

Effectiveness Summary


Natural Procreative (NaPro) Technology vs. Artificial Reproductive Technologies

NaProTechnology Success rates (in percent)		Artificial Reproductive Technologies Success rates (in percent)	
TO AVOID PREGNANCY			
Creighton Model FertilityCare System			
Perfect use	99.5	99.5	Birth control pills Perfect use
Typical use	96.8	90 – 96	Typical use
INFERTILITY TREATMENT			
NaProTechnology		<i>In vitro</i> fertilization	
Endometriosis	56.7 – 76.4 ³	21.2 ³	Endometriosis
Polycystic ovaries	62.5 – 80.0 ³	25.6 ³	Polycystic ovaries
Tubal occlusion	38.4 ³	27.2 ³	Tubal occlusion
Surgical NaProTechnology associated with		Trad. surgical approach (rarely used)	
Endometriosis	56.7 – 76.4 ²	57.0 ²	Endometriosis
Polycystic ovarian disease	62.5 – 80.0 ²	41.8 ²	Polycystic ovarian disease
DIAGNOSIS OF LUTEAL PHASE			
NaProTechnology		Current medical approach	
Detect by properly targeting hormone evaluation	98.6 ⁷	n/a	Not available
PREMENSTRUAL DYSPHORIC DISORDER (PMS)			
NaProTechnology		Current treatment	
	95.2 ⁴	43.0	Antidepressants
POSTPARTUM DEPRESSION			
NaProTechnology		Antidepressants, anti-anxiety meds	
	92.4 – 96.7 ⁵ Generally within 1-30 days	Slow improvement over 6-12 months	
PREMATURITY & SEVERE PREMATURITY RATE			
NaProTechnology		Traditional treatment	
Prematurity rate	7.0 ⁶	12.9	Prematurity rate
Severe prematurity rate	1.3 ⁶	3.9	Severe prematurity rate
RECURRENT SPONTANEOUS ABORTION			
NaProTechnology		Current medical approach	
	79.0	Lower	
DATING THE BEGINNING OF PREGNANCY			
NaProTechnology		Using date of last menstrual period	
	100.0 ⁸	86.0 ⁸	
CHRONIC PELVIC PAIN			
Surgical NaProTechnology		Current medical approach	
Hysterectomy rate	decreased 2.4x 11.5	40.0	Hysterectomy rate
COST-EFFECTIVENESS			
Creighton Model System		Birth control pills	
Infertility	\$494 ⁹	\$1,866 ⁹	
Prematurity	\$322 ¹⁰	\$9,226 ¹⁰	IVF
PMS evaluation & treatment	\$16,795 ¹¹	\$28,556 ¹¹	Current medical approach
	\$3,218 ¹²	\$5,104 ¹²	Current medical approach

1. Completely comparable to oral contraceptives.
2. Measured by survival curve analysis at 36 months, compared to published results from Johns Hopkins University Medical Center.
3. A range of effectiveness acquired from different study designs.
4. With the use of targeted HCG hormonal support and oral naltrexone.
5. With the use of IM progesterone therapy.
6. Using the Prematurity Prevention Protocol of the Pope Paul VI Institute.
7. Using the Creighton Model FertilityCare System to target evaluation of the post-ovulatory hormone phase of the cycle.
8. Within 10 days.
9. Based on 5 years of use.
10. Based on costs per cycle of treatment.
11. Based on cost saving generated by decrease in prematurity rate to 7.0 percent
12. Includes cost savings due to improved productivity.

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