

FERTILITY AWARENESS for Birth Control

Fertility Awareness Method (FAM) is a collection of practices that help a woman know which days of the month she is most likely to get pregnant. A woman can learn when ovulation is coming by observing her body and charting physical changes. She can then use this information to avoid or encourage pregnancy. The most effective way to discover YOUR fertile time is to practice all of the techniques described here.

Fertility Awareness increases a woman's understanding of her body and her menstrual cycle. To be effective as birth control, it requires her to abstain from intercourse or to use a barrier method of birth control during the fertile time, approximately one-third of the month.

If you are want to use FAM as a method of birth control or to get pregnant, please seek additional information from the resources listed at the end.

FAM relies upon the following assumptions:

- ◆ An egg (ovum) can live inside a woman's body for 12-24 hours. However, in calculating the fertile time we use 48 hours in case more than one egg is released.
- ◆ Sperm can live in a woman's body up to 5 days after intercourse, though more often 2 days. Pregnancy is most likely if intercourse occurs anywhere from 3 days before ovulation until 2-3 days after ovulation.
- ◆ The exact time of ovulation cannot be predicted, so we add 2-3 days to the beginning and end.

A woman's fertile time ("unsafe days" if she wants to prevent pregnancy) is thus about one-third of her cycle.

How FAM Works

Pregnancy is prevented by not having sexual intercourse during the unsafe fertile time, or by using a barrier method such as male or female condom, cervical cap, or diaphragm. Alternatively, if a woman wants to get pregnant, she can know when the most likely time is.

FAM is most reliable for women with regular menstrual cycles. As a woman becomes more familiar with the signs of ovulation and the pattern of her menstrual cycle, FAM becomes more effective.

Calendar Charting

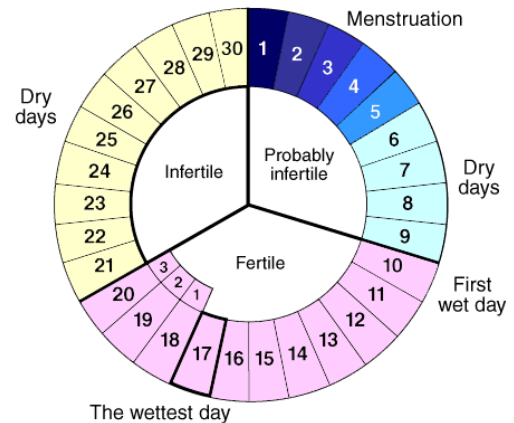
With Calendar Charting a woman uses past menstrual cycles as a guide. She calculates the average number of days in her cycle, and estimates future fertile times. Start by keeping a written record of your menstrual cycle for 8-12 consecutive months. Count the first day of menstruation (the first of bleeding) as 'Day 1' of your cycle. When you know the shortest and longest cycles over several months, you can use a formula to determine an estimate of your fertile time. By itself, calendar charting is not a reliable way to prevent or plan pregnancy, especially if your cycles vary in length. For a chart showing how to calculate the days, see www.Birth-Control-Comparison.info.

Cervical Fluid Monitoring

Cervical fluid changes consistency during the menstrual cycle and plays a vital role in fertilization of the egg. Present in the days preceding ovulation, fertile cervical fluid aids in drawing sperm up and to the fallopian tubes where fertilization usually takes place. It also helps maintain the survival of sperm inside the woman's body.

In a 'typical' cycle, after 5 days of menstruation there are 3-4 'dry' days, then wetness begins with sticky, cloudy, whitish, or yellowish secretions. The wetness increases to the wettest day when cervical fluid is quite distinctive: abundant, slippery, clear and very stretchy (like egg whites). Ovulation occurs sometime in the 2 days before or up to 2 days after the peak day of stretchy fertile fluid.

Cervical Mucus Method



To chart your cervical fluid (also called cervical mucus), observe and record your cervical secretions every day on a calendar or chart. Day 1 is the first day of your menstrual period.

Using a plastic speculum for vaginal and cervical self examination, a woman can learn to see the changes in the os (opening to the cervix) and watch it open as ovulation approaches. Within the os, fertile cervical fluid appears clear and shiny. You may collect this fluid from the speculum after you take it out.

Alternatively, to collect the fluid, wipe yourself front to back with your fingers collecting the secretions from your vaginal opening. Look for a sensation of wetness. Note the color (yellow, white, clear or cloudy) and consistency (thick, sticky, stretchy) as well as how it feels (dry, wet, sticky, slippery, stretchy). When monitoring your cervical fluid, do not douche as it washes away the secretions. Do not use spermicidal gel, foam, cream or suppositories as they making it difficult to see the changes.

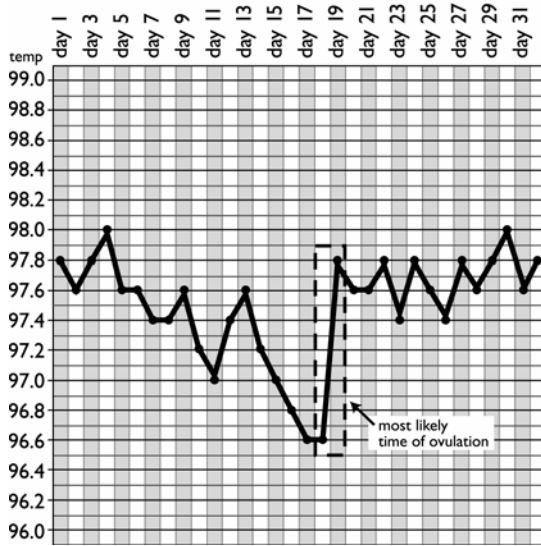
Some practitioners warn that during menstruation and the first dry days after menstruation, you should only have intercourse every other day to ensure you do not miss the first signs of increased secretions. You can use male or female condoms to keep semen out of the vagina and to protect yourself from sexually transmitted infections and HIV.

Basal Body Temperature (BBT)

When a woman monitors her Basal Body Temperature (BBT) she can see when ovulation happens after it has occurred. BBT helps identify post-ovulatory infertile (safe) days.

Using a thermometer that measures .1 (one-tenth) degrees, take your temperature every morning immediately upon waking and before any activity. Use graph paper or ask for a sample FAM chart so you can see the rise and fall of temperature (sample below).

Basal Body Temperature Chart



Immediately before ovulation, the temperature typically drops briefly. Usually, within 12 hours of ovulation the BBT rises several tenths of a degree and remains up until the next menstrual period. When your temperature stays high for 3 days in a row, the fertile period is over and the safe infertile time begins.

The main drawback of using the BBT method by itself, is that several factors can influence your BBT, including illness, lack of sleep, alcohol or drug use.

Record your temperatures on a chart similar to the one above, along with your cervical fluid and the next technique, cervical observation. Keep a chart of your BBT over a period of 8-12 consecutive months to learn the approximate time in your cycle when you usually ovulate.

Cervical Observation

The position of a woman's cervix changes over the course of her menstrual cycle. Typically, during and in the first few days after menstruation, the cervix is fairly low and firm like the tip of your nose. When the wet cervical fluid begins to show, the cervix begins to move up, become more soft, wet, and open. During ovulation, the cervix is at its highest and most open. After ovulation, the cervix returns to the firm, low, and closed position.

To observe the changes in cervical position, wash your hands, insert your middle finger, and feel your cervix for softness, height, opening, and wetness. A plastic speculum can be helpful in the beginning while you are getting used to finding and feeling your cervix. Check your cervix about the same time of day and in the same position (squatting, sitting on the toilet, or with one leg raised).

More Signs of Ovulation

In addition to the changes described above, other physical changes may occur mid-cycle, around the time of ovulation, including:

- ◆ Slight one-sided pain or cramp in the area of an ovary in the lower abdomen.
- ◆ Spotting in mid-cycle
- ◆ Breast tenderness

Effectiveness

To prevent pregnancy, a woman should abstain from intercourse, or use a barrier method of birth control during her fertile days: 5 days before ovulation through 3 days after ovulation, about one-third of her cycle.

The effectiveness of FAM for birth control varies, depending on the dedication and motivation of the woman and her partner, the length of time she has been using it and the regularity of her menstrual cycle. Combining multiple techniques such as those discussed here for observing fertility increase the effectiveness. Of 100 women who limit vaginal intercourse during their fertile time, between 2 to 20 will become pregnant during the first year. By comparison 60 to 80 women out of 100 who use no birth control will become pregnant.

It is helpful to learn these techniques directly from a qualified instructor. Books and websites also have good information.

New technologies such as calculators, computer programs, saliva tests and urine tests are becoming available to the public to help determine fertility. These high tech methods may be especially valuable to women who have had trouble getting pregnant.

FAM Advantages

- ◆ No health risks or side effects to the woman.
- ◆ Can be used to plan or prevent pregnancy.
- ◆ Effective if used correctly and consistently.
- ◆ Acceptable for couples with religious concerns about contraception.
- ◆ Can increase a woman's awareness and understanding of her body.
- ◆ Couples may develop greater communication, cooperation and responsibility.
- ◆ For couples who choose not to abstain during the fertile period, use of barrier methods at that time can offer considerable protection against pregnancy.

FAM Disadvantages

- ◆ Learning to use the method takes time and effort.
- ◆ Requires considerable commitment, calculation and self-control, both by the woman and her partner.

Emergency Contraception

Pregnancy can be prevented *after* intercourse by taking Emergency Contraceptive pills (EC) within 120 hours after unprotected intercourse. Plan B and some brands of regular birth control pills can be used for EC. EC works by giving the body a short, high, burst of synthetic hormones that prevent ovulation. Call the nationwide **EC Hotline** at **1-800-584-9911**, 24 hours a day in English and Spanish or visit their website at ec.princeton.edu.

Additional Resources

- ◆ *Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control and Pregnancy Achievement* by Toni Weschler.
- ◆ *A Cooperative Method of Natural Birth Control* by Margaret Nofziger
- ◆ www.GardenofFertility.com

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at the Feminist Women's Health Center website
www.FWHC.org/sale.htm