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			Birth control pills
Perfect use	99.5	99.5	Perfect use
Typical use	96.8	90 – 96	Typical use
Infertility Treatment			
NaProTechnology			*In vitro* 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	95.2[4]		Current treatment
		43.0	Antidepressants
Postpartum Depression			
NaProTechnology	92.4 – 96.7[5] Generally within 1-30 days	Slow improvement over 6–12 months	Antidepressants, anti-anxiety meds
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	79.0	Lower	Current medical approach
Dating the Beginning of Pregnancy			
NaProTechnology	100.0[8]	86.0[8]	Using date of last menstrual period
Chronic Pelvic Pain			
Surgical NaProTechnology	decreased 2.4x		Current medical approach
Hysterectomy rate	11.5	40.0	Hysterectomy rate
Cost-effectiveness			
Creighton Model System	$494[9]	$1,866[9]	Birth control pills
Infertility	$322[10]	$9,226[10]	IVF
Prematurity	$16,795[11]	$28,556[11]	Current medical approach
PMS evaluation & treatment	$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 pre-maturity rate to 7.0 percent
12. Includes cost savings due to improved productivity.

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