Naprotechnology is a dynamic, universal women's health science developed by Dr. Thomas W. Hilgers and his colleagues at the Pope Paul VI Institute, Omaha, NE. Evolving over four decades of clinical research, Natural Procreative Technology (NPT or NaPro for short) utilizes a standardized and prospective system of monitoring a woman's menstrual and ovulatory cycles whose biofeedback is critical in helping women understand their gynecology and fertility. One abiding hallmark distinguishes NPT's 40-year history: A woman's healthcare goals—the regulation of fertility and the identification and treatment of reproductive abnormalities—are realized in cooperation with her natural reproductive system. Here I bring the defining concepts and clinical practices of NaProTECHNOLOGY (NPT) into dialogue with those of nurse-midwifery (NMY). Speaking for the former, NPT, will be a representative group of female patients who will recount their experiences in taped sound bites taken from their personal testimonies included in the book, Women Healed. Speaking for the latter, NMY, is a member of the American College of Nurse Midwives (ACNM) recounting her experience of the philosophy-of-care principles as enunciated by the College. In Part One, the representative nurse midwife articulates her lived experience of ACNM's philosophy-of-care principles:

(1) Women's healthcare is both preservation of wellness and prevention of illness that includes screening (e.g., annual gynecological exams); fertility education/family planning; minimization of risks during labor and delivery, and optimization of natural benefits in every phase of childbearing (pre-, peri-, and post-birth).

(2) Women's healthcare is a holistic concept that views birthing as a normal physiological process that encompasses a woman's bio-psycho-social wellbeing.

(3) Women's healthcare must be comprehensively studied so that (a) basic diseases can be analyzed within the larger picture of women-specific responses; (b) the menstrual and ovulatory cycle can be seen as a natural bodily phenomenon that affects and is affected by a woman's total health, and (c) the natural process of childbirth is respected by optimizing chances for a normal vaginal birth while minimizing technological and invasive interventions.

(4) Women's healthcare must be properly researched in evidence-based studies that address the female body and female health needs throughout the continuum of a woman's life: preconception care, prenatal care, labor and delivery support, newborn care, family planning education, and menopausal management.

(5) Women's healthcare must be pursued with sensitivity to women's values and their experience in wellness and illness.

(6) Maternity care is optimally facilitated when women are informed participants in their own care and when they are encouraged to involve designated family members in their labor and birth experience.

(7) Maternity care is best supported with a multidisciplinary team approach (e.g., by a midwife-led continuity of care model for low-risk pregnancies).
In Part Two, a representative group of patients articulate how their lived experience of the care principles behind NaProTECHNOLOGY (NPT) seamlessly incorporates and complements those of nurse-midwifery (NMY):

(1) NPT embraces an essential priority of NMY by being, in the first place, holistic and woman-friendly.

(2) NPT achieves another positive goal of NMY by being person-centered.

(3) NPT attains the same worthy objective of NMY in being patient-specific and freedom-enhancing.

(4) NPT achieves a focal principle of NMY in promoting stewardship-focused empowerment.

(5) NPT attains an important tenet of NMY by being prevention-oriented.

(6) NPT honors yet another standard of NMY in being multi-disciplinary and research based.

(7) NPT realizes a significant goal of NMY in being family-friendly.

(8) Finally, NPT advances an important priority of NMY in being culture-friendly.

NMY and NPT are what women should really want from healthcare because they provide what women really need:

The opportunity to pursue the basic goods of health, family, and procreation encompassing physical, spiritual and social wellbeing. In sum, then, nurse-midwifery and NaProTECHNOLOGY offer women what they really need and, therefore, deserve: healthcare that is woman-, family-, and culture-friendly.

Biography

Sister Renée Mirkes, OSF, PhD is a member of the Franciscan Sisters of Christian Charity, Manitowoc, WI. She serves as director of the Center for NaProEthics [the ethics division of the Pope Paul VI Institute, Omaha, NE] and was editor of its ethics publication, The NaProEthics Forum, from 1996 to 2002. Together with an undergraduate degree in music education and an undergraduate and master degree in vocal performance from Wisconsin Conservatory and University of Michigan School of Music, Sister Renee has a graduate degree in theological ethics from Marquette University, Milwaukee, WI (1995). In her current position, she deals with procreative and birth ethics through consultations, publications, and public speaking. To these commitments Sr. Renee brings experience in clinical ethics as well as broad experience in bioethics as a research fellow from 1987-1990 with the National Catholic Bioethics Center (formerly the Pope John Center: Houston, TX). She was appointed to the Nebraska Bioethics Advisory Commission by University of Nebraska President L. Dennis Smith in 2000. She is a founding member and serves on the board of Nebraska Coalition for Ethical Research. Sister Renee is currently serving on the national Rights of Conscience (ROC) Working Committee and its subcommittee on state ROC legislation. She has also been appointed chair of the Legislative Committee of the American Academy of FertilityCare Professionals and spearheads its website focus on protecting healthcare rights of conscience in reproductive medicine. Sister Renee serves on the board of directors for the Twin Cities FertilityCare Center. Recently, the Center for NaProEthics has been approved as a host organization for the Blackstone Legal Fellowship Program and Sister Renee as on-site director of the Phase II practicum. Sister Renee has published articles in The Journal of Philosophy and Medicine; Ethics & Medics; New Blackfriars; The Thomist; Linacre Quarterly; The American Catholic Philosophical Quarterly; Catholic Answer; Our Sunday Visitor; The NaProEthics Forum; National Catholic Bioethics Center Quarterly; Ethics and Medicine, and The Catholic Response.

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