

NATURAL FAMILY PLANNING: CHOOSING A METHOD

There are a number of modern Natural Family Planning methods, all based on the fundamental principle of abstaining during the fertile phase of the menstrual cycle to prevent pregnancy, or having intercourse in the fertile phase of the menstrual cycle to achieve pregnancy. Each of the various methods has its own proponents and its own particular strengths. Some methods may be better for certain individuals and for different seasons of a woman's reproductive life.

There are two basic types of modern NFP methods, the ovulation methods and the symptothermal methods.

Ovulation Methods

The original ovulation method of NFP was initially developed in Australia by the physicians John and Evelyn Billings. Other variations of the ovulation methods include the FertilityCare (Creighton) and Family of the Americas systems.

Ovulation methods rely principally on observations and the sensation of cervical mucus. It was noted in 1847 by Pouchet that "from the tenth to the fifteenth day...the utero-vaginal mucus...now appears to be more liquid and much more abundant than ever. Often there is such a quantity of discharge that it moistens the genital organs and overflows the important parts." We now know that this mucus flow coincides with ovulation and can occur earlier or later, but this description is still valid.

The increase in mucus correlates with the rise in estrogen, which peaks just before ovulation. A woman's observations are recorded on a chart, and she is taught patterns that mark the fertile and infertile phases of the cycle. The Billings method has been used successfully internationally, in China, Africa, India (Mother Teresa taught this method), Australia and Europe, as well as the USA. The Pope Paul VI Institute, which developed the FertilityCare (Creighton) method, has devoted much research to infertility and medical problems, in addition to the prevention of pregnancy.

Symptothermal Methods

With the symptothermal methods, the basal body temperature of the woman is taken on awakening daily. In addition, observations of cervical mucus and in some cases cervical consistency and position are noted.

A temperature rise, due to the hormone progesterone, signals the beginning of the infertile phase of the cycle after ovulation. Since the 1940's, much information on temperature patterns has been collected on thousands of years' worth of menstrual cycles. Those using the symptothermal methods find that the cross-checking of two signs, the drying up of cervical mucus and the temperature rise, provides extra security in marking the onset of the infertile phase at the end of the cycle.

The symptothermal methods include those taught by the Couple to Couple League and Northwest Family Services, a number of European methods, and TCOYF (Take Charge of Your Fertility).

New Technologies

Recent developments include computer software used in charting both ovulation and symptothermal methods. Another recently developed device is the Mini-Sopia Basal Body Thermometer.¹¹ It beeps to wake the woman up in the morning, and records her temperature and prompts her for information about her cervical mucus. Based on this data collected, it calculates the beginning and end of the fertile time in a woman's cycle. The LadyComp and Bioself are similar computerized thermometers, available in Europe. Other devices, such as lenses monitoring changes in saliva, have not proved reliable for fertility control.

The Marquette method is a new method of NFP which utilizes direct measurement of two urinary reproductive hormones, estradiol glucuronide and LH, to mark the onset of the fertile period and the time of peak fertility. Urinary test strips are placed in a hand-held device, the ClearPlan (ClearBlue) fertility monitor, which will give a reading of low, high, or peak fertility. The ClearPlan (ClearBlue) monitor, marketed in the USA, was devised for couples who wish to achieve pregnancy. However, if as in the Marquette method the monitor is used in conjunction with observations of cervical mucus (and temperature if desired), charting, and good instruction, it can provide valuable assistance in preventing pregnancy.

Simplified NFP Methods

Most modern methods of NFP are typically learned in several sessions with a trained instructor. However, there has been a big demand in third-world countries for NFP methods that can be learned very easily in one session and that can be taught by local health workers who do not have in-depth training. The Georgetown University Institute for Reproductive Health has developed two new methods for use under these conditions. These simplified methods do not have the 97-99% effectiveness range of other modern NFP methods taught in the USA and Europe, but the somewhat lower effectiveness rate in limiting or spacing pregnancies is acceptable to many people in other countries (especially when contrasted with the alternatives of pills, IUD's and sterilization).

The Standard Day Method (SDM) is a modified form of calendar rhythm that requires abstaining from day 8-19 of the cycle. It uses a colored bead necklace, called CycleBeads, to help the woman mark the days of fertility and infertility. However, unlike other modern NFP methods, the SDM can only be used by women who are not breastfeeding, have had several menses since giving birth, and have cycles between 26 and 35 days. Under these conditions, the effectiveness of the SDM was 95%. As with other methods of NFP, women also used the CycleBeads to achieve pregnancy.

The Georgetown group is also developing another method, the Two-Day Method, that can be used by a larger percentage of women. In this method, the woman abstains from intercourse to prevent pregnancy if she senses mucus on that day or the preceding day. Preliminary studies of the Two

Day method have also been promising. Although originally intended for rural health clinics in third-world countries, there has been considerable interest among some women and health professionals in the USA who also see the benefit of a very simple, natural method as a good alternative to artificial contraception.

Choosing a Method

Each of various methods has its own strengths, emphases, and disadvantages. What works well for one individual may not work well for another.

The CCL symptothermal method is taught by couples and strongly encourage male participation. The Billings ovulation method relies heavily on a woman's perception of the sensation of mucus. It is one of the simpler methods to learn. Some women are comfortable with the tuning-into-your-own body aspect of the Billings method, whereas others prefer the objectivity of a temperature rise or hormone measurement. Some women's schedules make taking a morning temperature difficult, so for them a method not requiring this is more suitable.

For many couples, the expense of the fertility monitor (\$150-200) and test strips (about \$15 monthly) used in the Marquette method is prohibitive. The FertilityCare (Creighton) method can require more visits to the instructor than other methods.

For the purposes of preventing pregnancy, one study showed that the multiple indexed methods—methods in which the beginning and end of the fertile period is determined by more than one sign—are slightly more effective. For example, the symptothermal methods use mucus sign and a calendar calculation based on past menses to signal the beginning of the fertile period, and the drying up of mucus plus the rise in temperature to signal the end of the fertile period. The Marquette method uses mucus and urinary hormones to mark the beginning and end of the fertile period. However, proponents of the FertilityCare (Creighton) method, a single-index system, would challenge this assumption and cite a study of their method showing a 99% method-effectiveness rate.

For achieving pregnancy, the mucus sign and measurement of hormones are the most reliable signs of impending ovulation, as the temperature rise occurs mainly *after* the fertile period. Some observers believe that methods that have more emphasis on these signs are more suited to those with fertility problems or irregular cycles. The most research on achieving pregnancy with NFP has been done for the FertilityCare (Creighton) methods and with the ClearPlan (ClearBlue) fertility monitor, used by the Marquette method. Studies have shown that these methods can help couples of both normal and impaired fertility achieve pregnancy more easily.

Although NFP can be learned from a book, most NFP experts believe that interaction with a knowledgeable instructor is the best, especially if problems in interpretation of signs arises, or for support if there are difficulties with abstinence. The World Health Organization estimates that 93% of women can easily learn NFP, and that the other 7% can learn NFP with more expert teaching.

Since there is much geographical variation in the availability of different methods of NFP, the best advice is to seek a certified instructor in one's local area. If this is not possible, NFP can be learned by via the internet in a system that allows close collaboration with an instructor. All modern types of NFP in the US and Europe have an effectiveness rate of 97-99% in preventing pregnancy, and all offer many advantages over artificial contraception.

RESOURCES

Ovulation Method

Billings Method	www.billings-centre.ab.ca
FertilityCare	www.creightonmodel.com
Family of the Americas	www.familyplanning.net

Symptothermal

Couple to Couple League	www.ccli.org
Marquette Method	www.marquette.edu/nursing/nfp
Northwest Family Services	www.nwfs.org
Take Charge of Your Fertility	www.tcoyf.com

European

Fertility UK	www.fertilityuk.org/index.html
Italy and other nations	www.ieef.org/xitalia.htm
Germany – INER web site	www.iner.org

*Learn about Natural Family Planning from an
Orthodox Christian perspective at www.orthodoxnfp.org*

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