

NATURAL FAMILY PLANNING FACT SHEET FERTILITY AWARENESS – BASED METHODS

HOW NATURAL FAMILY PLANNING WORK

Fertility awareness-based methods (FAMs) are methods of contraception that depend on charting your fertility pattern. Women who monitor their fertility to prevent pregnancy need to avoid unprotected vaginal intercourse for at least one-third of each menstrual cycle. Couples who want to prevent pregnancy using periodic abstinence do not have vaginal intercourse during their “unsafe days” – the days during which the fertile phase may occur. Although they abstain from vaginal intercourse during the fertile days, they may enjoy other forms of sex play. Couples may also prevent pregnancy using condoms, female condoms, diaphragms, caps, or shields – during their fertile or “unsafe days.”

UNDERSTANDING YOUR MENSTRUAL CYCLE

Understanding your menstrual cycle is essential for your good health. It is especially important to chart your fertility pattern as a method of contraception. The monthly pattern that occurs regularly in most women, from puberty to menopause, is called the menstrual cycle. Every cycle is divided into two parts – before ovulation and after ovulation. In a 28 – day cycle, for example, the pattern usually follows this timing:

- The beginning of the cycle, called Day 1, is the day bleeding begins. The flow usually last about three-to-five days. Usually by Day 7, certain hormones cause some of the eggs in the ovaries to start ripening. Between Days 7 and 11, the lining of the uterus, endometrium, begins to thicken. The influence of additional hormones after Day 11 causes the egg that is most ripe to be released on about Day 14 in women who have a 28-day cycle. The other ripening eggs stop growing and dry up. That’s part one.
- In part two, the egg travels down the fallopian tube towards the uterus. If a single male sperm unites with the egg while it is in the tube, the fertilized egg may travel on and attach to the spongy lining of the uterus. Pregnancy begins if this “implantation” occurs. If fertilization doesn’t take place, the egg cell will break apart in a day or two. About Day 25, hormone levels drop. This causes the lining of the uterus to break down, and in a few days it is shed in a menstrual period. Another cycle has begun.

For some women, cycles recur fairly regularly – every 28 days. But the number of days in each cycle can vary from woman to woman, from every 21 to every 35 days. In fact, a few women have only three or four cycles a year. The first part of the cycle, from the first day of menstruation to ovulation, may vary from 13 to 20 days in length. The length of the first part is not only different from one woman to another, but also differs in some women from month to month. It is during this critical first part of the cycle that fertilization can occur. Such common circumstances as sickness, worry, physical exertion, and even sudden changes in climate may occasionally upset a regular pattern by shortening it or extending it.

The second part of the cycle, from ovulation to the first day of menstruation, is about the same length in all women. The egg is released consistently 14-to-16 days before the onset of menstruation, regardless of the length of a woman’s menstrual cycle.

There are a few women who believe they can tell when the egg has been released from the ovary. Some report having a slight pain in the back, or on the right or left side of the lower abdomen. This pain is sometimes called mittlemschmerz – German for “middle pain.” A few may also have some increased vaginal discharge – a little blood-tinged or clear discharge from the vagina. But it is generally accepted that none of these is a sure signal that an egg has been released – the same symptoms can be caused by other factors.

WAYS TO CHART YOUR FERTILITY PATTERN

- **Temperature method:** Take your temperature every morning before getting out of bed. Your temperature rises between 0.4 degrees F and 0.8 degrees F on the day of ovulation. It remains at that level until your next period. (Basil Body Temp thermometer is needed)

- **Cervical mucus method:** Observe the changes in your cervical mucus. You must do so all through the first part of your menstrual cycle, until you are sure you have ovulated. Normally cloudy, tacky mucus will become clear and slippery in the few days before ovulation. It also will stretch between the fingers. When this happens you are in your most fertile phase. You must abstain from vaginal intercourse or use a barrier contraceptive during this time to avoid pregnancy.
- **Calendar method:** Chart your menstrual cycle on a calendar. You may be able to predict ovulation if your periods are the same every month. You must abstain or use a barrier method during your “unsafe day.” It will be more difficult to predict the day of ovulation if the length of your cycle varies from month to month. In that case, you will have more “unsafe days.” **It is best not to rely on this method alone.**
- **CycleBeads Method:** CycleBeads are a string of colored beads that represent each day of a woman’s menstrual cycle. They help you know if you are on a day when pregnancy is likely or on a day when pregnancy is very unlikely. CycleBeads are for women who have regular menstrual cycles between 26 and 32 days long. The color of the beads tell you whether or not you are likely to get pregnant that day.

It is best to combine the temperature method, the cervical mucus method, and the calendar method. The combination of two or more of these methods is called the symptothermal method.

Few couples, however, are able to use these methods perfectly. **These methods require keeping consistent and accurate records.** Some skill is required in figuring, and the margin of error depends on how accurately signs and records are interpreted and followed. It is most important that original explanations, early coaching, and frequent follow-up be done by a professional instructor or successful users. These methods work better for women whose cycles are always the same length.

Charting fertility patterns requires dedication, education, and practice. It is most effective when both partners are mature, responsible, and committed to making them work. That’s why it is very important for both partners to learn the fundamentals and support each other in observing the abstinence or contraceptive use that is required.

DO NOT DEPEND ON CHARTING YOUR FERTILITY PATTERNS IF:

- you have irregular periods
- your partner is unwilling to observe periods of abstinence from vaginal intercourse, or use barrier methods at unsafe times
- you have a sexually transmitted infection or frequent abnormal discharges
- you cannot keep careful records

CHARTING YOUR FERTILITY PATTERN CAN WORK FOR YOU IF:

- you have received careful instruction in the methods
- you have only one sex partner and he is equally committed to the methods you want to use
- you have the self-discipline required to check and chart your fertility signs and observe the rules
- you don’t mind abstaining or using withdrawal or barrier methods for the first part of the cycle

CHARTING YOUR FERTILITY PATTERN MAY NOT BE APPROPRIATE FOR YOU IF:

- you have more than one sex partner
- your sex partner isn’t equally committed to the methods you want to use
- you are temperamentally unsuited for keeping close track of intercourse for at least 10 days each month or to use a barrier method on “unsafe” days
- you wouldn’t consider having an abortion although you have a medical condition that poses a grave danger for you if you become pregnant
- you take medication that may affect your cervical mucus, body temperature, or menstrual regularity