

# Natural Family Planning Methods and Fertility Monitors

Compiled by Sara Fox Peterson

## Mucus-Only Methods

*Billings Ovulation Method:* Women are taught to observe the sensation at the vulva (the vaginal opening) as they go about their normal daily activities and to notice whether or not cervical mucus is visible when they use the bathroom. Women develop their own vocabulary for describing their observations and identify their own particular patterns of fertility and infertility by keeping a written record of what they experience. For more information: [www.boma-usa.org](http://www.boma-usa.org) or [www.woomb.org](http://www.woomb.org)

*Creighton Model:* Women are taught to observe the sensation produced by cervical mucus as they wipe with toilet tissue before urinating and to observe the appearance of any mucus collected. They then compare what they observe to a standardized 'menu' of mucus descriptions and identify times of fertility and infertility by matching their observations to those provided. For more information: [www.fertilitycare.org](http://www.fertilitycare.org) or [www.popepaulvi.com](http://www.popepaulvi.com)

*Family of the Americas Foundation Ovulation Method:* Women are taught to observe the sensation at the vulva as they go about their normal daily activities and notice whether or no cervical mucus is visible when they use the bathroom. Women match their observations to photographs on stickers of typical cervical mucus and use these stickers to indicate what they observed. For more information: [www.familyplanning.net](http://www.familyplanning.net) (charting software available here also)

## Temperature-Only Methods

For more information on temperature-only methods see the Couple to Couple League's book, The Art of Natural Family Planning, 4<sup>th</sup> edition, by John and Sheila Kippley.

*Basal Body Temperature System (Marshall System):* Women are taught to record their waking temperatures and abstain from the first day of menstruation until after a temperature shift has occurred indicating that ovulation has passed. Women must take their temperature at the same time every morning after a relatively consistent amount of sleep. Abstinence may be prolonged in long cycles.

*Doering System:* Women are taught to predict the start of the fertile phase by subtracting 7 days from the first day of the earliest temperature shift they have experienced in the last 6 to 12 cycles and abstain from then until after a temperature shift has occurred indicating that ovulation has passed. Women must take their temperature at the same time every morning after a relatively consistent amount of sleep. Predicting the start of the fertile phase based on previous cycles requires regular cycles to be effective and may require prolonged abstinence if a woman experiences an occasional long cycle (which virtually every woman will).

## Sympto-Thermal Methods

*Couple to Couple League System:* Women are taught to keep track of three signs of fertility - waking temperature, changes in the appearance of cervical mucus and changes in the cervix itself and using these three signs to cross-check each other they determine the fertile and infertile parts of each cycle. Several different guidelines for determining the beginning and end of the fertile phase are taught and couples choose for themselves which to follow. Women must take their temperature at the same time every morning after a relatively consistent amount of sleep and internal examinations of the cervix are strongly encouraged. For more information: [www.ccli.org](http://www.ccli.org)

*Marquette Model:* Women are taught to keep track of waking temperature, changes in the sensation at the vulva and the appearance of any cervical mucus and may also choose to do daily urine tests with the Clearblue Easy Fertility Monitor which measures the amount of estrone (and estrogen byproduct) and LH (a hormone produced for a short time just before ovulation). Women compare their mucus observations to a list of mucus 'types' and assign a numerical value to what they have observed. Internal examinations are not recommended. Waking temperatures must be taken at the same time every day after a consistent amount of sleep. Urine tests must also be done within the same 3 hour window each day and the Clearblue Easy Monitor cannot be used by breastfeeding women or women whose cycles are longer than 42 days. For more information: <http://www.marquette.edu/nursing/nfp/index.html>

*Fertility Awareness Method (Taking Charge of Your Fertility/Ovusoft):* A version of the Symptom-Thermal method which includes keeping track of waking temperature, changes in the appearance of cervical mucus and changes in the cervix itself. Internal examinations are recommended and waking temperature must be taken at the same time each morning after a relatively consistent amount of sleep. FAM is an entirely secular method of family planning and suggests the option of using barrier contraceptives or engaging in 'creative alternatives' to vaginal intercourse during the fertile phase, neither of which is morally acceptable. For more information: [www.ovusoft.com](http://www.ovusoft.com) (charting software available)

## **Calendar Methods**

*Rhythm Method:* Women are taught to predict when they will be fertile based on previous cycles. The Rhythm Method is not effective for women who have short luteal phases, cannot be used by women who are anovulatory for an extended period of time (including breastfeeding women or women who are approaching menopause) and is likely to fail if a woman has a markedly shorter or longer cycle than she has experienced in the past (which virtually every woman will from time to time). For more information on the Rhythm Method see the Couple to Couple League's book, The Art of Natural Family Planning, 4<sup>th</sup> Edition, by John and Sheila Kippley.

*Standard Days Method:* Women are taught to assume that if their previous cycles have been between 26 and 32 days long that their fertile phase will always fall between cycle days 8 and 19. This method cannot be used by women who have cycles that are not

between 26 and 32 days long, who are annovulatory for an extended period of time (including breastfeeding women or women who are approaching menopause) and is likely to fail if a woman has a cycle which is less than 26 days or longer than 32 days (which virtually every woman will from time to time). For more information: <http://www.irh.org/sdm.html>

### **Fertility Monitoring Gizmos and Gadgets**

***PLEASE NOTE: With the exception of the Ovarian Monitor these devices are manufactured by secular companies and the instructions for using the device often suggest using a barrier contraceptive during the days identified as potentially fertile. Barrier contraceptives are never morally acceptable and their use is never a part of Natural Family Planning.***

*CycleBeads*: Based on the Standard Days Method CycleBeads are nothing more than a counting device with a marker that is slid along a string of beads each day with beads of a different color indicating cycle days 8 through 19 (the predicted fertile window). CycleBeads cannot be used by women who have cycles that are not between 26 and 32 days long, who are annovulatory for an extended period of time (including breastfeeding women or women who are approaching menopause) and is likely to fail if a woman has a cycle which is less than 26 days or longer than 32 days (which virtually every woman will from time to time). For more information: [www.cyclebeads.com](http://www.cyclebeads.com)

*LadyComp/BabyComp*: Handheld computers with a built-in alarm clock and thermometer. The device beeps when it is time for the woman to take her temperature, records the temperature once it is taken and based on a combination of the temperature record and calendar calculations (predictions of when fertility will begin based on the length of previous cycles) lights either a green (infertile), red (fertile) or yellow (unsure) indicator. Women must take their temperature at the same time every morning after a relatively consistent amount of sleep. LadyComp/BabyComp cannot be used by women who are annovulatory for an extended period of time (including breastfeeding women or women who are approaching menopause) and is likely to fail if a woman has a markedly shorter or longer cycle than she has experienced in the past (which virtually every woman will from time to time). For more information: [www.babycomp-ladycomp.com](http://www.babycomp-ladycomp.com)

*Lady-Q, The Donna, Cycle Check, Ovulens*: Lipstick sized magnifying devices which women are to use to view changes in the patterns produced by drying a small sample of saliva on a lens. These changes are supposed to reflect changes in a woman's hormonal status (and therefore fertility), but, anecdotally, these devices are very difficult to interpret and therefore unreliable. For more information: [www.ovulens.com](http://www.ovulens.com)

*OvaCue/Cue II*: A handheld device that monitors changes in the electrolyte content of a woman's saliva and cervical mucus which vary in response to the hormonal changes that occur around the time of ovulation. The woman places a spoon-shaped sensor on her tongue for 5 seconds each morning and has the option of also inserting a vaginal sensor to test cervical mucus. The tests must be done within the same 2 hour window each day and

the results may be unreliable if the woman has eaten significantly more salt than usual prior to the test. For more information: [www.zetek.net](http://www.zetek.net)

*Ovarian Monitor:* A small urine analysis device developed by Dr. James Brown, an Australian colleague of Drs. John and Evelyn Billings, to confirm the effectiveness of the Billings Method, and to be used as a tool to diagnose difficult hormonal patterns as well as assist couples with low fertility to achieve pregnancy. Urine assays are performed daily and an estrogen baseline is established. Women are taught to abstain when their estrogen level is above baseline until either ovulation has been confirmed (via assays for progesterone) or estrogen returns and remains below the baseline level again. Extremely accurate, but requires learning some basic laboratory techniques to perform the assays, is time consuming (35-50 minutes daily) to use and not intended to be used except in special cases. For more information: For further information contact St. Michael NFP Services Pty Ltd, C/- Billings Family Life Centre, 27 Alexandra Parade, Fitzroy North 3068, Australia, Fax : 61 ( 0 ) 3 9482 4208, [kmkmsmyth@bigpond.com](mailto:kmkmsmyth@bigpond.com)

*Persona:* A handheld device that monitors fertility via urine analysis. Women urinate on a test stick (similar to a home pregnancy test stick) each morning and insert the stick into the monitor which analyzes the amount of estrogen and LH present in the urine and using a combination of this data and calendar calculations (predictions of when fertility will begin based on the length of previous cycles) lights either a green (infertile), red (fertile) or yellow (unsure) indicator. Women must perform the urine test within the same 3 hour window every morning. Persona requires that a woman have regular cycles between 25 and 35 days in length, cannot be used by women who are anovulatory for an extended period of time (including breastfeeding women or women who are approaching menopause) and is likely to fail if a woman has a markedly shorter or longer cycle than she has experienced in the past (which virtually every woman will from time to time). Persona is manufactured by the same company that makes the Clearblue Easy Fertility Monitor sold in the United States, but is not sold here and must be purchased online from a Canadian or European retailer. For more information: <http://www.unipath.com/Persona.cfm>