



THE OFFICIAL POSITION OF THE POLISH SOCIETY OF REPRODUCTIVE MEDICINE AND EMBRYOLOGY AND OF THE FERTILITY SECTION OF THE POLISH GYNAECOLOGICAL SOCIETY CONCERNING THE USE OF NAPROTECHNOLOGY IN INFERTILITY TREATMENT

The term “naprotechnology” (Natural Procreative Technology) was introduced by Thomas W. Hilgers at the National Center for Women's Health at the Pope Paul VI Institute located in Omaha, Nebraska, USA, to define a procedure to support natural procreation.

The method is based on self-observation of the woman's menstrual cycle and makes it possible to identify fertile and infertile days and potential disturbances of the cycle. In accordance with the basic concepts of naprotechnology whose diagnostic methods are based on the Creighton Model Fertility Care System, the observation period of the so-called biomarkers of the woman's menstrual cycle (presence and intensity of mucus symptoms, spotting, changes in body temperature, etc.) may last for up to 2 years and consists of learning the technique of observation of the woman's cycle and recording the results in observation charts. Naprotechnology also covers preliminary diagnostics of infertility: hormonal tests and other laboratory tests and imaging examinations (e.g. ultrasound examination), laparoscopy, semen examination. As a method supporting natural procreation, naprotechnology may be helpful in determining the optimum time of conceiving a baby in a fertile couple or at the beginning of the process of diagnosing the causes of infertility.

Similar self-observation and diagnostics of infertility causes are used in reproductive medicine in the initial phase of diagnosis and treatment. However, it should be emphasised that contrary to the common belief, regular intercourse (about 3 times a week, throughout the cycle) is characterised by a much higher pregnancy success rate in comparison with intercourse limited only to the periovulatory period.

Surgical procedures used by naprotechnologists do not differ in any way from the procedures that are routinely used in the treatment of infertility with surgical methods, despite their different nomenclature, e.g. “close contact laparoscopy”. It is obvious that in the group of couples with limited fertility, the widely recognised approaches commonly used in gynaecology, such as induction of ovulation or surgical treatment, increase the chances of pregnancy. On the other hand, in the group of couples in whose cases surgical and/or pharmacological treatment is impossible or ineffective, naprotechnology cannot in any way replace the treatment of infertility through advanced medically assisted reproduction methods, including in vitro fertilisation. It should be emphasised that naprotechnology does not offer any possibilities of treatment of infertility caused by inoperable tubal



occlusion or tubal absence, massive adhesions in the lesser pelvis, advanced endometriosis, or male infertility which is now becoming a more and more common cause of couples' infertility.

Additionally, in many cases the factor limiting the chances of obtaining spontaneous pregnancy and the efficacy of conservative treatment is the woman's age and depleting ovarian reserve. The woman being above the age of 35 significantly limits fertility, and thus prolonging the diagnostic process and using an unjustified and ineffective treatment in this group of women is contrary to the principles of good medical practice! Suggesting long-term observation of menstrual cycles to infertile women, especially those over 35 years of age, may consequentially completely deprive them of a chance for real medical aid and effective therapy, due to the continued natural decline in fertility.

Assisted reproductive medicine is currently an important and dynamically developing domain of medicine in all countries of the world, and offers real and effective help at resolving reproduction problems. The efficacy of infertility treatment through the method of in vitro fertilisation is confirmed by tens of thousands of publications in the most recognised and acknowledged scientific journals. The effects of this method are also proven by the more than 6 million children who have been born so far.

The principle of good medical practice is using evidence based medicine (EBM) in clinical practice, and naprotechnology – which should be definitely emphasised – is not based on the EBM approach. Isolated publications in journals that have nothing to do with reproductive medicine are not enough to consider naprotechnology a procedure consistent with valid medical knowledge.

It is the position of the Polish Society of Reproductive Medicine and Embryology that methods of documented efficacy should be used in the treatment of infertility, and the treatment algorithm should be adapted to the clinical situation of an individual couple. Unjustified prolongation of the diagnostics and the long-term observation of cycles may limit or even eliminate the chance for getting pregnant, and thus act to the detriment of the infertile couple, against the fundamental medical principle of *primum non nocere* (first, do no harm).

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