

Woman's Health Options

Fertility Awareness Methods

What is Fertility Awareness?

The 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. You can learn when ovulation is coming by observing your own body and charting physical changes. You can then use this information to avoid or encourage pregnancy. FAM increases your understanding of your body and menstrual cycle. To be effective as birth control, it requires you to abstain from intercourse or to use a barrier method of birth control during your fertile time (approximately one-third of the month).

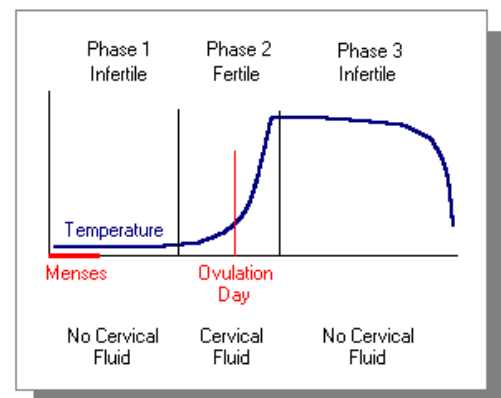
Does It Work?

- FAM is 98% effective with *perfect* use. This means that in a year of perfect use, 2 in every 100 women get pregnant using FAM.
- FAM is 75-90% effective with *typical* use. This means that in a year, 10-25 women in every 100 get pregnant using FAM.

How Is It Used?

During every menstrual cycle, your body prepares for potential pregnancy. However, a woman is actually fertile only a few days per cycle, around ovulation (when an egg is released from your ovaries). To avoid pregnancy, you can avoid vaginal intercourse or use a barrier birth control method such as male or female condoms, diaphragm, or cervical cap, during your fertile time.

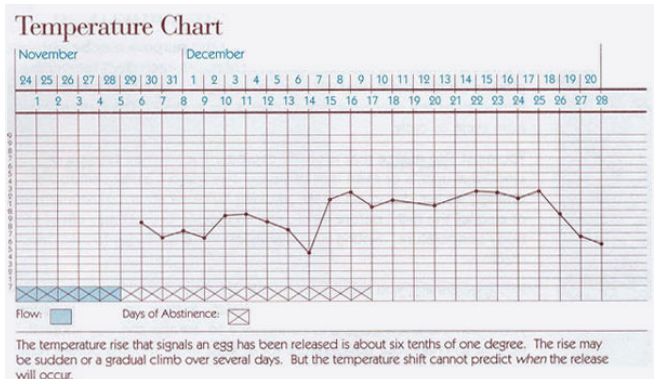
The Fertility Cycle



The three primary fertility signs that you chart *daily* are:

1. Waking temperature (Basal Body Temperature, or BBT)

- The BBT is the temperature of your body at rest; it is the temperature that you take when you first wake up in the morning, before you actually stand up, drink, or do anything.
- Your BBT changes depending on which phase of your menstrual cycle you are in. Generally, between menstruation (your period) and ovulation (when an egg releases from your ovaries), your BBT remains low. After you ovulate, your BBT rises due to the hormone progesterone, and stays elevated until your next period.
- To take your BBT, you need a thermometer that you can buy in a drugstore; digital thermometers are fast and accurate.

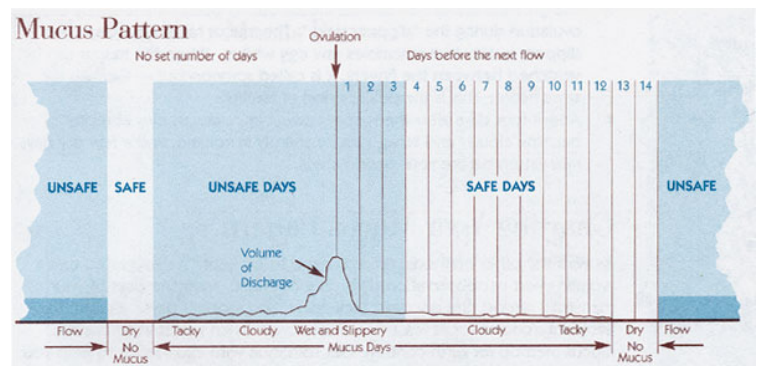


Steps:

- a) Lie still and take your oral temperature as soon as you wake up; take it at the same time each morning, and record any variations in the time you take it.
- b) Take your temperature only after at least 3 consecutive hours of sleep.
- c) Record the temperature on your chart graph and connect the temperatures with a pen.
- d) Note any unusual events such as stress, illness, alcohol intake, medications, travel, or moving.
- e) Draw a 'coverline' on your chart, as follows:
 - After your period ends, as you are charting, always notice the highest temperature of the previous six days.
 - Identify the first day your temperature rises at least two-tenths of a degree higher than that highest temperature.
 - Draw the coverline one-tenth of a degree above the highest of the last six temperatures (high temperatures during your period are irrelevant).
- f) Once you have a sustained temperature shift lasting at least 3 consecutive days, you know you have *already ovulated*.

2. Cervical fluid

- Your cervix secretes fluid/mucus that changes in appearance and feel throughout your menstrual cycle. Cervical fluid changes due to the hormones estrogen and progesterone that rise and fall depending on which phase of your menstrual cycle you are in.
- Sperm can live up to 5 days in a vagina, waiting for a woman to release an egg when she ovulates; cervical fluid (especially the most fertile 'raw eggwhites' fluid) helps sperm swim and survive during this time and facilitates pregnancy.



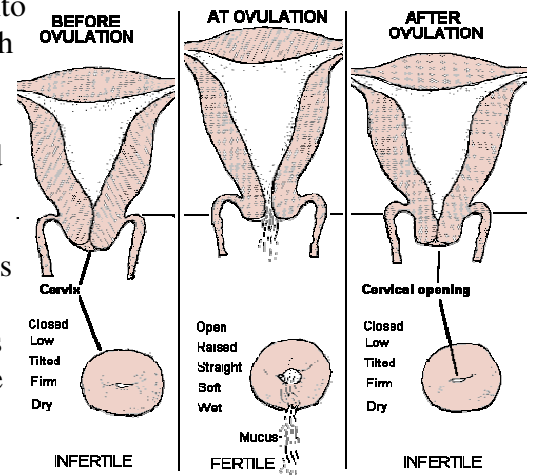
Steps:

- a) Begin checking your cervical fluid the first day after your period has ended.
 - Separate your vaginal lips and check the fluid at the opening with either tissue or your fingers. Focus on how the tissue slides across your vaginal lips (feeling dry or smooth).
 - Focus on vaginal sensations throughout the day; the vaginal sensation you experience throughout the day is an extremely important indicator of your fertility.
 - Try to check cervical fluid every time you use the bathroom, checking at least 3 times a day.
 - Feel the texture of the fluid. Glance away before looking at the fluid and focus on the quality of it. Does it feel dry or sticky? Creamy or slippery? Like raw eggwhites (very fertile)?
 - Check how much the fluid stretches by feeling it and seeing how much it stretches when you separate your fingers. Is it crumbly, tacky, form peaks between your fingers like lotion would, or stretch several inches? Fluid moves from nothing after your period, to sticky, then creamy, then eggwhite at your most fertile, and back to just dampness after ovulation.
- b) Record the most fertile or wet-quality cervical fluid of the day on your chart, as well as any spotting. Your cervical fluid will become progressively wetter as you approach ovulation.
- c) Treat signs of semen or spermicide as a question mark in your charting.

- d) Identify your Peak Day:
- Your Peak Day is the last day of eggwhite cervical fluid or lubricative vaginal sensation, or midcycle spotting.
 - If you don't have eggwhite, you would count the last day of your wettest-quality cervical fluid or wet or lubricative vaginal sensation.
 - If you have a creamy day after your last day of eggwhite, that last day of eggwhite is still considered your Peak Day.
 - Once you have identified the Peak Day, write it in your chart.
- e) Four consecutive days after your Peak Day indicates that you have *already ovulated*.

3. Cervical position (optional sign—should not be relied upon alone)

- The cervix is the lower part of your uterus that extends into your vagina. During each menstrual cycle (beginning with menstruation), your cervix goes through cyclical changes while preparing itself for a potential pregnancy.
- Your cervix is normally firm like the tip of your nose, and only becomes soft and rather mushy, like your lips, as you approach ovulation. It is also normally fairly low and closed, somewhat like a dimple, and only rises and opens due to high levels of estrogen around ovulation.
- You can check the softness, height, opening, and wetness (S.H.O.W.) of your cervix by inserting your clean middle finger into your vagina.



Steps:

- Start checking your cervix once a day after your period ends.
- Try to check at the same time every day. The most effective position to use when checking is squatting. However, you can also check while sitting on the toilet or putting one leg up. It is important to be consistent with whichever position you use, because different positions will affect the cervical height.
- Washing your hands with soap first, insert your middle finger into your vagina. Observe the following acronym, S.H.O.W.:
 - Softness (firm, medium, soft)
 - Height in the vagina (low, midway, high)
 - Opening (closed, partly open, open)
 - Wetness (nothing, sticky, creamy, eggwhite)
 - During the beginning of your cycle, your cervix is firm, low, closed, and with no wetness or just sticky cervical fluid. As you *approach ovulation*, your cervix changes to feel soft, high, open, and with creamy or eggwhite cervical fluid.
 - Note that women who have vaginally delivered children will have a cervix that is always slightly open and shaped like a slit. It is important to focus on subtle changes throughout your cycle.
 - You may notice small firm bumps under the skin of your cervix, called nabothian cysts; they typically come and go without treatment, but check with your doctor if you are concerned.
 - Do not check your cervix if you have a vaginal infection or genital sores.
- Continue observing your cervical position at least until your cervix and cervical fluid revert back to their infertile qualities (firm, low, closed, and dry), indicating you have *already ovulated*.

What Are The Advantages?

- A safe, natural, and fairly effective method of contraception (birth control) or pregnancy achievement.
- Promotes body awareness.
- Is consistent with many religious beliefs and lifestyles.
- Can provide useful information when discussing gynecological and fertility diagnoses with your doctor.
- Can stimulate communication between partners.
- Allows for and encourages partner involvement in contraceptive and reproductive decisions.

Things To Think About:

- It takes time to learn FAM initially (typically a few cycles); follow-up support greatly increases confidence and effectiveness in using the method.
- Discipline and maturity are needed to commit to charting every day; individuals using FAM must be motivated to use the method effectively and have a clear and committed intention to avoid pregnancy.
- Requires periodic abstinence or use of a back-up contraceptive method during your fertile phase.
- Women with irregular periods may need to consult a FAM instructor or comprehensive resource (see Weschler resource below) in order to effectively use FAM.
- It may be difficult to find personal instruction on FAM in your community; many available instructors teach FAM as 'Natural Family Planning' from a religious perspective that may not be compatible with your views. To access this religious-based teaching, you may be required to be in a heterosexual relationship or marriage.

Sexual Decision-Making:

- You have the right to choose to have or not have sexual intercourse.
- If you choose to have sex you may want to think about the risk of sexually transmitted infections (STIs). Fertility Awareness Methods alone do not protect against STIs, including HIV/AIDS. One of the best ways to protect yourself is to use a condom when having sexual intercourse.
- It can be helpful to talk to your partner about these choices before you have sex.

For More Information:

Reading:

Taking charge of your fertility: The definitive guide to natural birth control, pregnancy achievement, and reproductive health. By T. Weschler. (2002). New York: Quill.

The garden of fertility: Reading your fertility signals for natural birth control, pregnancy achievement, and to gauge gynecological health. By K. Singer. (2004). New York: Avery.

Contact:

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Websites:

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