

Letters to the Editor

Send letters to Kenneth W. Lin, MD, MPH, Associate Deputy Editor for *AFP Online*, e-mail: afplet@aafp.org, or 11400 Tomahawk Creek Pkwy., Leawood, KS 66211-2680.

Please include your complete address, e-mail address, and telephone number. Letters should be fewer than 400 words and limited to six references, one table or figure, and three authors.

Letters submitted for publication in *AFP* must not be submitted to any other publication. Possible conflicts of interest must be disclosed at time of submission. Submission of a letter will be construed as granting the American Academy of Family Physicians permission to publish the letter in any of its publications in any form. The editors may edit letters to meet style and space requirements.

Physicians Need More Education About Natural Family Planning

Original Article: Natural Family Planning

Issue Date: November 15, 2012

See additional reader comments at: <http://www.aafp.org/afp/2012/1115/p924.html>

TO THE EDITOR: From a patient-centered perspective, there is enough interest in natural family planning (NFP) to consider it as an option for family planning and gynecologic health. However, the authors of the article state that only one-half of physicians would provide information about NFP to patients who wish to prevent pregnancy. Our survey of 120 family medicine residency programs found that more than one-half of women's health faculty members were not familiar with modern methods of NFP, and 25% of these programs do not include NFP in the women's health curriculum.¹ This knowledge gap among family physicians is a barrier to providing accurate information and referral for interested patients.

The authors cite a 76% user-effectiveness rating for NFP. This widely quoted figure, which perpetuates the knowledge gap, is derived from surveys of women with unintended pregnancies who were asked which family planning method they were using at the time of conception.² From this number, all NFP methods are pooled, then adjusted to account for underreporting of abortion, and an estimated unintended pregnancy rate is generated. Fully 86% of NFP users surveyed identified the calendar rhythm method—a much older and less effective method—as their primary form of contraception.³ This lumping together of NFP methods masks important differences in their effectiveness, a fact acknowledged by the author of this estimate.⁴

We recently used the Strength of Recommendation Taxonomy to review NFP studies published in peer-reviewed journals since 1980.⁵ We found that with typical use, the

effectiveness of individual NFP methods ranged from 85.8% to 98.4%, based on good-quality studies.

The principles for effective use of NFP are similar to those for self-management for diabetes mellitus and smoking cessation. Successful patients are motivated and receive adequate instruction and physician support. We know from NFP model-specific data that among well-instructed, motivated couples, NFP effectiveness rates are comparable with those of generally accepted methods of contraception.

Choosing a family planning method is an important decision. We can best serve our patients who are interested in NFP by becoming more familiar with the evolving body of literature and guiding appropriately selected, interested patients toward resources that facilitate effective use.

MARGUERITE DUANE, MD, MHA, FAAFP
Washington, D.C.
E-mail: MDuaneMD@gmail.com

ROBERT MOTLEY, MD
Allentown, Pa.

MICHAEL MANHART, PhD
Cincinnati, Ohio

Author disclosure: Drs. Duane and Motley are cofounders of the Fertility Appreciation Collaborative to Teach the Systems (FACTS). Dr. Manhart is executive director of the Couple to Couple League International.

REFERENCES

1. Gordon L, Motley RJ, Duane M, et al. Survey of fertility awareness methods incorporated into women's health curricula in family medicine residency programs. Oral presentation at: 2012 Family Medicine Education Consortium Northeast Region Meeting; September 27-30, 2012; Cleveland, Ohio.
2. Mosher WD, Jones J. Use of contraception in the United States: 1982-2008. *Vital Health Stat 23*. 2010;(29):1-44.
3. Vaughan B, Trussell J, Kost K, et al. Discontinuation and resumption of contraceptive use: results from the 2002 National Survey of Family Growth. *Contraception*. 2008;78(4):271-283.
4. Lamprecht V, Trussell J. Natural family planning effectiveness. *Adv Contracept*. 1997;13(2/3):155-165.
5. Manhart MD, Duane M, Lind A, et al. Fertility awareness-based methods of family planning: a review of effectiveness for avoiding pregnancy using SORT. *Osteopathic Fam Physician*. 2013;5(1):2-8.

Letters

IN REPLY: We thank Drs. Duane, Motley, and Manhart for their insightful comments. They have highlighted important caveats in the interpretation of the National Survey of Family Growth (NSFG) statistics about NFP. However, these results do not necessarily need to be viewed as perpetuating a knowledge gap. Instead, the use of the outdated calendar rhythm method by NSFG interviewees is evidence of the need to close a knowledge gap about modern NFP methods. Additionally, the reported typical-use effectiveness of 76% is based on data from 1995 and 2002 surveys.¹ The age of these results demonstrates the need for an updated analysis that would assess the typical-use effectiveness of specific NFP methods rather than lumping them together. In the meantime, data about perfect use support their conclusion that we can best serve appropriately selected, interested patients by guiding them toward resources that will facilitate effective use.

BRIAN A. SMOLEY, CAPT, MC, USN
Camp Pendleton, Calif.
E-mail: brian.smoley@med.navy.mil

Author disclosure: No relevant financial affiliations.

The views expressed in this letter are those of the authors and do not necessarily reflect the official policy or position of the U.S. Navy Medical Corps, the U.S. Navy, or the U.S. Department of Defense.

REFERENCE

1. Trussell J. Contraceptive failure in the United States. *Contraception*. 2011;83(5):397-404.

Corrections

Error in figure legend. The article "Identification and Treatment of Amblyopia" (March 1, 2013, p. 348) contained an error in the legend for Figure 2 (p. 350). The photo was of a patient with right esotropia, rather than right exotropia; therefore, the legend should have read: "Patient with right esotropia demonstrated with asymmetric corneal light reflex. The patient has a left eye fixation preference and amblyopia of the right eye." The online version of this article has been corrected.

Error in formula for serum sodium correction. The article "Diabetic Ketoacidosis: Evaluation and Treatment" (March 1, 2013, p. 337) contained an error in Table 4 (p. 340). The formula for serum sodium correction should be $Na + 0.016(\text{glucose} - 100)$, rather than $Na + 1.6(\text{glucose} - 100)$. The online version of this article has been corrected. ■

One Rx

helps
eliminate

278.0

250.0

796.2

Learn about the Rx for
healthier patients and
increased revenue.

Visit www.Robard.com
or call Jo Godfrey at
800-222-9201 and
mention this ad.

ROBARD
CORPORATION