

# Fertility Care for young women

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dedicated to helping women appreciate their fertility

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## TIPS FOR GOOD HYGIENE

by Teresa Kenney

AS A NURSE PRACTITIONER in the area of women's health, I frequently see patients who suffer from vaginal infections. Anyone who has suffered from vaginitis (inflammation or infection of the vagina) knows that it causes uncomfortable symptoms, discharge, and frequent trips to the doctor.

The two most common vaginal infections are yeast (fungal) infections and bacterial vaginosis (caused by gardnerella bacteria). Yeast infections cause vaginal itching, soreness and irritation, and a curdy, white discharge. Bacterial vaginosis causes a watery or wet discharge that can have a mild odor and some vaginal irritation.

There are steps that you as a young woman can take to prevent the start of a vaginal infection. It starts with good vaginal hygiene. These are simple steps that you can take to prevent irritation and a disruption in the natural environment of the vagina, which is meant to ward off infection.

### Clothing and Laundry Tips

- Wear all-white cotton underwear.
- Do not wear Spandex® or tight exercise pants. Instead, wear loose-fitting pants or skirts.
- Remove wet bathing suits and exercise clothing promptly.
- Use dermatologically-approved detergent that is Free and Clear.
- Double-rinse underwear and any other clothing that comes into contact with the vulva.
- Do not use fabric softener on undergarments.

### Hygiene Tips

- Use soft, white, unscented toilet paper.
- Use lukewarm or cool sitz baths to relieve burning and irritation.
- Avoid getting shampoo on the vulvar area.
- Do not use bubble bath, feminine hygiene products, or any perfumed creams or soaps (avoid Antibacterial especially).
- Wash the vulva with cool to lukewarm water only.
- Urinate before the bladder is full.
- Use 100% cotton menstrual pads and tampons.

### Dietary tips

- Avoid processed sugar, caffeine and alcoholic beverages
- Eat yogurt or take a probiotic supplement to restore healthy bacteria
- Drink lots of water
- Prevent constipation by adding fiber to your diet (if necessary, use a psyllium product such as Metamucil) and drinking at least 8 glasses of water daily.

If you do have symptoms of vaginitis, contact your doctor. Another great way to keep track of vaginal health is to chart your cycles. Anyone can learn to chart the biological markers of their menstrual cycle. Charting allows you to understand the natural cervical discharge that you produce when you are ovulating, and it also helps by picking up on abnormal vaginal discharge and making it easier to evaluate. To learn more about charting your cycles, check out [fertilitycare.org](http://fertilitycare.org). At this site, you will also be able to find a teacher who teaches the Creighton Model Fertility Care System. This charting system not only helps you to determine your fertility on a daily basis, it is also used by women all over the world for monitoring, maintaining and evaluating their reproductive health. It is the foundation of a new women's health science called NaProTechnology that seeks to work in cooperation with a women's body and her fertility. Learn more at [NaProTechnology.com](http://NaProTechnology.com).

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# ANNIE THE EVANGELIST

Mary Rice Hasson

## Seeing God through the child with Down's Syndrome

Forward by Teresa Kenney

Throughout my life, when I have witnessed a child with Down syndrome, I have always been captivated by the beauty of these special human persons.

I have always felt that God gave us these children as a unique way of seeing Him in the human person. Almost all parents of a child with Down syndrome will tell you of their child's gift to give unconditional love to all.

Currently, in our culture approximately 80% of children who are diagnosed with Down syndrome or Trisomy 21 are aborted or terminated. This statistic has grown over the years as our prenatal testing becomes more sophisticated and accurate.

I truly believe that we are squashing out God when we selectively choose to say that the quality of life of those with Down syndrome is beneath that of you or me.

Jesus said in Matthew 18:3, "Truly I tell you, unless you change and become like little children, you will never enter the kingdom of heaven."

The heart of Down syndrome life remains as a Christ-like child, so how can we not believe the Kingdom is filled with souls like Annie? Enjoy this piece about Annie's call to evangelize and remember Jesus' words, and "Let the children Come".

She's fearless. She's charismatic. She's radiant.

A modern evangelist, Annie basks in Christ's love and shares it with a simple, winsome touch. A heart overflowing with love is a powerful testimony, I've learned. "We love because He first loved us." (1 John 4:19). Annie's love spills over, mysteriously opening hearts long shut to God's mercy and love.

You've got to meet her—so I'll tell you more about her in a second.

First, a confession. Annie's love humbles me. It's so natural, immediate, and unselfish that it stops me dead in my tracks. She's the perfect foil for my easy self-absorption and carefully calibrated giving, because Annie is never calculating. She reaches out, gives, and loves, without measure.

Meet Annie: she's almost two, with feathery blond hair, the most beautiful blue eyes, and a smile that lights the sky. She knows sign language and loves music. The cherished youngest of ten children, Annie gives hugs all day long. She also has Down Syndrome.

Ok, she's cute. But an evangelist?

Yes. From the start, her very existence witnessed to the goodness of all life. When a routine sonogram showed "problems" in utero, the obstetricians sent Annie's mom for a more precise sonogram in another building. Radiology was on the ground floor. When a sonogram confirms a Down Syndrome diagnosis, a mother need only ride the elevator a few floors up for an abortion.

So convenient. That's the way it is now.

Women don't want babies like Annie, so they abort them.

Except that Annie's mom would never consider it. This was

her daughter, after all, no matter what.

A few weeks ago, the New York Times published a reaction to new North Dakota legislation, which outlaws abortions sought because of fetal abnormalities (including Down Syndrome). The writer, Alison Piepmeier, a feminist, gender studies professor at the College of Charleston and the mother of a Down Syndrome child, faults the legislation. In her view, women should be allowed to have abortions "for whatever reason they choose."

Piepmeier's research on "reproductive decision-making" found that a woman carrying a Down Syndrome baby typically viewed "the fetus" as a child already, sometimes with a name. Piepmeier defends the decisions of women who aborted their Down Syndrome children, noting that those decisions were "incredibly painful." (Agonizing over a decision seems to confer moral legitimacy, as least in the New York Times.)

The women in Piepmeier's study denied that they chose abortion because "they wanted a 'perfect child.'" Their decisions were justified, in Piepmeier's view, "because they recognized that the world is a difficult place for people with intellectual disabilities." One mother called her decision "the protective choice" for her baby.

The reigning philosophy seems to be better dead than disabled.

In an unpublished letter to the Times, Annie's mom, also a professor, rejected Piepmeier's justifications. "My own experience is that Alison Piepmeier's pro-choice position is very much an outlier – most parents of Down Syndrome children whom I have met view the eugenic abortion of Down Syndrome

children as tragic and shameful.”

Annie’s mom also observed that many women who choose abortion because of a Down Syndrome diagnosis do so out of fear and misinformation. Medical doctors don’t do much to allay those fears—partly because they see mostly gloom and doom statistics. According to the National Down Syndrome Congress, “many obstetricians are inadequately prepared to explain a diagnosis of trisomy 21, often using overtly negative language or out-of-date information.” The American College of Obstetricians and Gynecologists (ACOG), for example, targets Down Syndrome (trisomy 21) for routine screening (with termination likely), devaluing the lives of Down Syndrome people and discouraging parents from welcoming them into the family.

What’s to be done?

One of the first press reports after Pope Francis’s election recalled that, as Argentina’s archbishop, he admonished his fellow bishops for their timid, reluctant witness to the Gospel. He said, “Jesus teaches us another way: Go out. Go out and share your testimony, go out and interact with your brothers, go out and share, go out and ask. Become the word in body as well as spirit.”

That’s Annie—the word in body as well as in spirit.

Annie evangelizes wherever she goes, always on-message. Six months ago, she captivated a room full of med students who had gathered to hear how Annie’s mom “coped” with



the “burdens” of her Down Syndrome child. After all, Annie’s medical trail was significant, her individuality buried under a litany of diagnoses. To their surprise, these students met a delightful little girl with a “match me” smile. They learned of her fiercely protective father and retinue of devoted siblings, all of whom delight in teaching, cuddling, feeding, diapering, and—best of all—playing with her. They listened to Annie’s feisty mom and heard, in her infectious laugh and passionate voice, great hope for her daughter’s future. Surely some of these

doctors embraced the “good news” about children like Annie.

That’s one of the things Annie does best—spread the good news. Last weekend, she charmed two hundred people at an elegant dinner. Though a guest, she provided delightful, spontaneous entertainment, dancing with her cousins and brothers. Day by day, she stirs the hearts of ordinary people in chance encounters—in the produce aisle at the grocery store, at the snack bar during a local basketball game, and in smiles exchanged during Mass.

She’s cute, not scary. She’s lovable and loving. And she has that mysterious power to stir love in the souls of others, sometimes even in spite of themselves.

She’s “Annie,” not a dreaded Down Syndrome kid. Her life has value, and she’ll wrap you in love if you give her a chance.

That’s Annie...the smiling evangelist.

**Reprinted with permission from [catholicstand.com/annie-the-evangelist/](http://catholicstand.com/annie-the-evangelist/)**

## DID YOU KNOW?

THE PAIN-CAPABLE UNBORN CHILD PROTECTION ACT is legislation that protects from abortion unborn children who are capable of feeling pain. Substantial medical evidence demonstrates that unborn children are capable of experiencing pain certainly by 20 weeks after fertilization. In October of 2010, Nebraska became the first state to pass this abortion law, and it is believed that this type of legislation will spread across the United States. Ten states in all have enacted fetal pain laws since 2010, including Alabama, Arkansas, Arizona, Georgia, Idaho, Indiana, Kansas, Louisiana and Oklahoma. The Nebraska law, Legislative Bill 1103, relies on significant medical research and expert testimony to prohibit abortions after 20 weeks of pregnancy on the basis that unborn children feel pain.

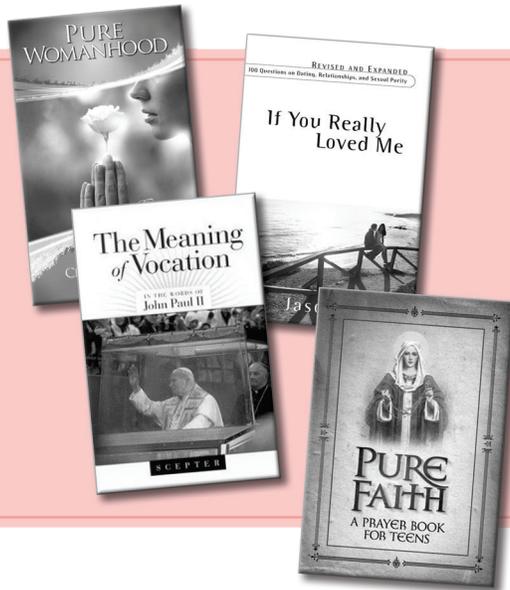
### Key Points

- By 20 weeks after fertilization, all the physical structures necessary to experience pain have developed.
- Unborn children react to painful stimuli, and their hormonal reactions consistent with pain can be measured.
- For the purposes of surgery on unborn children, fetal anesthesia is routinely administered and is associated with a decrease in stress hormones compared to their level when painful stimuli are applied without such anesthesia.
- Abortion methods are painful!

**Source, *National Right to Life, nrlc.org***

## RESOURCES

[www.DrHilgers.com](http://www.DrHilgers.com)  
[www.fertilitycare.org](http://www.fertilitycare.org)  
[www.chastity.com](http://www.chastity.com)  
[vocation-network.org](http://vocation-network.org)  
[www.onemoresoul.com](http://www.onemoresoul.com)  
[www.ewtn.com](http://www.ewtn.com)



For the Study of Human Reproduction

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For more information, visit [www.popepaulvi.com](http://www.popepaulvi.com).

## Our Prayer for Pope Francis

### SOUL OF CHRIST

Jesus, may all that is you flow into me.  
May your body and blood  
be my food and drink.

May your passion and death  
be my strength and life.

Jesus, with you by my side  
enough has been given.

May the shelter I seek  
be the shadow of your cross.

Let me not run from the love  
which you offer,

But hold me safe from the forces of evil.  
On each of my dyings  
shed your light and your love.

Keep calling to me until that day comes,  
When with your saints,  
I may praise you forever. Amen.

David L. Fleming, SJ  
Adapted from *Anima Christi*

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We are talking of peace. These are things that break peace, but I feel the greatest destroyer of peace today is abortion, because it is a direct war, a direct killing—direct murder by the mother herself. And we read in the Scripture, for God says very clearly: Even if a mother could forget her child—I will not forget you—I have carved you in the palm of my hand. We are carved in the palm of His hand, so close to Him that unborn child has been carved in the hand of God. And that is what strikes me most, the beginning of that sentence, that even if a mother could forget something impossible—but even if she could forget—I will not forget you. And today the greatest means—the greatest destroyer of peace is abortion. And we who are standing here—our parents wanted us. We would not be here if our parents would do that to us. Our children, we want them, we love them, but what of the millions.

We who are standing here must continue to work for the protection of the millions. God bless the efforts of all those working to defend human dignity—and the lives of so many innocents.

— The words of Mother Teresa in her acceptance speech for the Nobel Peace Prize on Dec. 11, 1979, aptly describe abortion as an unfathomable form of destructive warfare.