

Public Comments Submitted to WPSI Nov-21 Re: Possible Changes to Fertility-Awareness Based Methods

COMMENTS

The U.S. Conference of Catholic Bishops, the National Catholic Bioethics Center and The Catholic Medical Association recommend that the following current text of the guidelines be retained without change: “instruction in fertility awareness-based methods ... should be provided for women desiring an alternative method.” The Clinical Recommendation should continue to include, by name, two essential alternatives for women recommended by the CDC: Fertility-Awareness Based Methods (FABM) and the Lactational Amenorrhea Method, provided by insurance without co-pay. See attached letter.

CITATIONS

1. <https://www.cdc.gov/reproductivehealth/contraception/index.htm>.
2. Rebecca G. Simmons and Victoria Jennings, “Fertility awareness-based methods of family planning,” *Best Practice & Research Clinical Obstetrics and Gynecology*, 66 (2020): 68-82.
<https://www.sciencedirect.com/science/article/pii/S1521693419301798>
3. Mackenzie Brewer and Lindsay Stevens, “Use of fertility awareness-based methods of contraception: Evidence from the National Survey of Family Growth, 2013-2017,” *Contraception*, 104 (2021): 183-187.
<https://www.sciencedirect.com/science/article/abs/pii/S001078242100086X>

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The National Catholic Bioethics Center, the Catholic Medical Association, and the U.S. Conference of Catholic Bishops recommend (1) that the list of family planning methods in the Women's Preventive Services Guidelines' Clinical Recommendation continue to include, by name, two essential alternatives for women recommended by the CDC: Fertility-Awareness Based Methods (FABM) and the Lactational Amenorrhea Method,¹ and (2) that the current text of the guidelines, which states that "instruction in fertility awareness-based methods . . . should be provided for women desiring an alternative method," be retained without change. In particular, the guidelines should *not* change "should" to "may" nor condition the offer of such counseling or instruction on an explicit request. The word "instruction" should be retained because women need instruction, not just "counseling," in fertility awareness methods. These services should remain available to women and should be covered by insurers without co-pay.

Several advantages to the FABMs support our recommendation:

(A) Women choose FABMs for a variety of reasons, including the desire to avoid the use of hormones and devices, to avoid the ill side effects of other forms of birth control, and to understand one's natural body processes consistent with religious preferences;²

(B) FABM can be used to effectively avoid or achieve pregnancy;³

(C) FABM effectiveness rates depend on the method but Typical Use failure can be as low as 2%,⁴ and the use of FABM is on the rise with a recent study finding 3.8% of respondents were FABM users.⁵

We hope that the intention is not to remove fertility awareness coverage, especially since the notice does not so indicate. If that was the intent, the public and medical providers have not been given sufficient notice or an opportunity to comment on such a dramatic change.

Thank you for the opportunity to comment on this critical issue.

Sincerely,

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Joseph Meaney, PhD, The National Catholic Bioethics Center
Anthony R. Picarello, Jr., Esq., U.S. Conference of Catholic Bishops

¹ <https://www.cdc.gov/reproductivehealth/contraception/index.htm>.

² Rebecca G. Simmons and Victoria Jennings, "Fertility awareness-based methods of family planning," *Best Practice & Research Clinical Obstetrics and Gynecology*, 66 (2020): 68-82.

<https://www.sciencedirect.com/science/article/pii/S1521693419301798>

³ *Id.*

⁴ *Id.*

⁵ Mackenzie Brewer and Lindsay Stevens, "Use of fertility awareness-based methods of contraception: Evidence from the National Survey of Family Growth, 2013-2017," *Contraception*, 104 (2021): 183-187.

<https://www.sciencedirect.com/science/article/abs/pii/S001078242100086X>