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A Positive Solution for Achieving and Postponing Pregnancy

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A POSITIVE AND natural solution for achieving and postponing pregnancy is normally at the disposal of the couple. The fertile phase which occurs once only in a woman's cycle, no matter how long or short, is marked by the production of oestrogenic-dependent mucus from the cervix prior to ovulation. This mucus ensures the normal functioning of the normal sperm cells and, at the same time, alerts the woman to the signs of fertility at the vulva. The Ovulation Method (OM) uses these vulval observations to identify the fertile phase, the subsequent infertile phase, and by the study of the behavioral pattern of the secretion before the fertile phase, pre-ovulatory infertility as well.

Pre-ovulatory infertility is recognized by the unchanging basic infertile pattern (B.I.P.) which mirrors accurately the quiescent state of the ovarian follicles before they begin to produce oestrogens, and therefore before the cervix begins to produce that mucus which is essential for sperm vitality. The B.I.P. may be short or prolonged as, for example, during lactation, premenopause, or following the use of synthetic hormones. Therefore, by using the Ovulation Method, a woman can learn to know, on any one day

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and irrespective of cycle length, that she is definitely infertile or whether intercourse could result in pregnancy.

Comparison between the woman's mucus observations and her hormonal levels, mucus channel counts, and ultrasonography of ovulation show a very close correspondence. Thousands of hormonal studies done in the laboratories of Professor J. B. Brown and Professor H. Burger of the Universities of Melbourne and Monash, respectively, have verified the accuracy of women's observations of both infertility and fertility.

With the reproductive health of the couple intact, the husband and wife can use her observations as they wish; and as their circumstances and inclinations change, they can choose to have intercourse on days of fertility if pregnancy is desired or on days when conception is not possible.

Field trials have shown that it is not difficult for anybody to learn the Ovulation Method if properly taught, and that the authentic Method is highly reliable. Therefore the task that lies ahead is as clear as it has always been. Authentic information and teaching of an excellent standard must be provided. Couples are entitled to the best we can offer. Because it is useless to apply reliable rules to a poor record, I have confined my paper today to the accurate making and recording of observations.

The Value of the Chart

1. An OM chart must be an accurate record to be of value.
2. We know that accurate observations will reflect the underlying physiological events. Therefore the woman should be encouraged to believe it is worthwhile to keep a chart. Her confidence will be greatly increased when she sees that her own observations are giving her valuable information.
3. The habit of keeping a chart ensures daily concentration on the signs. Such events as "going on holidays" or "moving house" will not cause a break in the record if the habit to make those recordings is formed early. Such unusual events are sometimes responsible for delaying ovulation, as are episodes of severe emotional or physical stress. Consistent charting will avoid missing the unexpected when, under abnormal circumstances,

attention may be diverted. The unexpected could be delayed ovulation or when, at any time but more so when a woman nears the premenopause, ovulation may suddenly occur early in a cycle—an event which is unrelated to stress.

4. Charting carefully soon eliminates rhythm thinking by demonstrating to the woman her natural irregularities.
5. When the need for avoiding pregnancy is no longer very important, charting is still advisable, since accurate calculation of the birth date of the baby is very important. The timing of intercourse in relation to the observed peak and the type of mucus present at the time are valuable information for the couple to have for the future.
6. Past events are soon forgotten. The woman will have to believe her own record and will often be surprised by what she has charted. The information on the chart makes teaching easier since the woman's own record is used to illustrate the points in question and explain the guidelines.
7. By having information readily available on the chart, the husband can watch the events of the cycle developing and make informed choices with his wife. Under ideal circumstances, the husband is present at the initial phases of the teaching so that he understands the common sense reasons for the rules and can see how these rules apply to the record his wife keeps. He will then be more confident in her ability to provide information on which they can base their decision making. His encouragement is invaluable and a potent means of increasing trust and love between them. By watching the events as the cycle unfolds, they can replace the irritating and difficult concept of enforced abstinence with an intelligent appreciation and acceptance of the possibilities of both the infertile and fertile phases. They can replace irksome, impatient abstinence (necessary to avoid, in cold terminology, an "unplanned pregnancy") with acknowledging the possibility of the child within the fertile phase and, by mutual decision, set aside this time and keep it in reserve. Then, in due time and with love, the child will come. Such a programming of intercourse according

to natural events and human love and will gives a natural rest to couples which becomes acceptable to both husband and wife who now have a time when they will not have to try to make a physical response. This is of benefit to those couples where one or both, for many reasons, cannot cope with incessant demands. They now find that intercourse becomes more satisfying and loving, and the relationship altogether happier; those who have in the past regarded intercourse as a mere duty, by properly understanding cycle phases together with their purpose and values, will find themselves liberated and in love.

8. The chart provides a valuable diagnostic aid by revealing a changed mucus pattern, unusual bleeding, or the development of breast tenderness with an unusual relationship to menstruation and ovulation, and by showing variations in the luteal phase length. As gynaecologists have become more familiar with charts women keep, they have come to recognize their value. It is important to have accurate information about the occurrence and type of bleeding as well as related cyclic events; for example, bleeding associated with fertile-type mucus which appears during the course of the basic infertile pattern indicates oestrogenic activity. Particularly prior to and for years after the menopause, recognition that bleeding is due to fluctuating oestrogens will result in a more conservative attitude toward curettage or synthetic hormonal control.

The development of bizarre patterns of mucus and bleeding with sudden irregularity will indicate the need to investigate the possibility of an ovarian cyst, particularly in a young woman who is unable to conceive.

Shortening of the luteal phase together with prolonged, severe breast tenderness extending from before ovulation to the pre-menstrual phase, with evidence of secretion from the nipples, will suggest a raised prolactin level and, in some cases, explain infertility. Details of the presence and type of mucus is also initial and easily obtainable information in the elucidation of an infertility problem. A woman who knows her normal pattern readily recognizes when something different

occurs which needs an explanation. The doctor must be prepared to respond to such questions as "What is the matter with my mucus?" and accept the woman's word for the conception date of her child. He should encourage her to keep a faithful record of cyclic events.

9. Whether or not a chart is kept is a matter of personal choice. A woman comes to know her own reproductive system very well. Many women will keep a chart only during special circumstances, for example, when some confusion arises due to pathology or change in physiological conditions. When it becomes imperative to avoid conception, it is always advisable to keep a daily record. There is a wide range of attitudes towards the keeping of charts. But the attitude toward accepting the child is the really important issue. Sometimes, when a pregnancy has occurred and a woman has not kept a chart because she thinks she "knows," lack of confidence in the method may follow. For this reason, the teacher should be painstaking in her instructions on how to keep a chart and the good reason for doing so.

Instruction in Record Keeping

Simplicity in the initial presentation of information is vital since, if the woman is confronted with a list of possibilities, she may try to find them all and give up or produce a confused record which even she cannot understand. On the other hand, if a woman is given one simple example, she may think she must conform to that and, again discouraged, will return a record which conforms to the false and useless example.

Observations must be made as easy as possible and charting then becomes a simple routine at the end of the day. The teacher must present the subject with sensitivity. Some women in some cultures will find the concept most unusual at first.

It is understandable that, when a woman is confronted with this new idea that the management of their fertility will depend on her observations, she may be anxious, doubtful of her capabilities, and altogether overwhelmed by the responsibility. It is at this point that a truly good husband can give strength to his

wife and assure success. He now demonstrates his cooperation by agreeing to the initial three or four weeks abstinence from genital activity, so that the woman can make observations of cervical mucus secretion behavior without initially having to identify secretions due to intercourse or sexual arousal.

The use of barrier contraception is widespread. It cannot be used in conjunction with the Ovulation Method. The beginning and end of the fertile phase will be difficult or impossible to identify if genital activity occurs with barriers. In addition, their use during the fertile phase is unreliable. The teacher must make this quite clear to everyone, even those for whom abstinence is unacceptable. The facts must speak for themselves. The Ovulation Method makes demands according to the woman's observations. It is futile for the couple to use barriers until they feel they can "do without them." Repeatedly, patient and unambiguous explanations are sometimes required of the teacher who must always be sympathetic and gentle.

Very early in the first interview, it is important to introduce the dual role of the Ovulation Method. First, it is not a contraceptive and second, both the infertile and fertile phases have positive values. It is worthwhile to stress that the couple have options open to them and, at any time, can choose to have a child. This will be a revolutionary point of view for many OM learners who, after experiencing contraceptives to be unsatisfactory for one reason or another, are looking at the method as another "contraceptive."

It is, of course, impossible to enforce any particular action on anyone. Thus it often happens that a woman using an intrauterine device (I.U.D.) does not wish to have it removed until she is sure of her mucus pattern. In this event, the teacher explains the action of the device early in the instruction and strongly requests strict compliance with the guidelines to avoid loss of any conceptus. The teacher explains that, since the I.U.D. causes infection and prolonged menstrual bleeding, the true picture of cycle events will not become clear until it is removed. Gentle persistence and encouragement usually result in early removal, often accompanied by signs of delayed ovulation and menstruation or an anovulatory cycle.

Our appreciation of nature's design is usually fairly straight forward. It is only when faced with the complexities devised by man-made objects that we find difficulties. How many of us would like to be put in front of the control panel of an airplane and told to fly the machine to Hong Kong? And yet we can all tell which way the wind blows and when the fruit is ripe on the trees. The woman in her kitchen knows when "the dinner is done," and that involves many attentions and observations. The capabilities of every woman are greater than she thinks. Thus, in teaching, we first begin with something easy and familiar—the menstrual bleeding—which every woman will say "yes" to when questioned in her own familiar language. The idea of appreciating different sensations is introduced to the woman at once. "You can feel the menstrual blood as it leaves your body?" She will agree. "Do you ever feel something like that at any other time?" is a good question, because it immediately gets the woman thinking about herself. Using the diagram of the female reproductive system and the circular diagram from the *Atlas of the Ovulation Method*, the significance of the slippery sensation is explained. Sufficient information, including the dependence of the sperm on the mucus, should be given so that the rules make sense. Additional information can be given if the couple shows an interest and inquires.

The whole of the body surface is very sensitive to environmental changes. Sensations of touch, heat or cold, pain, wet and dry are readily appreciable anywhere over the body surface. The vulva is a very effective sensing organ, being richly endowed with nerve receptors. It is easy for a woman to know whether her vulva feels wet, sticky, slippery, or dry. *This is the most important observation that the woman will make.*

Women who have abundant mucus will inevitably make visual observations. Some of this mucus is collected on paper, for example, and described in the woman's own words, often by likening it to some common substance, for example, egg white, starch, etc.

The woman who has abundant mucus is apt to neglect to

record her vulval sensations and this can lead to ambiguity or error. It is incorrect to assume that the maximum amount of mucus signifies maximum fertility. The last day of stretchy egg white-like mucus is not necessarily the peak. Most often the lubricative sensation accompanying diminished amounts of fertile-type mucus persists for a day or two past the spinbarkeit phenomenon and signifies maximum fertility.

Since dryness is, in a sense, a negative observation, the woman must be encouraged to notice what condition exists at the vulva throughout the day. This observation involves her in nothing more than a second's appraisal from time to time and does not interrupt anything else she may be doing. Women are often not conscious of a dry vulva until they take special notice. It then becomes easy to detect the all important change from dry to "no longer dry" even though there is still nothing to be seen.

It is very important to tell the woman not to search for mucus in the vagina; she will always find something if she does. The inside of the vagina is always moist. Cervical mucus of the fertile-type will always rapidly present itself outside the vagina when the woman is upright and, because of its high fluidity, will be felt at the vulva as wetness or lubricativeness or as a change from dry to "no longer dry." Women with a minimal discharge may sometimes be anxious about missing something and therefore will search the vagina, recording wetness when the vulva is dry. Any woman who records continuous wetness should be asked precisely how she found the mucus.

Under some circumstances, a woman experiences a continuous discharge. It must be determined whether or not this is due to some abnormality. As mentioned before, it is important to determine whether barrier methods are being used, and it is always important to find out whether the woman has followed the instructions to not investigate the interior of the vagina. If there is or is not abnormality, even in the presence of abnormal discharge, the change in sensation at the vulva will provide the indication of impending fertility by reflecting the rise in the oestrogens. When the discharge from the vagina is continuous, purely visual

observations may be insufficient or confusing. It is essential to record the changes in sensation. Such a discharge may have the pathological characteristics of odor and irritation. It may develop suddenly. It should be investigated and treated. Intercourse should be avoided until the cure has been affected.

The woman is instructed to keep a daily record. At the end of the day, she is asked to record the most fertile symptom (sensation) or sign (appearance) of the mucus at the vulva by means of a stamp or a symbol equivalent to the appropriate stamp. Every effort should be made to keep the record uncomplicated. Two words beneath the stamp or symbol are generally sufficient. The tendency to over-describe indicates anxiety and makes interpretation more difficult.

It should be emphasized that she records observations ("slippery") not interpretations ("fertile"). Particular attention is paid to identifying the first point of change which indicates the beginning of the fertile phase. When no dry days occur before the ovulatory pattern, several cycles may need to be studied to be sure of the sensations marking the first point of change. The correct marking of the Peak deserves special attention. It is the last day of the lubricative sensation which usually lasts a day or two after stretchiness has disappeared from the mucus. The quantity of mucus is unimportant. In our literature, the Peak is marked with a cross.

It must be emphasized that the three days following the presumed Peak must be observed with care, since the Peak day will be determined in retrospect. Fertile signs may again appear within this time and the count must begin again. It is important not to stop observing when the quantity diminishes or the stretchiness of the mucus ceases. The lubricative sensation is the true indicator of the Peak and therefore of maximum fertility.

The guidelines for avoiding or achieving pregnancy can be taught at the follow-up interview, using the woman's own chart to illustrate their application. Plenty of opportunity is given to the couple to ask questions and to the teacher to make sure the

recordings are accurate and have been observed in the correct fashion.

When the woman looks back over the events of the four weeks with the help of the teacher, she will be able to interpret the whole chart as well as the recorded points which specifically indicate the beginning and end of fertility. She will also be able to identify the time of ovulation, within a short interval of time, and also predict menstruation within 16 days. It has been our experience within recent years that records have become simpler and, therefore, clearer. The emphasis on the simplicity of the initial instruction is responsible for this.

The Guidelines of the Ovulation Method

For the avoidance of conception, it is recommended that the woman apply *the Early Day Rules to the basic infertile pattern which is only to be found in the pre-ovulatory phase of the cycle:*

1. Intercourse should be confined to the evenings in order to allow for sufficient observations to be made.
2. The day following intercourse should be avoided in order to prevent seminal fluid from confusing the mucus pattern.
3. The days of heavy menstrual bleeding should be avoided in order to prevent overlooking possible mucus before an early ovulation.
4. Intermenstrual bleeding plus 3 B.I.P. days should be avoided in order to prevent mucus being obscured by ovulatory bleedings.
5. Mucus which changes the B.I.P., plus 3 B.I.P. days, should be avoided to observe whether:
 - (a) either the B.I.P. will persist or
 - (b) an ovulatory pattern will develop and culminate in the Peak.

The Peak Rule:

When the Peak occurs, intercourse is resumed on the 4th day past the Peak and is available without restriction for the remainder of the cycle.

For the Achieving of Pregnancy:

When teaching a woman to recognize her fertility in order to conceive, she will be instructed in the ordinary way: to observe with abstinence. However, if fertile signs are recognized for the first time, as sometimes happens, the opportunity to conceive should not be wasted.

The recommended advice is to apply Early Day Rules in order to define the first point of change and then to abstain until highly fertile signs are recognized.

Delayed Ovulation:

In circumstances where the woman is not ovulating and therefore not menstruating (as may happen in lactation, premenopause, or after the contraceptive pill taking), two weeks' charting with abstinence is all that is initially required before the follow-up interview.

The pre-ovulatory infertility, the B.I.P., will be recognized by its unchanging characteristics from day to day, either dryness without change or some type of mucus which remains the same day after day. There may be a combination of both dry days and days of unchanging mucus. Mucus days may be frequent or infrequent, but the guidelines for the recommended use will vary according to their frequency. If they are more frequent than the dry days and remain the same over two weeks or more without menstruation intervening, they are indicating infertility. These mucus days of determined infertility can then be incorporated into the B.I.P., and the Early Day Rules will be applied to both dry days and mucus days.

Sometimes over a period of several weeks without menstruation, a discharge occurs which exhibits numerous changes. Provided a gynaecological abnormality has been excluded, the B.I.P. can be defined as that secretion which is most frequent, and tends to be of the sticky, cloudy type. Such an interpretation of infertility will depend on a careful recording, while abstaining for several but not longer than four weeks. It is important to emphasize that the sensation at the vulva is of primary importance; a

competent teacher is invaluable in these circumstances.

Conclusion

The teacher's role is to listen to the couples, defining the problems and guiding them to a full understanding of their fertility. She should promote a climate for the best use of the information, acknowledging that the couples should always remain free to exercise the options which the method offers. The teacher should recognize the good in and the uniqueness of each marriage, avoiding an attempt to direct or stereotype the behavior of couples beyond giving a clear explanation of natural reproductive events and indicating the expected consequence of intercourse during the various phases of cycles. Then the natural law will demand its own disciplines, and husbands and wives will be their own best counselors. The teacher should encourage the woman to fulfill her capability in recognizing her fertility and the couple to assume completely and independently the loving role of mutual acceptance and care. She should relinquish her role as teacher as soon as possible. By her own accepting attitude of the natural law, her sensitivity in dealing with a subject which penetrates to the core of marriages, and her love of children, she will be seen to be lovable, trustworthy, and dependable.

Thus, along with the gradual uncovering of the knowledge which has made NFP reliable in the last decade or two, we have seen arise in the world a group of teachers, mostly women, who have demonstrated a very special sort of Christian endeavor in family preservation and the pursuit of family happiness. This role which they have assumed in the community is very appropriate to the innate parenthood of those good people who know that it is through the loving family that the Kingdom truly comes.

Reference

Billings, E. L., Billings, J. J., and Catarinich, M. *Atlas of the Ovulation Method*. Advocate Press, Melbourne, Australia.