

Fertility Awareness Methods

Key Points for Providers and Clients

- **Fertility awareness methods require partners' cooperation.** Couple must be committed to abstaining or using another method on fertile days.
- **Must stay aware of body changes or keep track of days, according to rules of the specific method.**
- **No side effects or health risks.**

What Are Fertility Awareness Methods?

- “Fertility awareness” means that a woman knows how to tell when the fertile time of her menstrual cycle starts and ends. (The fertile time is when she can become pregnant.)
- Sometimes called periodic abstinence or natural family planning.
- A woman can use several ways, alone or in combination, to tell when her fertile time begins and ends.
- *Calendar-based methods* involve keeping track of days of the menstrual cycle to identify the start and end of the fertile time.
 - Examples: Standard Days Method and calendar rhythm method.
- *Symptoms-based methods* depend on observing signs of fertility.
 - Cervical secretions: When a woman sees or feels cervical secretions, she may be fertile. She may feel just a little vaginal wetness.
 - Basal body temperature (BBT): A woman’s resting body temperature goes up slightly after the release of an egg (ovulation), when she could become pregnant. Her temperature stays higher until the beginning of her next monthly bleeding.
 - Examples: TwoDay Method, BBT method, ovulation method (also known as Billings method or cervical mucus method), and the symptothermal method.

- Work primarily by helping a woman know when she could become pregnant. The couple prevents pregnancy by avoiding unprotected vaginal sex during these fertile days—usually by abstaining or by using condoms or a diaphragm. Some couples use spermicides or withdrawal, but these are among the least effective methods.

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when couples have sex on the fertile days without using another method.

- As commonly used, in the first year about 25 pregnancies per 100 women using periodic abstinence. (How these women identified their fertile time is not known. Pregnancy rates for most of the specific fertility awareness methods as commonly used are not available.) This means that 75 of every 100 women relying on periodic abstinence will not become pregnant. Some newer fertility awareness methods may be easier to use and, thus, more effective (see Question 3, p. 254).
- Pregnancy rates with consistent and correct use vary for different types of fertility awareness methods (see table, below).
- In general, abstaining during fertile times is more effective than using another method during fertile times.



Pregnancy Rates With Consistent and Correct Use and Abstinence on Fertile Days

Method	Pregnancies per 100 Women Over the First Year
Calendar-based methods	
Standard Days Method	5
Calendar rhythm method	9
Symptoms-based methods	
TwoDay Method	4
Basal body temperature (BBT) method	1
Ovulation method	3
Symptothermal method	2

Return of fertility after fertility awareness methods are stopped: No delay

Protection against sexually transmitted infections (STIs): None

Side Effects, Health Benefits, and Health Risks

Side Effects

None

Known Health Benefits

Help protect against:

- Risks of pregnancy

Known Health Risks

None

Why Some Women Say They Like Fertility Awareness Methods

- Have no side effects
- Do not require procedures and usually do not require supplies
- Help women learn about their bodies and fertility
- Allow some couples to adhere to their religious or cultural norms about contraception
- Can be used to identify fertile days by both women who want to become pregnant and women who want to avoid pregnancy

Correcting Misunderstandings (see also Questions and Answers, p. 253)

Fertility awareness methods:

- Can be very effective if used consistently and correctly.
- Do not require literacy or advanced education.
- Do not harm men who abstain from sex.
- Do not work when a couple is mistaken about when the fertile time occurs, such as thinking it occurs during monthly bleeding.



Fertility Awareness Methods for Women With HIV

- Women who are infected with HIV, have AIDS, or are on antiretroviral (ARV) therapy can safely use fertility awareness methods.
- Urge these women to use condoms along with fertility awareness methods. Used consistently and correctly, condoms help prevent transmission of HIV and other STIs.

Who Can Use Calendar-Based Methods

Medical Eligibility Criteria for

Calendar-Based Methods

All women can use calendar-based methods. No medical conditions prevent the use of these methods, but some conditions can make them harder to use effectively.

Caution means that additional or special counseling may be needed to ensure correct use of the method.

Delay means that use of a particular fertility awareness method should be delayed until the condition is evaluated or corrected. Give the client another method to use until she can start the calendar-based method.

In the following situations use *caution* with calendar-based methods:

- Menstrual cycles have just started or have become less frequent or stopped due to older age (Menstrual cycle irregularities are common in young women in the first several years after their first monthly bleeding and in older women who are approaching menopause. Identifying the fertile time may be difficult.)

In the following situations *delay* starting calendar-based methods:

- Recently gave birth or is breastfeeding (*Delay* until she has had at least 3 menstrual cycles and her cycles are regular again. For several months after regular cycles have returned, use with *caution*.)
- Recently had an abortion or miscarriage (*Delay* until the start of her next monthly bleeding.)
- Irregular vaginal bleeding

In the following situations *delay* or use *caution* with calendar-based methods:

- Taking any mood-altering drugs such as anti-anxiety therapies (except benzodiazepines), antidepressants (selective serotonin reuptake inhibitors [SSRIs], tricyclic, or tetracyclic), long-term use of certain antibiotics, or long-term use of any nonsteroidal anti-inflammatory drug (such as aspirin, ibuprofen, or paracetamol). These drugs may delay ovulation.



Providing Calendar-Based Methods

When to Start

Once trained, a woman or couple usually can begin using calendar-based methods at any time. Give clients who cannot start immediately another method to use until they can start.

Woman's situation	When to start
Having regular menstrual cycles	Any time of the month <ul style="list-style-type: none">• No need to wait until the start of next monthly bleeding.
No monthly bleeding	<ul style="list-style-type: none">• Delay calendar-based methods until monthly bleeding returns.
After childbirth (whether or not breastfeeding)	<ul style="list-style-type: none">• Delay the Standard Days Method until she has had 3 menstrual cycles and the last one was 26–32 days long.• Regular cycles will return later in breastfeeding women than in women who are not breastfeeding.
After miscarriage or abortion	<ul style="list-style-type: none">• Delay the Standard Days Method until the start of her next monthly bleeding, when she can start if she has no bleeding due to injury to the genital tract.
Switching from a hormonal method	<ul style="list-style-type: none">• Delay starting the Standard Days Method until the start of her next monthly bleeding.• If she is switching from injectables, delay the Standard Days Method at least until her repeat injection would have been given, and then start it at the beginning of her next monthly bleeding.
After taking emergency contraceptive pills	<ul style="list-style-type: none">• Delay the Standard Days Method until the start of her next monthly bleeding.

Explaining How to Use Calendar-Based Methods

Standard Days Method

IMPORTANT: A woman can use the Standard Days Method if most of her menstrual cycles are 26 to 32 days long. If she has more than 2 longer or shorter cycles within a year, the Standard Days Method will be less effective and she may want to choose another method.

Keep track of the days of the menstrual cycle

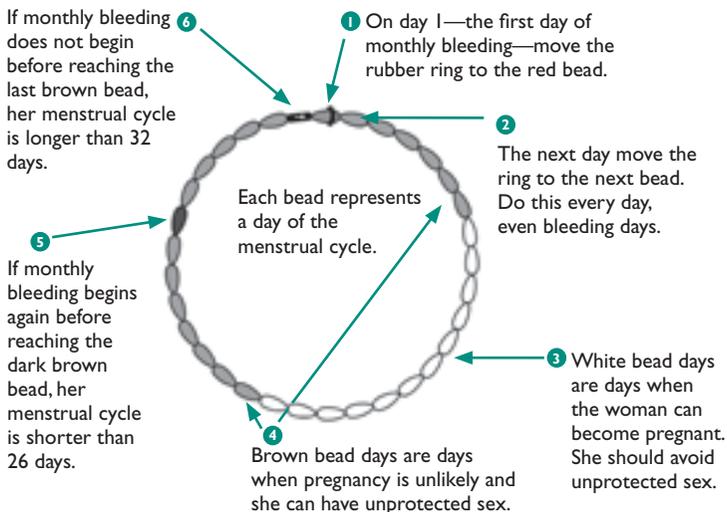
- A woman keeps track of the days of her menstrual cycle, counting the first day of monthly bleeding as day 1.

Avoid unprotected sex on days 8–19

- Days 8 through 19 of every cycle are considered fertile days for all users of the Standard Days Method.
- The couple avoids vaginal sex or uses condoms or a diaphragm during days 8 through 19. They can also use withdrawal or spermicides, but these are less effective.
- The couple can have unprotected sex on all the other days of the cycle—days 1 through 7 at the beginning of the cycle and from day 20 until her next monthly bleeding begins.

Use memory aids if needed

- The couple can use CycleBeads, a color-coded string of beads that indicates fertile and nonfertile days of a cycle, or they can mark a calendar or use some other memory aid.



Calendar Rhythm Method

Keep track of the days of the menstrual cycle

- Before relying on this method, a woman records the number of days in each menstrual cycle for at least 6 months. The first day of monthly bleeding is always counted as day 1.

Estimate the fertile time

- The woman subtracts 18 from the length of her shortest recorded cycle. This tells her the estimated first day of her fertile time. Then she subtracts 11 days from the length of her longest recorded cycle. This tells her the estimated last day of her fertile time.

Avoid unprotected sex during fertile time

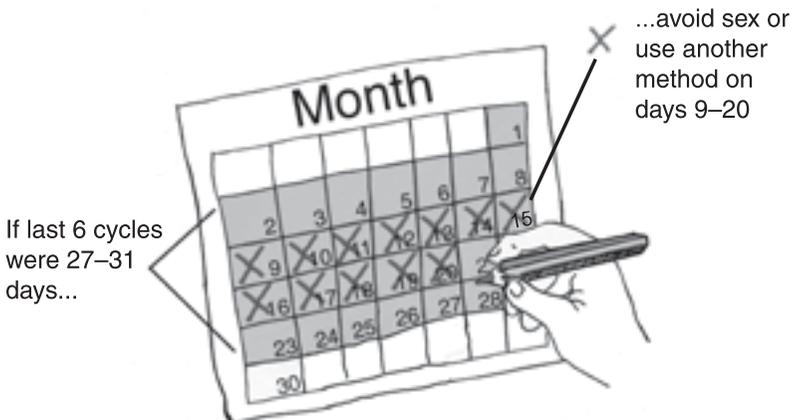
- The couple avoids vaginal sex, or uses condoms or a diaphragm, during the fertile time. They can also use withdrawal or spermicides, but these are less effective.

Update calculations monthly

- She updates these calculations each month, always using the 6 most recent cycles.

Example:

- If the shortest of her last 6 cycles was 27 days, $27 - 18 = 9$. She starts avoiding unprotected sex on day 9.
- If the longest of her last 6 cycles was 31 days, $31 - 11 = 20$. She can have unprotected sex again on day 21.
- Thus, she must avoid unprotected sex from day 9 through day 20 of her cycle.



Who Can Use Symptoms-Based Methods

Medical Eligibility Criteria for

Symptoms-Based Methods

All women can use symptoms-based methods. No medical conditions prevent the use of these methods, but some conditions can make them harder to use effectively.

Caution means that additional or special counseling may be needed to ensure correct use of the method.

Delay means that use of a particular fertility awareness method should be delayed until the condition is evaluated or corrected. Give the client another method to use until she can start the symptoms-based method.

In the following situations use *caution* with symptoms-based methods:

- Recently had an abortion or miscarriage
- Menstrual cycles have just started or have become less frequent or stopped due to older age (Menstrual cycle irregularities are common in young women in the first several years after their first monthly bleeding and in older women who are approaching menopause. Identifying the fertile time may be difficult.)
- A chronic condition that raises her body temperature (for basal body temperature and symptothermal methods)

In the following situations *delay* starting symptoms-based methods:

- Recently gave birth or is breastfeeding (*Delay* until normal secretions have returned—usually at least 6 months after childbirth for breastfeeding women and at least 4 weeks after childbirth for women who are not breastfeeding. For several months after regular cycles have returned, use with *caution*.)
- An acute condition that raises her body temperature (for basal body temperature and symptothermal methods)
- Irregular vaginal bleeding
- Abnormal vaginal discharge

In the following situations *delay* or use *caution* with symptoms-based methods:

- Taking any mood-altering drugs such as anti-anxiety therapies (except benzodiazepines), antidepressants (selective serotonin reuptake inhibitors [SSRIs], tricyclic, or tetracyclic), anti-psychotics

(including chlorpromazine, thioridazine, haloperidol, risperdone, clozapine, or lithium), long-term use of certain antibiotics, any nonsteroidal anti-inflammatory drug (such as aspirin, ibuprofen, or paracetamol), or antihistamines. These drugs may affect cervical secretions, raise body temperature, or delay ovulation.

Providing Symptoms-Based Methods

When to Start

Once trained, a woman or couple usually can begin using symptoms-based methods at any time. Women not using a hormonal method can practice monitoring their fertility signs before they start using symptoms-based methods. Give clients who cannot start immediately another method to use until they can start.

Woman's situation	When to start
Having regular menstrual cycles	Any time of the month <ul style="list-style-type: none">• No need to wait until the start of next monthly bleeding.
No monthly bleeding	<ul style="list-style-type: none">• Delay symptoms-based methods until monthly bleeding returns.
After childbirth (whether or not breastfeeding)	<ul style="list-style-type: none">• She can start symptoms-based methods once normal secretions have returned.• Normal secretions will return later in breastfeeding women than in women who are not breastfeeding.
After miscarriage or abortion	<ul style="list-style-type: none">• She can start symptoms-based methods immediately with special counseling and support, if she has no infection-related secretions or bleeding due to injury to the genital tract.
Switching from a hormonal method	<ul style="list-style-type: none">• She can start symptoms-based methods in the next menstrual cycle after stopping a hormonal method.
After taking emergency contraceptive pills	<ul style="list-style-type: none">• She can start symptoms-based methods once normal secretions have returned.

Explaining How to Use Symptoms-Based Methods

TwoDay Method

IMPORTANT: If a woman has a vaginal infection or another condition that changes cervical mucus, the TwoDay Method will be difficult to use.

Check for secretions



- The woman checks for cervical secretions every afternoon and/or evening, on fingers, underwear, or tissue paper or by sensation in or around the vagina.
- As soon as she notices any secretions of any type, color, or consistency, she considers herself fertile that day and the following day.

Avoid sex or use another method on fertile days

- The couple avoids vaginal sex or uses condoms or a diaphragm on each day with secretions and on each day following a day with secretions. They can also use withdrawal or spermicides, but these are less effective.

Resume unprotected sex after 2 dry days

- The couple can have unprotected sex again after the woman has had 2 dry days (days without secretions of any type) in a row.
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Basal Body Temperature (BBT) Method

IMPORTANT: If a woman has a fever or other changes in body temperature, the BBT method will be difficult to use.

Take body temperature daily

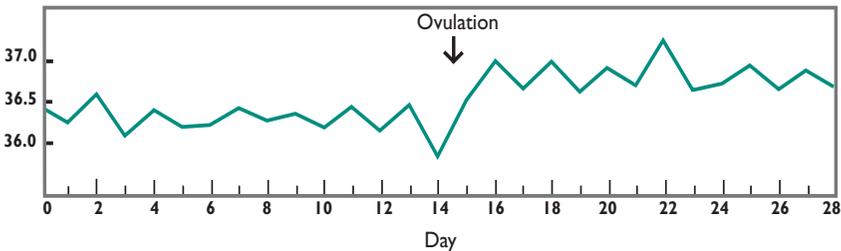
- The woman takes her body temperature at the same time each morning before she gets out of bed and before she eats anything. She records her temperature on a special graph.
- She watches for her temperature to rise slightly— 0.2° to 0.5° C (0.4° to 1.0° F)—just after ovulation (usually about midway through the menstrual cycle).

Avoid sex or use another method until 3 days after the temperature rise

- The couple avoids vaginal sex, or uses condoms or a diaphragm from the first day of monthly bleeding until 3 days after the woman's temperature has risen above her regular temperature. They can also use withdrawal or spermicides, but these are less effective.

Resume unprotected sex until next monthly bleeding begins

- When the woman's temperature has risen, above her regular temperature and stayed higher for 3 full days, ovulation has occurred and the fertile period has passed.
- The couple can have unprotected sex on the 4th day and until her next monthly bleeding begins.



Ovulation Method

IMPORTANT: If a woman has a vaginal infection or another condition that changes cervical mucus, this method may be difficult to use.

Check cervical secretions daily

- The woman checks every day for any cervical secretions on fingers, underwear, or tissue paper or by sensation in or around the vagina.
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Avoid unprotected sex on days of heavy monthly bleeding

- Ovulation might occur early in the cycle, during the last days of monthly bleeding, and heavy bleeding could make mucus difficult to observe.
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Resume unprotected sex until secretions begin

- Between the end of monthly bleeding and the start of secretions, the couple can have unprotected sex, but not on 2 days in a row. (Avoiding sex on the second day allows time for semen to disappear and for cervical mucus to be observed.)
 - It is recommended that they have sex in the evenings, after the woman has been in an upright position for at least a few hours and has been able to check for cervical mucus.
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Avoid unprotected sex when secretions begin and until 4 days after “peak day”

- As soon as she notices any secretions, she considers herself fertile and avoids unprotected sex.
- She continues to check her cervical secretions each day. The secretions have a “peak day”—the last day that they are clear, slippery, stretchy, and wet. She will know this has passed when, on the next day, her secretions are sticky or dry, or she has no secretions at all. She continues to consider herself fertile for 3 days after that peak day and avoids unprotected sex.



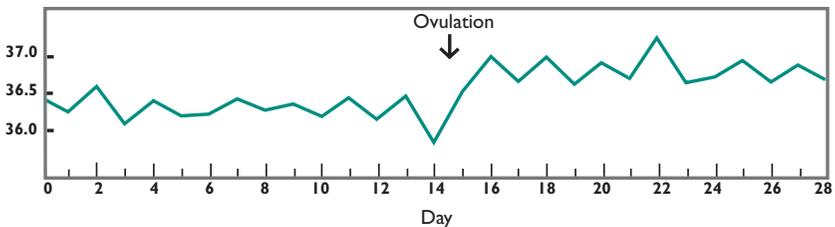
Resume unprotected sex

- The couple can have unprotected sex on the 4th day after her peak day and until her next monthly bleeding begins.
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Symptothermal Method (basal body temperature + cervical secretions + other fertility signs)

Avoid unprotected sex on fertile days

- Users identify fertile and nonfertile days by combining BBT and ovulation method instructions.
- Women may also identify the fertile time by other signs such as breast tenderness and ovulatory pain (lower abdominal pain or cramping around the time of ovulation).
- The couple avoids unprotected sex between the first day of monthly bleeding and either the fourth day after peak cervical secretions or the third full day after the rise in temperature (BBT), whichever happens later.
- Some women who use this method have unprotected sex between the end of monthly bleeding and the beginning of secretions, but not on 2 days in a row.



Supporting the User

“Come Back Any Time”: Reasons to Return

No routine return visit is required. Providers should invite a woman or couple to meet with them a few times during the first few cycles if they want more help. Assure every client that she is welcome to come back any time—for example, if she has problems, questions, or wants another method; she has any major change in health status; or thinks she might be pregnant. Also if:

- She is having difficulty identifying her fertile days.
- She is having trouble avoiding sex or using another method on the fertile days. For example, her partner does not cooperate.

Helping Continuing Users

Helping Clients at Any Visit

1. Ask clients how they are doing with the method and whether they are satisfied. Ask if they have any questions or anything to discuss.
2. Ask especially if they are having difficulty identifying her fertile days or trouble avoiding unprotected sex on the fertile days.
3. Check whether the couple is using the method correctly. Review observations or records of fertility signs. If needed, plan for another visit.
4. Ask a long-term client if she has had any new health problems since her last visit. Address problems as appropriate.
5. Ask a long-term client about major life changes that may affect her needs—particularly plans for having children and STI/HIV risk. Follow up as needed.

Managing Any Problems

Problems With Use

- Problems with fertility awareness methods affect women’s satisfaction and use of the method. They deserve the provider’s attention. If the client reports any problems, listen to her concerns and give her advice.
- Offer to help the client choose another method—now, if she wishes, or if problems cannot be overcome.

Inability to abstain from sex during the fertile time

- Discuss the problem openly with the couple and help them feel at ease, not embarrassed.
- Discuss possible use of condoms, diaphragm, withdrawal, or spermicides or sexual contact without vaginal sex during the fertile time.

- If she has had unprotected sex in the past 5 days she can consider ECPs (see Emergency Contraceptive Pills, p. 45).

Calendar-Based Methods

Cycles are outside the 26–32 day range for Standard Days Method

- If she has 2 or more cycles outside the 26 to 32 day range within any 12 months, suggest she use the calendar rhythm method or a symptoms-based method instead.

Very irregular menstrual cycles among users of calendar-based methods

- Suggest she use a symptoms-based method instead.

Symptoms-Based Methods

Difficulty recognizing different types of secretions for the ovulation method

- Counsel the client and help her learn how to interpret cervical secretions.
- Suggest she use the TwoDay Method, which does not require the user to tell the difference among types of secretions.

Difficulty recognizing the presence of secretions for the ovulation method or the TwoDay Method

- Provide additional guidance on how to recognize secretions.
- Suggest she use a calendar-based method instead.

Questions and Answers About Fertility Awareness Methods

1. Can only well-educated couples use fertility awareness methods?

No. Couples with little or no formal schooling can and do use fertility awareness methods effectively. Couples must be highly motivated, well-trained in their method, and committed to avoiding unprotected sex during the fertile time.

2. Are fertility awareness methods reliable?

For many couples, these methods provide reliable information about the fertile days. If the couple avoids vaginal sex, or uses condoms or a diaphragm during the woman's fertile time, fertility awareness methods can be very effective. Using withdrawal or spermicides during the fertile time is less effective.

3. What is new about the newer fertility awareness methods, the Standard Days Method and the TwoDay Method?

These new fertility awareness methods are easier to use correctly than some of the older ones. Thus, they could appeal to more couples and be more effective for some people. They are like older methods, however, in that they rely on the same ways of judging when a woman might be fertile—by keeping track of the days of the cycle for the Standard Days Method and by cervical secretions for the TwoDay Method. So far, there are few studies of these methods. A clinical trial found that, as the Standard Days Method was commonly used by women who had most cycles between 26 and 32 days long, there were 12 pregnancies per 100 women over the first year of use. In a clinical trial of the TwoDay Method as it was commonly used, there were 14 pregnancies per 100 women over the first year of use. This rate is based on those who remained in the study. Women who detected secretions on fewer than 5 days or more than 14 days in each cycle were excluded.

4. How likely is a woman to become pregnant if she has sex during monthly bleeding?

During monthly bleeding the chances of pregnancy are low but not zero. Bleeding itself does not prevent pregnancy, and it does not promote pregnancy, either. In the first several days of monthly bleeding, the chances of pregnancy are lowest. For example, on day 2 of the cycle (counting from the first day of bleeding as day 1), the chance of getting pregnant is extremely low (less than 1%). As the days pass, the chances of pregnancy increase, whether or not she is still bleeding. The risk of pregnancy rises until ovulation. The day after ovulation the chances of pregnancy begin to drop steadily. Some fertility awareness methods that depend on cervical secretions advise avoiding unprotected sex during monthly bleeding because cervical secretions cannot be detected during bleeding and there is a small risk of ovulation at this time.

5. How many days of abstinence or use of another method might be required for each of the fertility awareness methods?

The number of days varies based on the woman's cycle length. The average number of days a woman would be considered fertile—and would need to abstain or use another method—with each method is: Standard Days Method, 12 days; TwoDay Method, 13 days; symptothermal method, 17 days; ovulation method, 18 days.