

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			
Method effectiveness to avoid	99.5	99.5	Birth control pills Perfect use
Use effectiveness to avoid	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			
Detect by properly targeting hormone evaluation	98.6 ⁷	n/a	Current medical approach Not available
PREMENSTRUAL DYSPHORIC DISORDER (PMS)			
NaProTechnology			
	95.2 ⁴	43.0	Current treatment 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			
Prematurity rate	% 5.4–7.0 ⁶	% 12.9	Traditional treatment 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			
[Creighton Model Charting]	100.0 ⁸	86.0 ⁸	Using date of last menstrual period
CHRONIC PELVIC PAIN			
Surgical NaProTechnology			
Hysterectomy rate (decreased 2.4x)	% 11.5	% 40.0	Current medical approach Hysterectomy rate
COST-EFFECTIVENESS			
Creighton Model System			
Infertility	\$494 ⁹	\$1,866 ⁹	Birth control pills
Prematurity	\$322 ¹⁰	\$9,226 ¹⁰	IVF
PMS evaluation & treatment	\$16,795 ¹¹	\$28,556 ¹¹	Current medical approach
Multiple Pregnancy Rate	\$3,218 ¹²	\$5,104 ¹²	Current medical approach
	3.2%	31.9%	


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 Saint 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.

This table was produced by Saint Paul VI Institute for the Study of Human Reproduction, Omaha, NE, 2019. NaProTechnology is a registered trademark of the Saint Paul VI Institute for the Study of Human Reproduction. It can be freely used by any person or entity so long as its use reflects the medical concepts and values expressed in the textbook *The Medical & Surgical Practice of NaProTechnology*.




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