developing pattern, so we have to question why this woman is not showing this expected pattern, especially when she has never used hormonal contraception.

If she is not ovulating, i.e. ovulation is delayed, then a combined Basic Infertile Pattern may be established. The chart must be carefully reviewed and charting accuracy confirmed. The next step is to identify where the dry days occur. Do they only occur immediately following the bleed? Once there is a change from dry, what does her record tell us? If the teacher is considering the possibility of a combined BIP, where do these other days appear? If the woman is in a situation of delayed ovulation then any bleeding is likely to be either withdrawal or breakthrough. The charting will reflect if hormonal changes are the cause of these bleeds. Any unexplained bleeding requires medical investigation. Where in relation to bleeds does this new potential Basic Infertile Pattern occur? If the second pattern only occurs in the days prior to the bleed, it would be unwise to consider this as a combined BIP as there is the strong possibility of ovulation occurring, without a Peak and this is the luteal phase. As the luteal phase descriptions may be similar to the change from BIP at the beginning of fertility, to identify them as a combined BIP may result in the couple using days which are in fact fertile. Although there would be little time for intercourse, it is more important to identify why there is no Peak than to give the couple a combined BIP which could lead to an unplanned pregnancy.

Therefore, the question we have to ask in this case is "Is ovulation occurring?"

This young woman is bleeding regularly but there are no Peaks to be identified. We have to consider the following:

1. Perhaps ovulation is occurring but we cannot see it happening – why not?
2. Perhaps there are attempts at ovulation which are not successful and so she is experiencing the variants of the Continuum and it is therefore a delayed ovulation – we would not expect that of a young woman

with no contraceptive history, unless there is some ovarian dysfunction or stress is having an impact on her fertility – the question is why is this happening?

3. Perhaps she is ovulating on good hormone levels but the cervix is not responding. Again the question is why?

If we look at the first scenario:

Is this an accurate chart? How is she observing? Is she touching and stretching or internally investigating? Is she using panty liners? Does she record every day? What questions have been asked to ascertain that this is good charting? Is the woman keeping regular appointments or giving the teacher access to her chart online so that the chart can be cleaned up early and good charting habits established?

We need to look carefully at the descriptions she has recorded to find clues to whether this is an accurate chart. Perhaps she has written wet in the sensation and slippery in the visual line. Or perhaps it is damp in sensation with sticky thick in the visual. Perhaps she has written stretchy. These are all clues that she may not be observing accurately. Talk to her about the difference between sensation words and visual words. We cannot see sticky or slippery – they are how we feel. They are sensation words as are words such as damp or wet. Stretchy could be indicating that she is touching and stretching the discharge. Perhaps strings mean something totally different to what you are thinking. Perhaps it is just a smear that looks like a string whereas you are thinking she is seeing strings leaving her body. Clean up the chart early in the teaching experience. Break any bad charting habits so that the chart is reflecting an accurate pattern of her hormonal and cervical response.

Are the same descriptions being used for days which are the same? One way of identifying whether this is happening is by asking her to tell you what days in the chart are obviously different. Leave it to her to give you this answer, do not be swayed by what you see written unless you have established that it is accurate. If days look similar but different words are used, ask her to tell you about these differences and establish whether they are in fact the same with just slight variations. How much are we talking about? Was she wet all or most of the day or just for a quick moment, is she describing something as “clear thick” which is just a small visual observation which may be better recorded as slight or smear, leaving words we know she will want to use later when there are obvious sensations and visual observations.

Do not assume that the description of dry is in fact dry. Ask her about these days. For some women, intercourse has occurred and the next day is recorded as dry. Did she not notice seminal fluid? Often she will answer, “oh it was dry expect for the fluid after intercourse the night before”. Sometimes she will just record seminal fluid or SF. What was the sensation? She is making an assumption that it is seminal fluid and not giving an accurate description of what she experienced.

Perhaps she does not appreciate the affects of her body reacting to a loving embrace from her fiancé. She feels wet or damp when this occurs and immediately thinks this is fertile. She records it with a white stamp. Once she understands this significance she will be able to discern if this feeling has come as a result of the kiss or cuddle or is in fact present even when her fiancé is not around. She learns to identify what her body is telling her.

Has she recorded a swollen vulva or even thought about it since you first told her that this may be noticeable around the time of ovulation? Has she thought any more about the lymph node sign?

Is her chart reflecting the presence of progesterone? Remember progesterone activates the Pockets of Shaw and any visual observation is likely to appear thicker and denser and her sensation may now be sticky or dry. Certainly any wetness or slipperiness will have disappeared.

If we look at the second scenario:

She is a young woman who has not used contraception and she should be ovulating regularly. Unless stress is affecting her fertility we would not expect her to be experiencing any of the Variants of the Continuum

There are many reasons why fertility may appear to be compromised, such as PCOS, over active or under active thyroid or high prolactin levels all of which require medical management.

Is there anything in her history that would suggest she might not be having regular ovulations and therefore obvious fertile and infertile patterns?

For instance do any of her family members have diabetes? Does her appearance give you any clues – overweight or underweight? If overweight, gently ask whether she has recently increased her weight, does she have difficulty losing weight? If she is slim you may not consider PCOS, there are a number of symptoms of PCOS not just excess weight. Does she have any allergies, especially to costume jewellery or does the button on her jeans cause irritation? When did she first bleed during puberty? If this was later than 15, how long did it take for her cycles to become regular? What can she tell you about these bleeds? Are they similar to her normal experience? Are there any clots? Is there any pain associated with these bleeds? Her answers will give you clues as to whether this woman needs medical investigation to determine if she is ovulating on normal hormone levels. Remember that ovulation alone does not prove fertility; she may be experiencing infertility because of deficient luteal phases.

If you suspect that any of the above may be a problem for this woman, recommend she have medical investigation now – do not wait until this couple wants to have a baby. The problem may be much harder to fix at that time

If we look at the third scenario:

If she is ovulating and her cervix is not responding then we need to ask why? Is there anything in her history that could give insight into why this might be happening? Has she had cervical surgery? Is there any discharge that may be related to an infection? It may be worth recommending to her that she ask her doctor to investigate if there may be a cervical infection. Often regular swabs do not check for urea plasma or mycoplasma yet these can be present without obvious symptoms. Suggest that she talk with her doctor about this. If this is a cause, once treated, her fertile patterns should return.

Is she on any medications that may be affecting her hormones or her cervical response? If this is unclear, recommend she check with her doctor or health professional.

What is evident from her chart is that something is not what we would expect for her life stage and with her history. She is bleeding regularly indicating ovarian activity. If her charting is accurate and the symptoms do not show clear and definite patterns indicating fertile cycles with good hormones levels, this woman needs to be referred to her doctor to determine:

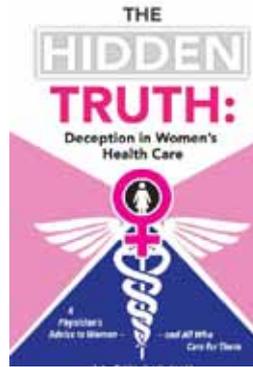
- a) Is ovulation occurring?
- b) Is her cervix healthy?
- c) Is there some underlying problem affecting her fertility?

The Billings Ovulation Method® chart is a diagnostic resource but it will only be effective if it is accurate. We can help a woman to chart accurately and, if her patterns are not the patterns we would expect for her life stage, we should not wait for things to settle down. Recommend she seek medical investigation so that she can be treated and fertility restored.



Why Doctors are Over-prescribing the Pill

Book Review



Dr John Littell MD, is a family physician who has written a book entitled, *The Hidden Truth: Deception in Women's Health Care: A Physician's Advice to Women and All Who Care for Them*, in which he addresses the topic of why he thinks doctors are overprescribing the Pill.

He notes that for many in the medical community, pregnancy, especially in young women, is considered to be a disease. This is not surprising given that their medical training stresses the need for "good" contraceptive practices in all women.

Within hours of a woman delivering her baby she should be asked, "What are you planning to do to prevent another pregnancy?" If she has had two or more children, "She should be strongly encouraged to consider permanent sterilization." And, whatever the reason for the initial consultation, "Teenagers are to be encouraged to get started on long-acting forms of contraception."

As Dr Littell comments, "If pregnancy was a disease, preemptive contraception was the vaccine."

However, too often there is little, if any discussion of the risks to a woman's health when taking hormonal contraceptives. Far from seeking her informed consent to the medication/injection/implant, she is given very little information about the increased risk of cardio/vascular disease, decreased bone mineral density, depletion of folic acid, changes to the limbic system of the brain leading to depression, loss of libido, increased risk of breast cancer or the link between cervical cancer and the use of oral contraceptives. Dr Littell cites cases of women who consulted him because they were unhappy with the adverse side-effects of the contraceptives they had been prescribed, only to find that they had a pre-existing medical history which should have rung alarm bells but had apparently been ignored. For example the young woman who arrived in Emergency suffering from a blood clot in her lungs. She had been prescribed oral contraceptives despite the increased risk of blood clots, which was "particularly dangerous for this young woman who had a condition known as thrombophilia".

Dr Littell records that not only are medical practitioners trained to dispense contraceptives as though pregnancy were a disease, but the medical textbooks distort the information about fertility awareness methods, usually referring to them all as "rhythm methods" and stating they are unreliable in preventing pregnancy. The same textbooks are updated regularly, even annually, in most respects but take no account of modern methods of fertility awareness which have "an effectiveness rate of 99 percent, which is as effective as the Pill for avoiding pregnancy".

To put all this in context, Dr Littell freely admits that he was one of those physicians who prescribed contraceptives of every sort, in line with the training he had received, without much thought for what was best for his patients, until it was his own wife needing to avoid another pregnancy. Her mother had died at the age of 52 from a cerebral aneurysm and they knew that exposing his wife to artificial hormones would place her at increased risk of stroke. They were convinced, for other reasons, that permanent sterilization was not an option for either of them. "Only in later years did I discover that one-third of women who chose Bilateral Tubal Ligation regretted this decision," many of whom suffered dysfunctional uterine bleeding as a result.

Dr Littell and his wife learned the Billings Ovulation Method® and decided to use it for the rest of their marriage. He notes that this “put the challenge on me as a husband to communicate about and cooperate with my wife’s fertility.” He went on: “This allowed us to refrain from having kids for a number of years, and then when we returned to seeking pregnancy we had two more children – all while preserving my wife’s health.”

This book is an excellent personal testimony which also cites all the relevant research about the adverse effects of hormonal contraceptives. Dr Littell does not slate his colleagues, though the evidence is damning. The book, published in 2015, is available online and a summary article was published in Verily Magazine in July 2016 [<https://verilymag.com>].



**WOOMB International together with WOOMB Latinoamerica celebrates the
50th Anniversary of *Humane Vitae* with a Conference:
Innovations in Comprehensive Health through the Billings Ovulation Method®.**

The Conference will be followed by concurrent Teacher Training Programs for all levels of Billings Ovulation Method® teachers from beginners to experienced trainers. Teacher Training Programs will be presented by WOOMB International Directors and WOOMB Latinoamerica Trainers.

Dates: Conference: 27th and 28th April, 2018

Teacher Training Programs: 29th April to 2nd May, 2018

Where: San José, Costa Rica

Languages: Official Conference languages will be Spanish and English

Conference website: www.woombconference2018.com

The Conference website, in both English and Spanish gives all the details including venues, details of the program and registration information. Early Bird rate applies until 31st January, 2018.

On the website you will find video welcome messages from the Directors of WOOMB International and members of WOOMB Costa Rica, together with more detailed information about speakers and testimonies from couples using the Billings Ovulation Method®.

The John J Billings Memorial Lecture, traditionally presented at WOOMB International Conferences, will be delivered Dr Martin Tantalean, President of CEPROFARENA, the Peruvian Affiliate of WOOMB International. Dr Tantalean is a Medical Specialist in Integrated Medicine and Health Management. His paper is entitled: *Bioethical considerations of natural family planning*.



This Conference is being organised primarily by a team from WOOMB Latinoamerica with the on-ground organisation being capably led by WOOMB Costa Rica. If you have questions that are not answered by visiting the website please email: depmetodosnaturales@gmail.com

WOOMB International Conferences are always wonderful opportunities for the WOOMB global family to come together, meet old and new friends and learn new information and skills. The 2018 Conference in Costa Rica promises to be a celebration of the prophetic wisdom of Blessed Pope Paul VI in *Humanae Vitae*, which was the driving force behind all that Drs John and Evelyn Billings did in their work.

Don't miss this wonderful opportunity. Make your plans NOW. Visit the website: www.woombconference2018.com to register for the Conference and training programs. We look forward to seeing you in San José, Costa Rica in April/May next year.



MaterCare International Founder Dr. Robert Walley honoured with Exner Award for work

The Catholic Civil Rights League (CCRL) chose MaterCare founder, Dr. Robert Walley, as winner of 2017's Archbishop Adam Exner Award for Catholic Excellence in Public Life. Dr. Walley responded that he was honoured to receive the award but did so on behalf of everyone associated with the work for the Church done by MaterCare International. Those who have had the opportunity to meet Dr. Walley, know that he is a living embodiment of his convictions, and that he has continued to be a beacon of hope to mothers around the world who still receive inadequate health care.

CCRL President Phil Horgan confirmed the League's selection: "In the many years of the work of MaterCare International, Dr. Robert Walley has been a shining light, and a true ambassador for Christ and His Church. MaterCare International has developed maternal and infant care projects in numerous developing nations, building hospitals and maternal care centres."

In an interview with the Catholic Register, Dr. Walley explained;

"Since 1981 I've been doing something about the number of women who die in Africa due to a lack of access to essential obstetrics," said Walley, who earned his medical degree in London in 1964. "Where one or two would die in Canada per 100,000 live births, there about 790 per 100,000 would die. That is a horrendous difference.

"Over there, they don't get anything. (Often) they deliver in their village and if they are lucky they'll get a non-trained traditional birth attendant, that means a woman in the village. There is usually no way of getting to specialist care or trained care."



Vale Cardinal Caffarra

On 6 September 2017, Cardinal Carlo Caffarra returned to the Father's House. During his lifetime he was a great supporter of the Billings Ovulation Method® and a good friend to Drs John and Lyn Billings and Dr Sr Anna Cappella and all the Billings team in Rome who wrote of him as follows:

"We are very moved and impressed but, at the same time, infinitely grateful to the Lord for Cardinal Caffarra, a real "Master", for us and for the Billings Italian Teachers.

"Master because he was an intelligent, competent and clear-thinking theologian, who contributed by giving light to the truth about the human person, human love and responsible procreation. We followed him in courses, congresses and in the foundation of the Institute for Studies on marriage and family, together with our dear Dr Sr Anna Cappella.

"Master because he was an educator capable of reaching the mind and heart of his students whom he loved and accompanied beyond the academic context.

"Master because he was a shepherd and father to us and many others, accurate and faithful in his teaching of the Magisterium and really close to people, aware of human fragility but also of the power of Christ's love

that transforms lives.

“Now, we imagine him living in the joy of the meeting with God, for which he has lived, in his faithful service to the Church, together with another shepherd dear to us, Cardinal Dionigi Tettamanzi, and together with many others witnesses, who have preceded him in the last journey.

‘We feel, in some ways, the “weight” of the inheritance they have left us, but we also recognize the privilege, sure that their prayer will accompany us. In particular, the prayer of Monsignor Caffarra will support our commitment to the service of life, in which we will continue to learn from his example and his affection.

“We entrust him with confidence to the Mother of the Heaven, asking you to join our prayer for the repose of his soul.”



News Around the World

Highlights from Reaffiliation Reports received by the Directors of WOOMB International from International Affiliates in several countries together with other news from different countries.

AUSTRALIA - as this edition of the Bulletin is being prepared, Billings Ovulation Method® teachers, together with teachers of the other two methods of natural fertility awareness practised in Australia, are getting ready to join with Catholic doctors and other health professionals interested in fertility awareness methods and restorative reproductive medicine, for the National Fertility Conference. To be held at Australian Catholic University in Melbourne, the conference will feature presentations by Professor Pilar Vigil of Chile and Professor John Aitken of Australia together with teachers representing the three methods who will demonstrate charts.

Members of the Education Committee of The Ovulation Method Research and Reference Centre of Australia, Amanda Bowen, Gillian Barker and Carla Chigwidden, will present Billings Ovulation Method® charts demonstrating the use of the Method in situations of sub fertility, adolescence and Polycystic Ovarian Syndrome.

Dr Lek-Lim Chan from Malaysia will also attend the conference and contribute to a Panel Discussion on reclaiming womens' health. Billings Ovulation Method® teachers from New Zealand will also join us.



Following the Conference, Professor Pilar Vigil will also present an intensive learning seminar on The Menstrual Cycle, The Art of Reading a Cycle, and Choosing a Treatment.

HONG KONG - the team at Caritas in Hong Kong continues to provide liaison and translation services between the Directors of WOOMB International and Billings Ovulation Method® teachers in mainland China. In addition they provide teacher training programs for interested participants, including Catholic doctors, Catholic nurses, parishioners, social workers and nuns.

In 2016 a reunion for Billings Ovulation Method® teachers was attended by twenty-three teachers for sharing and revision of the Continuum.



The team liaises with the Catholic Doctors Guild and the Guild of St. Luke, St. Cosmas and St. Damian, Hong Kong to promote natural family planning to the public. One of the team participated as a presenter at a Christian Sexual Ethics Summit, speaking on Natural Family Planning - the awareness of fertility. Caritas regularly schedules pre-marriage courses with talks on the Billings Ovulation Method® and presenters have also been invited by the Diocesan Pastoral Commission for Marriage and the Family to introduce the Method to priests and couples from the mainland when they visit Hong Kong.

Training programs have been held in Fuzhou Diocese and Shandong Province of China at the invitation of local parishes. At return sessions they encouraged a locally trained teacher to assist in the training presentations thereby giving her experience to continue when the team from Hong Kong left.

INDONESIA - the team at PUSIMOB, the National Billings Ovulation Method™ Information Centre of Indonesia, have recently celebrated the Silver Jubilee of Fr Elenterius Bon SVD, their Director. They currently have 125 accredited teachers and have conducted three training programs with 618 participants. Since the death of Fr Paul Klein SVD, their founder, they have reorganized their operation. They currently operate in Jakarta, in Ledug (Eastern Java) and in Maumere (Flores), with hopes to expand into other areas of Indonesia.



NEW ZEALAND currently has ten accredited teachers of the Billings Ovulation Method® and a further eight trainees located throughout the two islands of the country. Professional development is offered to all teachers and trainees bi-monthly by video conferencing. In addition training seminars are held over 2-days each year and are open to health professionals and others interested in women's health. These seminars are accredited by the Royal New Zealand College of General Practitioners, providing Continuing Medical

Education points to their members who attend.

There has been a focus on promoting the Billings Ovulation Method® in Auckland - New Zealand's largest city, with a view to increasing client and teacher numbers. Quarterly information meetings are held in parishes of the Auckland Diocese. In addition brief testimony is given at Marriage Preparation Courses in the Diocese.

In Wellington, the capital of New Zealand, the Billings Ovulation Method® clinic is conducted by the Missionaries of Charity. Initially started to offer the information to immigrant/refugee families, this clinic is expanding into the wider community. In addition the team at this clinic has translated the booklet *Teaching the Billings Ovulation Method® Part 1* into the Burmese language. As English is the second language for many of the couples attending this clinic, they require extra support on their journey to learn the Method.



In Christchurch an information session was held for breastfeeding mothers who commented that a new baby and lack of sleep from night feeding make following the Method accurately more complex. As a result of the success of the initial session, repeat community education sessions are offered three times per year. The Community sessions are run on a Saturday morning in the context of simple hospitality. Couples are encouraged to bring their babies, their questions and their charts. A very rich time has been enjoyed by women and couples who have encouraged and supported each other. The teachers describe it as "a great privilege to do this life enriching work".

Couples wanting the Method but who live in areas where this is no teacher available, are taught remotely using online charting.

In Nelson, as well as offering instruction in the Billings Ovulation Method®, Dr Joseph and Mrs Cushla Hassan conduct a family medical practice at St Luke's Health Centre which also provides crisis pregnancy and post-abortion grief counselling. The Hassans have also conducted outreach sessions in Masterton where a Crisis Pregnancy Support Service is being established.

The *Loving for Life* relationship program for adolescents has been introduced in New Zealand to be offered in schools.

PHILIPPINES - the team at WOOMB Philippines has continued the good work of conducting Teacher Training Programs, most recently in the Dioceses of Antipolo and Paranaque. Coming from different parishes in the dioceses the participants number 65 who can now take the Billings Ovulation Method® back to their local communities.



SLOVAKIA - since attending the WOOMB International Conference and Training Programs in Zagreb, Croatia in May 2016, the team in Slovakia has completed translating all the new training materials received in Croatia and have conducted a basic Teacher Training Program over two weekends at the Centre for Family in Sigord near Presov which belongs to the Greek Catholic church. Twenty-seven people participated including two Catholic priests. There was positive feed-back from all participants and the presenters.

They are continuing work on their new website which is close to completion and report that there are many young and enthusiastic people wanting to join in the work.



TANZANIA - Didas Kapinda, our hardworking Accredited Teacher of the Billings Ovulation Method® in Tanzania, has conducted Teacher Training Programs at the Catholic Youth Centre, Mbeya Diocese and for hospital workers at Saint Carolous Mission Hospital, Mtinko, Singida Region. He has trained a total of 18 teachers over the two courses and hopes that they will join him in taking the Billings Ovulation Method® to the people of his vast country.



VIETNAM - WOOMB Vietnam currently has 1,584 accredited teachers of the Billings Ovulation Method® of whom 745 have been trained at eight locally conducted Teacher Training Programs over the past three years, i.e. since the WOOMB International trainers concluded their regular trips to Vietnam. Such ongoing growth is the best possible reward for the work of taking the Method to the country.

Other significant events have included a national Conference held in 2016, and an outreach program to Minority Groups, in addition to the training programs held in many dioceses of Vietnam.

WOOMB Vietnam also had the great joy of having their Spiritual Advisor, Rev. Louis Nguyen Anh Tuan, appointed as the Bishop of Saigon. Bishop Nguyen is also in charge of the Marriage and Family Council of the Vietnamese Conference of Bishops. Our teachers look forward to his ongoing support in this new position.



Seen in the Medical Journals

*A validated measure for fertility awareness:
an essential step toward informed reproductive decision-making*

Fertility and Sterility, October 2017

Brennan Peterson, PhD
Marriage and Family Therapy Program, Crean College of Health and Behavioural Sciences,
Chapman University, Orange, California

[Extracts from Summary which can be found in full at <http://dx.doi.org/10.1016/j.fertnstert.2017.08.027>]

The efforts by Kudesia and colleagues (1) to create and validate a fertility awareness survey is a vital development in the field of reproductive health care. The 29-item Fertility and Infertility Treatment Knowledge Score (FITKS) was created to measure fertility awareness and infertility treatment knowledge in the general population and among medical trainees. Using a combination of existing questionnaires, consultation with specialists in test construction, and clinical recommendations of an expert panel of 15 reproductive endocrinologists, the FIT-KS is the first of its kind in the U.S. The authors should be commended for their foresight and attempts to address a significant gap in the field as most fertility awareness studies use non-validated instruments.

A substantial body of literature from studies throughout the world over the past decade have shown that fertility awareness is lacking in groups likely to delay childbearing such as undergraduate/graduate university students and medical students, as well as in the general population. Participants in these studies

consistently overestimate the chances of getting pregnant when having unprotected intercourse, the age at which fertility markedly declines, and the success rates of assisted reproductive technologies (ARTs)—particularly in women over the age of 40 years. A misunderstanding of these basic reproductive facts can lead to uninformed decision-making which can put women at risk for age-related infertility.

One of the most important findings in Kudesia and colleagues' article (1) is that few women in the general population have a complete understanding of human fertility, and instead possess a "fractured knowledge" of fertility issues.

While discussions with health care providers are effective ways to improve reproductive health education among women of childbearing age, an increase in discussions on fertility is only one part of the solution. Recent studies examining the fertility awareness of health care professionals have found an alarming result: medical students, obstetrics and gynecology residents, and even practicing gynecologists lack a complete understanding of fertility awareness (4). As obstetricians and gynecologists are the front-line providers of women's health care throughout the world, a lack of accurate fertility knowledge is a troubling scenario as patients could make potentially life-altering reproductive decisions based on inaccurate information. Because the FIT-KS can be used to assess fertility awareness in both the general population and among medical providers, its functional value and contribution to the field becomes even more pronounced.

The findings that health care providers lack fertility awareness highlights the need for improvements in medical education and residency training programs, particularly in obstetrics and gynecology. Adding curricular modules in residency training as well as in continuing medical education (CME) for practicing physicians can increase awareness in doctors which can then be passed on to patients.

In summary, the creation and validation of the FIT-KS is an important development in the field of reproductive health care. It is vital that we improve fertility awareness in the general population and among health care providers to ensure that patients have an accurate and complete knowledge of fertility issues which will enable them to make the most informed reproductive decisions possible.

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Menopausal Hormone Therapy and Long-term All-Cause and Cause-Specific Mortality The Women's Health Initiative Randomized Trials

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Question What is the relationship between use of menopausal hormone therapy vs placebo for 5 to 7 years and mortality over 18 years of follow-up?

Findings Among post-menopausal women who participated in 2 parallel randomized trials of estrogen plus progestin and estrogen alone, all-cause mortality rates for the overall cohort in the pooled trials were not significantly different for the hormone therapy groups vs the placebo groups (27.1% vs 27.6%; hazard ratio, 0.99 [95% CI, 0.94-1.03]).

Meaning Menopausal hormone therapy for 5 to 7 years was not associated with risk of long-term all-cause mortality.

Abstract

Importance Health outcomes from the Women's Health Initiative Estrogen Plus Progestin and Estrogen-Only Trials have been reported, but previous publications have generally not focused on all-cause and cause-specific mortality.

Objective To examine total and cause-specific cumulative mortality, including during the intervention and extended post-intervention follow-up, of the 2 Women's Health Initiative hormone therapy trials.

Design, Setting, and Participants Observational follow-up of US multi-ethnic post-menopausal women aged 50 to 79 years enrolled in 2 randomized clinical trials between 1993 and 1998 and followed up through December 31, 2014.

Interventions Conjugated equine estrogens (CEE, 0.625 mg/d) plus medroxyprogesterone acetate (MPA, 2.5 mg/d) (n = 8506) vs placebo (n = 8102) for 5.6 years (median) or CEE alone (n = 5310) vs placebo (n = 5429) for 7.2 years (median).

Main Outcomes and Measures All-cause mortality (primary outcome) and cause-specific mortality (cardiovascular disease mortality, cancer mortality, and other major causes of mortality) in the 2 trials pooled and in each trial individually, with pre-specified analyses by 10-year age group based on age at time of randomization.

Results Among 27 347 women who were randomized (baseline mean [SD] age, 63.4 [7.2] years; 80.6% white), mortality follow-up was available for more than 98%. During the cumulative 18-year follow-up, 7489 deaths occurred (1088 deaths during the intervention phase and 6401 deaths during post-intervention follow-up). All-cause mortality was 27.1% in the hormone therapy group vs 27.6% in the placebo group (hazard ratio [HR], 0.99 [95% CI, 0.94-1.03]) in the overall pooled cohort; with CEE plus MPA, the HR was 1.02 (95% CI, 0.96-1.08); and with CEE alone, the HR was 0.94 (95% CI, 0.88-1.01). In the pooled cohort for cardiovascular mortality, the HR was 1.00 (95% CI, 0.92-1.08 [8.9 % with hormone therapy vs 9.0% with placebo]); for total cancer mortality, the HR was 1.03 (95% CI, 0.95-1.12 [8.2 % with hormone therapy vs 8.0% with placebo]); and for other causes, the HR was 0.95 (95% CI, 0.88-1.02 [10.0% with hormone therapy vs 10.7% with placebo]), and results did not differ significantly between trials. When examined by 10-year age groups comparing younger women (aged 50-59 years) to older women (aged 70-79 years) in the pooled cohort, the ratio of nominal HRs for all-cause mortality was 0.61 (95% CI, 0.43-0.87) during the intervention phase and the ratio was 0.87 (95% CI, 0.76-1.00) during cumulative 18-year follow-up, without significant heterogeneity between trials.

Conclusions and Relevance Among post-menopausal women, hormone therapy with CEE plus MPA for a median of 5.6 years or with CEE alone for a median of 7.2 years was not associated with risk of all-cause, cardiovascular, or cancer mortality during a cumulative follow-up of 18 years.

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