

TEACHING
NATURAL FAMILY PLANNING
NATURALLY
STEP BY STEP, CYCLE BY CYCLE



THE BILLINGS OVULATION METHOD

Dr. Francesca Kearns
Denis L. St. Marie

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INTRODUCTION

This booklet is presented to help instructors teach the Billings Ovulation Method (BOM) of Natural Family Planning. It is a step by step presentation, and cycle by cycle guide for those instructors who are already familiar with the method, but who desire a simpler manner of presentation.

We believe the method can be taught easily in four progressive steps or levels. Unfortunately, the tendency of many instructors is to teach too much and too quickly, often teaching the normal and the exceptional at the same time.

What is natural should be learned naturally, and the ovulation method is an art that is learned naturally step by step and progressively. First, one learns the simple and the basic and then continues onto the more difficult and the exceptional.

Too frequently, instructors tend to teach all they know instead of as much as the student needs to learn. As a result the student is confused and has the impression that the method is much too difficult, and therefore fails to return for the follow-up classes.

In normal cases, there are four natural steps in the progress of learning this art, the BOM. We recommend that the instructor not move on to the next level until the student has demonstrated that she understands the previous level or step.

The Four Levels are the following:

First: Learning the basic ideas or concepts of fertility, and the difference between wetness and dryness.

Second: Learning the three rules for sexual relations when the student wants to postpone a pregnancy, and also how to distinguish the two different types of wetness.

Third: Learning how to identify and mark "key day".

Fourth: Learning how to apply the fourth instruction for sexual relations, and becoming autonomous, when the couple can correctly apply the rules and feels capable of using the BOM without the assistance of the instructor.

We have also included sections for exceptional cases and how to teach and manage them. However, the instructor should never teach the exceptions in the same class with the students that are learning the normal, and never before the student has learned what is normal.

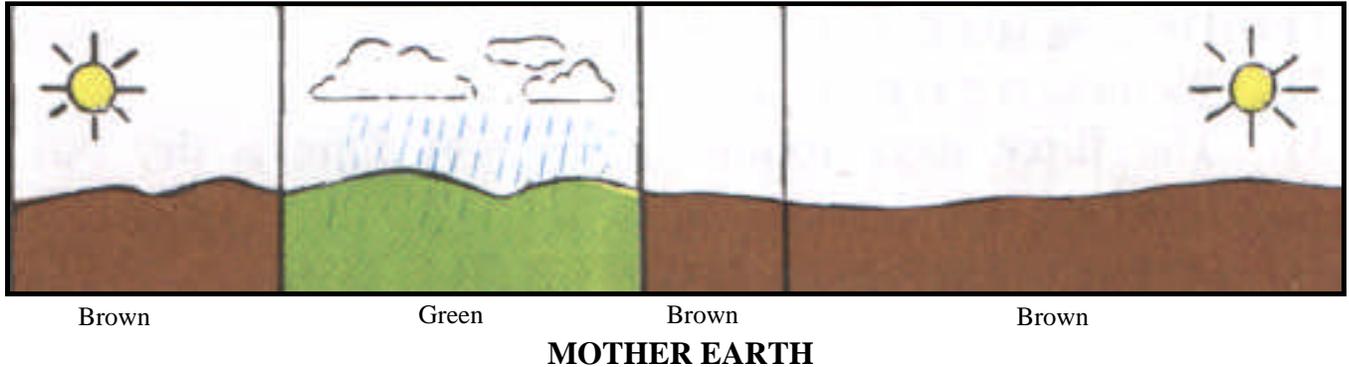
Breast feeding women are special but normal cases. They should assist at the first level classes along with all the other students, but after the first level, all students should be instructed individually, especially the lactating woman and any others in special circumstances.

There are many different methodologies for teaching the BOM. No one is obliged to follow any particular methodology, but all are obliged to teach accurately and exactly. Please use this booklet and this methodology according as you think it convenient. You certainly may adapt it to your own circumstances as you see fit.

Denis L. St. Marie

FIRST LEVEL

The following three drawings explain visually the fundamental idea of the BOM. The concept was first presented by Dr. William Gibbons in 1969 and now imitated throughout the world.



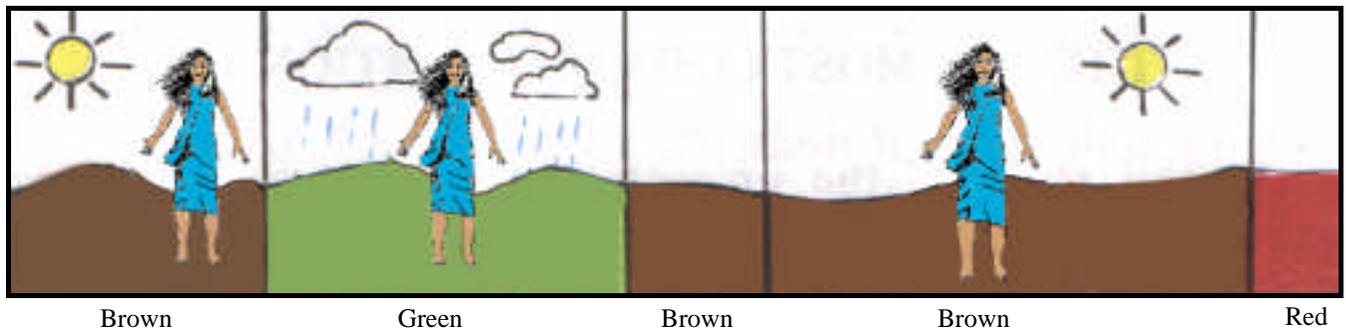
This first drawing represents Mother Earth in her yearly cycle with her times of wetness and dryness.

Dryness indicates infertility and wetness is the sign of fertility. In addition, there is a time after the rains in Mother Earth, when the ground appears dry and feels dry as well, but beneath the surface it may still maintain moisture for a while and if seeds were to be planted in the ground at this time, they could still grow.

Thus:

- 1) Dryness is a sign of infertility.
- 2) Wetness is a sign of fertility.
- 3) After the wet time there is a dry time that is variable in length, but still fertile.

A COMPARISON OF MOTHER EARTH WITH MOTHER WOMAN

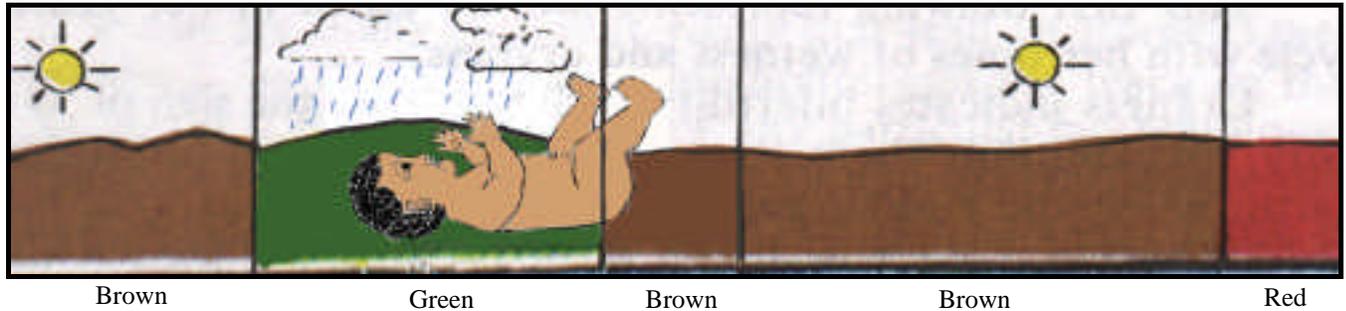


Just as Mother Earth has her times of wetness and dryness in each year, so too the woman has the same in each cycle. Her cycle may begin with a time of dryness which is infertile, followed by a time of wetness which is fertile. Then, as in Mother Earth, so also in each woman's cycle, there follows a time when the woman feels dry and no wetness is visible, but she is still fertile. In Mother Earth this time is variable, but in the woman we say it lasts for four days and three nights, until the evening of the fourth dry day (1. See End Notes.)

- Thus in the woman:
- 1) Dryness is a sign of infertility.
 - 2) Wetness is a sign of fertility.
 - 3) The four days and three nights following the wet time is dry but fertile.

If the woman does not conceive in the fertile time, her menstruation will come at the end of the cycle, about 10 days after the fertile time.

RESUME OF BOM AND FERTILE TIME



The baby indicates the possible fertile time in each cycle. It is the “time of wetness, plus the four following dry days and three nights”. This is the minimum that the student must understand before progressing on to anything else. Thus Fertile Time is the time of any wetness plus the four following dry days and three nights, until the evening of the fourth dry day. This formula will be modified as the student progresses in the learning of the BOM. But at this level it must be memorized.

THE TWO MOST COMMON QUESTIONS

At this stage of the presentation, there are always two questions that arise from the students. The first is from the men and is the following: “How long does the fertile time last?” The second question is from the woman and is always, “How can the woman know that she is in the wet time?”

To answer these questions, we suggest that the teacher ask two questions so that the students can learn building upon their previous learned experiences.

First: How long does the fertile time last?

To answer this question we ask another and it is: “How long does a woman’s menstrual period last?” The answer to that question will be variable, and anything between two and eight days is considered to be normal, with the average being about five days. The exact number of days depends upon the individual woman. So too, we explain, are the days of wetness in the woman. It is normal to experience the wetness anywhere from two to eight days, the average being about five days.

But really it depends upon the individual woman. Besides these days of wetness, we must add the four dry but fertile days and three nights that follow. So the total of the average five plus the following four comes to a fertile time of about nine days, ending in the evening of the fourth dry day. But it really depends upon the individual woman.

Second: “How can the woman know that she is in the wet or fertile time?”

We answer this question as well, by asking another question. We ask, “How does a woman recognize that her menstrual period has begun?” (The proper response to this question is very important for a proper understanding of the BOM).

Regardless of when the woman’s period begins, whether it is early or late, she will always know that it has started by what she feels. She will feel something warm and wet flowing from her body. When she does, she goes to the bathroom to take care of herself. When she sees the bloodstains she is not surprised in the least, since she has already felt the presence of the blood. Thus a woman knows that her period has begun by what she feels and she confirms what she feels by what she sees.

So likewise, a woman knows that her period has ended when she no longer feels or sees anything. At this time she knows that she is in the time of the nothingness or the time of dryness.

Now if she pays close attention to these days of the dryness or “nothing”, she will note another flow from her body and may think that her period has returned. When she goes to the bathroom to take care of herself, she may be looking for bloodstains, but instead if she looks carefully she will see a white mucus secretion, and she can confirm what she feels by what she sees. And what she probably will see will be a white mucus secretion.

Thus, we can say that every woman in every fertile cycle has two periods or two menstruations, the red one that she has always recognized and a white one, signally her fertility, that she must now learn to recognize. She will know it by what she feels, and will confirm it by what she sees.

Just as all the days of her red menstruation are different as far as what the woman feels and sees, so also will the days of her white menstruation vary in what the woman will see and feel.

HOW TO MAKE OBSERVATIONS

In the very first class the instructor must insist on exact observations and instruct how to make them. The effectiveness of the BOM depends upon exact observations. The observation of the sensation can be of even greater importance than what the woman may observe visually. The following questions may help to make better observations.

QUESTIONS

1) Who makes the observations and why?

Only the woman can make the observations, since only she can say how she feels. Others could observe what is seen as is often shown in photographs of the mucus. But photographs cannot demonstrate sensations.

2) HOW are the observations made?

The observations of the white menstruation are made in the same way that the woman makes the observations of her red periods. These observations are made outside her body and not within the vagina.

They may be made “spontaneously” as when the woman by merely thinking can tell whether or not her period has begun, and whether or not the flow is heavy or light. The woman also observes when she cleans herself after using the toilet.

3) WHERE are the observations made?

The observations are made at the vulva. They are not made between the fingers or on the toilet tissue. They are never made within the vagina, since it is always wet.

4) WHEN are the observations made?

They are made throughout the day, as the woman walks around, but especially each time she goes to the bathroom.

5) WHAT does the woman observe?

The woman should pay attention to what she sees as well as to what she feels. Both observations are important, but what the woman feels is of greater importance.

6) WHICH feelings may the woman experience?

There are three basic sensations that the woman will feel at the level of the vulva. They are dryness, or the feeling of nothingness. The second is wetness which is when the woman feels or sees something. The third is slippery wetness which will be described later.

7) WHAT do the observations of wetness mean?

The first appearance of the sensation of wetness or mucus that is observed at the level of the vulva is the sign that the woman is entering the fertile time in her cycle. The very first day of appearance should be considered a day of fertility.

8) What does the QUANTITY and DURATION of the mucus indicate?

Neither is of great importance. Whatever the quantity or duration of the mucus or wetness, the day that it is noted is considered a fertile day. Even a small amount of mucus lasting only a short time is a sign that the possibly fertile time has begun.

9) Can observations of the mucus be made on toilet tissue or on the under clothing?

Such observations of the mucus can be helpful, but the more accurate observations are those made at the vulva.

10) HOW LONG does the woman continue observing?

Observations must be made continually until the woman reaches menopause or until she wishes to achieve a pregnancy. After a woman has a baby, she should begin making observations as soon as the lochia (bleeding after childbirth) ceases.

11) WHY are observations made?

The observations are made so that the woman will know what phase of her cycle she is in, and what rules she must follow if she wants to avoid pregnancy.

CHARTING

The BOM requires not only careful observations but also exact charting of those observations. No one can use the BOM correctly without some system of charting.

1) WHO keeps the chart?

Charting may be done by the woman or the man. There is evidence that when the man keeps the chart, the woman is more exact in her observations. Fertility is of the couple and it seems only fitting that the man do his part by noting those observations.

2) WHEN is the charting done?

The charting should be done at the end of the day, before the woman goes to bed to sleep her seven or eight hours.

3) WHY at the end of the day?

The woman makes her observations as she walks around during the day. But also, since the mucus flows by gravity, it is more observable after the woman has been on her feet for a while.

4) WHAT is charted?

The most fertile sign observed during the day should be recorded at the end of the day.

5) What is the ORDER of signs observable during the day (from least to more to most fertile?)

The order is the following:

- a) Dryness or nothing...sign of infertility
- b) Spotting or light stains...possible fertility
- c) Wetness felt or something seen...fertile
- d) Slippery wetness...most fertile sign

6) WHAT KIND of chart should be used?

Any type of chart may be used as long as it is capable of indicating the changes in what the woman feels and sees. The simpler the chart is, the better. A calendar may do.

7) WHY keep a chart?

The chart is kept so that the couple will always know in what phase of the cycle they are in, and what instruction should be followed if they want to avoid pregnancy. In addition the chart helps the teacher to know whether or not the couple is following and interpreting the rules correctly.

8) For HOW LONG should the couple chart?

The couple should continue to chart for as long as the couple wishes to continue with the method. Failure to keep a chart could manifest an unconscious desire to become pregnant.

9) Must acts of INTERCOURSE be recorded?

No. If the couple wishes to keep that record, they certainly may. Many women invent their own way to mark secretly the acts of intercourse. The instructor only needs to know if the couple understands the rules for intercourse according to how they are using the method - to avoid pregnancy or to achieve pregnancy.

10) HOW is the charting done?

Any system of colors, stamps words or symbols may be used. But in many teaching situations, symbols may be more convenient. We suggest the following:

	Each square signifies a day	(2. See End Notes.)
	Signifies a dry day. The lines are like the cracks in the land when it dries out.	
	Signifies a wet day. Possibly fertile.	
	Signifies a slippery wet day. Very fertile.	
	Signifies a day of bleeding or menstruation. Possibly fertile.	
	Signifies a dry but fertile day. (Baby's leg)	
	This symbol is for constant wetness that is a special circumstance to be explained later.	

The instructor should always practice charting with the client before the end of the first class.

ABSTINENCE

Abstinence is an integral part of the BOM. It is defined as refraining from sexual intercourse and from all contact of the genitals including contact from genital to hand to genital.

Abstinence is required during the initial learning stage of the method, until the woman is capable of distinguishing wet and dryness. Seminal fluid after sexual relations would confuse the recognition of these differences. Besides, the woman could become pregnant before learning the method.

If pregnancy is to be avoided, abstinence must be observed during the fertile time.

CONCLUSION OF THE FIRST CLASS

At this first level, and in this first class, the instructor has:

1st: Taught the basic concepts of the method, that of wetness, dryness and dry/fertile time.

2nd: Answered the two most common questions of the man and woman.

3rd: Taught how to make accurate observations.

4th: Taught how to chart those observations, and has done a little practice charting.

5th: Taught what abstinence means and has told the couple to practice abstinence until the woman can distinguish wet and dry time.

Now the instructor should ask if there are any questions and fix the date for the first follow-up about two weeks. **THUS ENDS THE FIRST CLASS**

FOLLOW-UP SESSION TO THE FIRST LEVEL

Whenever the couple returns for follow-up sessions, the instructor should always review the couple's chart. In this first follow-up session, after two weeks of making observations (or according to the time agreed upon by the teacher and couple) the instructor should verify:

- 1) Has the woman been making her observations correctly?
- 2) Has the charting been done correctly?
- 3) Has she been able to distinguish clearly the difference between wetness and dryness?
- 4) Can the woman describe what feelings she has noted at the level of the vulva?
- 5) Has the couple understood and practiced abstinence during this learning phase of the methods?

This procedure is pretty much the same in all follow-up sessions. However, if the woman has not been able to recognize the difference between wet and dry, she must be told to continue making her observations and to continue to observe abstinence until she is capable of making the distinction.

If, however, the woman does distinguish well the difference, then it is time to pass on to the **SECOND LEVEL** of instruction of the BOM.

THE SECOND LEVEL OF INSTRUCTIONS

Once the couple has graduated to the second level of instructions, sexual relations may be resumed, but according to the following three rules, which must be memorized.

THE THREE RULES

- Rule 1: Abstain from sexual intercourse during the days of menstruation or heavy bleeding.
- Rule 2: On dry days, have relations only in the night and not on two successive nights.
- Rule 3: Abstain on the days of any change (from dryness to wetness or bleeding) plus the following four complete dry days and three nights, until the evening of the fourth dry day.

After learning and understanding well the three instructions the instructor now instructs the clients to distinguish the **TWO DIFFERENT KINDS OF WETNESS** that the woman may observe.

The first is **SIMPLE WETNESS**. When the woman notes the change from dryness to wetness, she will note a change from "nothing" to "something". This something may be simple wetness or something that gives a sticky sensation. There are times when the woman says she does not feel wet or any moisture, but she notices some secretions on the toilet tissue or on her underclothes. She should consider this as **SIMPLE WETNESS**.

The second is **SLIPPERY WETNESS**. As the days of simple wetness progress, the woman may note a sensation of wetness that is distinctly lubricative or slippery at the vulva. She could notice it by just concentrating on her feelings as she walks, or by the sensation she feels at the vulva as she cleans herself after using the toilet.

A FEW COMPARISONS

To help the woman understand the differences in these two sensations, the woman could consider the following experiences:

- A) The woman could touch her lips when they are dry and she will feel the dryness. Wetting them now with her tongue she will note the wet sensation. But putting fresh lipstick or lip gloss on the lips and wetting them with her tongue, she will note a slippery or lubricative sensation.
- B) A woman could put her hand in a bucket of water and when she takes it out it will definitely feel wet. But if she puts her other hand in a bucket of soapy water, it too will feel wet, but will have a distinct slippery lubricative wet sensation.
- C) Touch your hand to water and it will feel wet but touch oil or cream or Vaseline and it will feel slippery wet. Cut the Aloe Vera leaf and feel the juice. It will feel slippery.
- D) Put your hand in a bucket of water and it will feel wet, but touch the fish in the bucket and it will feel slippery lubricative wet. This is quite similar to the slippery wetness we are talking about.
- E) Pass your finger across your arm when it is dry and you feel nothing or dryness. Now pass your finger across a part of your arm moistened with water and it will feel wet. Now finally, pass your finger over a patch of your arm moistened by soap and water, and it will have that distinct feeling of slippery or lubricative wetness.

CHARTING SLIPPERY WETNESS

From this point on, the woman should be instructed to notice the sensation of wetness caused by the mucus and decide which type of sensation it causes. The distinction must likewise be noted on her chart. Thus:

 = simple wetness  = slippery wetness

The filled rain drop within the square signifies that at some time during the day, slippery wetness was observed or perhaps the whole day was a day of slippery wetness.

The couple should be instructed to continue using the same three instructions for sexual relations (see page 7). They should make accurate observations and from now on distinguish wet from slippery wet

and always chart the difference with the symbol  or  .

Finally make a date for the next follow-up class, probably within four weeks. If there are no doubts or questions, **THE CLASS ENDS HERE.**

FOLLOW-UP SESSION TO SECOND LEVEL

When the couple returns for this follow-up session, the teacher should make the same verifications as she did at the first follow-up session. (See page 7.)

However, in addition the instructor should verify whether the woman has been able to distinguish well the two different types of wetness. She should also check to see if the differences were charted correctly.

If the woman is doubtful or if she has not been able to clearly distinguish, then the couple should continue for another cycle with the SECOND LEVEL.

If, on the contrary, the woman is quite aware of the differences, then it is time for her to learn how to distinguish “key day” and pass on to the third level.

THIRD LEVEL - IDENTIFICATION OF KEY DAY

“Key Day” has previously been called in BOM literally the “peak day”. Unfortunately this term has caused untold confusion and mistakes and we prefer to eliminate these problems by calling it “key day”.

WHAT is key day?

It is the **very last** day of **any** slippery wetness produced by the mucus and felt at the vulva. It may be

defined as the last day of slippery wetness  and it is charted thus 

Example.      

IMPORTANT: In practice it will probably take about three cycles to be able to identify well the “key day”. In the first cycle the woman learns to identify wet and dry. In the second cycle she learns to identify the different types of wetness. In the third cycle she tries to identify “key day”, the very last day that the mucus produces any slippery sensation.

The following six questions may be helpful to the instructor in clarifying her own understanding of key day and will help her to clarify it for the student.

1) What is key day?

It is the very last day of mucus that produces any slippery sensation that is felt at the vulva.

2) What does key day signify?

Key day indicates that the woman is ovulating close to this day, perhaps on this day or within 24 hours before or after it. On rare occasions ovulation may possibly occur 48 hours after key day. This is the reason for the count of 1,2,3, after key day. The fourth day adds a measure of safety. (1. See End Notes.)

3) When is key day identified?

It is not known until the following day. It is identified in retrospect.

4) How is key day recognized?

It is recognized by the CHANGE.

5) Change from what to what?

It is recognized by the change from slippery wetness to something that is not slippery.

6) How can the “non-slippery” be?

It may be a sensation of simple wetness, perhaps sticky, or it may be one of dryness.

The couple should now continue for one more cycle following the same three instructions for sexual relations, but in this cycle they should try to identify accurately KEY DAY. The teacher should schedule the date for the follow-up session, perhaps within a month. **HERE ENDS THIS CLASS**

FOLLOW-UP SESSION TO THIRD LEVEL

When the couple returns for the follow-up to the past class, the instructor should review the chart following the points on page 7, 8 and 9. But besides the items mentioned there, the instructor should examine whether the couple has correctly identified and marked the “key day”.

If the instructor is quite confident that it has been identified exactly, then it is time to teach her the fourth instruction for sexual relations. It is known as the “Key Day Instruction”.

THE FOURTH RULE.....KEY DAY INSTRUCTION

Rule 4: Once the “key day” has been identified with certainty, the couple should abstain from sexual relations for four more complete dry days and three nights, until the evening of the fourth dry day, only.

This fourth instruction should only be taught when there is certainty, on the part of the instructor as well as the couple, that the identification was properly made. If there is any hesitancy about the confident identification, then the fourth rule should not be used.

In the last word of the rule, “only” means that from the evening of the fourth day after the “Key day” there is no need for abstinence. Relations may be had at any time of the day or night, until menstruation arrives. There is no need to abstain on alternate nights, as in Rule 2. (page 7) Nor rule 3, either.

FOURTH LEVEL - Autonomous or Independent User

The Instructor ought to continue assisting at follow-up session until:

- A) The couple is able to use the fourth instruction with confidence.
- B) Or until they feel quite confident to be able to use the BOM without the aid of an instructor.
- C) The instructor has explained the changes and exceptions that could occur in the future. For example:
 - 1) At the approach of the menopause.
 - 2) At the time of breast-feeding or weaning.
 - 3) On the occasion of medicine or other medical treatment.
 - 4) Or when constant mucus should present itself.

If these circumstances should present themselves, the user should be advised that there are rules and instructions to handle these situations. It doesn't seem convenient to teach the user all the exceptions that could occur or the rules to follow in case they do. Probably they wouldn't be remembered anyway.

But it is most important that the couple knows to return to the instructor and seek help when there is a change in the reproductive status of the woman. Normally this will be the end of the instructions, reminding the user that in case of any doubt or confusion, use only Rules 2 and 3 for sexual relation (See the following on Exceptions and Special Cases.)

HOW TO HANDLE EXCEPTIONS AND SPECIAL CASES

All students, regardless of their circumstances, or the special case they may be, should all learn the matter that is taught in the first level. They must understand the basic ideas of the method, how to observe and how to chart and what abstinence means.

There may be sudden and unexpected changes in the cycles of women due to stress, medicines, menopause, lactation or even anovulatory cycles. There is a general rule that serves to handle almost any exception or special circumstance. We will give special instructions for each of the above mentioned circumstances, but the general rule for any exception or special case is as follows.

RULE FOR SPECIAL CASES: Use only Rules 2 and 3 throughout the entire cycle until three normal cycles have occurred in the following special cases.”

- 1) After childbirth and without breast feeding the baby.
- 2) During the time of breast feeding or weaning.
- 3) After discontinuing the pill or any hormonal treatment.
- 4) After an abortion, either spontaneous or provoked.
- 5) In case of doubt, return to rules Two and Three.

A normal cycle is defined as a cycle with an obvious pattern of fertile-type mucus followed by a bleed 11-16 days later.

Rule 2: On dry days, have relations only in the night and not on two successive nights.

Rule 3: Abstain on the days of any change (from dryness to wetness or bleeding) plus the following four complete dry days and three nights, until the evening of the fourth dry day.

In times of uncertainty, there is always the chance that bleeding can mask ovulation. Therefore we say that, when there is uncertainty, all bleeding and wetness necessitate abstinence during the bleeding or wetness and during the four following dry days and three nights.(3. See End Notes.)

I - BREAST FEEDING

This is a special circumstance, but it should not be considered an exception, but rather the most normal. The BOM and breast feeding are both natural methods of child spacing and one complements the other. The time of breast feeding is a very good time to learn the method. Most women will have a prolonged time of dryness after childbirth while breast feeding. But this pattern may vary with mucus patches or even a pattern of constant wetness.

When the woman comes to learn the method, she should be taught the same first level instructions.(pages 1-6)

Two weeks of observation and abstinence should be sufficient for her to recognize whether she is experiencing dryness or perhaps a constant wetness. She certainly will not wait until she can distinguish dryness from wetness as this could take several months.

The woman should be taught to make her observations and to do her charting as soon as the lochia has ceased. She should be reminded that her fertile time will return before she has her first menstruation and therefore she should not wait until her period to start to make her observations.

If the woman establishes after two weeks that she has a pattern of constant dryness, she can resume sexual relations following Rule 2, while being watchful for any changes in her pattern of dryness. (See page 7.)

After some weeks of experiencing dryness all the time, some women may notice constant wetness and insist that they never feel dry. Rule 3 must be observed when a woman notes the change from dryness to wetness. (See page 7.) But after two weeks, and under the supervision of her instructor, special instructions concerning constant wetness will be given to her. (See page 13, CONSTANT WETNESS)

Often when the woman begins to wean the baby or as she returns to cycling, her charting and observations become quite confusing, and this may necessitate considerable abstinence. These are the times when the woman will need all the support and encouragement she can receive from her instructor.

TYPICAL EXPERIENCES OF BREAST FEEDING WOMEN

First: Dryness after finishing the lochia for several weeks or perhaps for several months.

Second: A change from dryness to constant wetness.

There are three typical patterns of this constant wetness among lactating women. They are:

- 1) A white milky secretion. It will not have much substance, but it is quite obviously present.
- 2) A watery secretion. The vulva will feel constantly wet, and the secretion sometimes may be minimal or abundant, but always the same watery secretion. The change in the quantity of this watery secretion can be ignored and not considered a change.
- 3) A secretion that may feel pasty or even dry. Its appearance is sometimes described as flaky when it is noticed at the vulva or on the underclothing as it dries.

It is thought that these secretions (all three) probably come from the vagina, and not from the cervix.

When the woman notices these appearances of wetness, she must observe abstinence following the Rule 3 for sexual relations. (See page 7.) But if these appearances of wetness continue, they may not be a sign of possible fertility, but rather a sign of infertility. With careful observations of the quantity, quality and sensations, perhaps this constant wetness will be established as her temporary pattern of infertility. See section on CONSTANT WETNESS on page 13.).

Changes in the feeding pattern of the child, or the introduction of food or liquids other than the breast will normally cause a change in the mucus pattern. These changes usually indicate ovarian activity and should be considered a sign of possible fertility. Rule No. 3 must be followed. (Abstain during the days of any change plus the following four dry days and three nights after the change has returned to the previous pattern.)

The frequency of putting the baby to the breast, whether to feed the baby or to comfort the baby when it is restless, is that which most contributes to the delay of the return of ovulation. The baby's suckling at the breast causes the mother's body to produce the hormone prolactin. Prolactin tends to delay the production of FSH (Follicle Stimulating Hormone). Without FSH, the return to ovulation and regular cycles is delayed.

However when the baby begins to sleep long hours during the night, mucus patches signaling the onset of ovulation may occur. Perhaps the mother will want to resume feedings during the night, not so

much because the baby needs them, but to delay the return of ovulation or to decrease the frequency of mucus patches. Likewise, it seems convenient to put the baby to the breast for a brief time before giving the baby other foods or liquids. It is the frequency of suckling at the breast that tends to delay ovulation.

II - WEANING

When anything other than the breast, **even if it is only water**, is given to the baby, the process of weaning has begun. Weaning will generally cause changes in the mucus pattern, and frequent patches of mucus may appear. (The couple must then follow Rule. 3, page 7.)

When the patches of mucus are frequent and abstinence as a consequence is prolonged, the woman may consider:

- 1) Putting the baby to the breast more often and before each feeding.
- 2) Perhaps resuming feeds during the night.
- 3) According to the age of the child and the circumstances of the couple, perhaps the time has come to wean the child completely.

Once the child has been weaned, the woman will usually quickly return to cycling normally. Special attention must be made to the observations at this time, and strict adherence to Rule 3: "Abstain on the days of any change (from dryness to wetness or bleeding) plus the following four complete dry days and three nights."

Most women will have difficulty identifying with certainty their first return to ovulation and may not be certain even of their first menstruation. Therefore, while the woman is weaning her child, it seems best to advise her to follow the Rule for Exceptions or Special Cases. (page 11.)

Because of the immunities from diseases that are provided to the child while breast feeding, mothers may choose to partially breast feed for many months and even years. In the case of partial breast feeding, the patches of mucus will be frequent for some months, requiring almost constant abstinence. However the mother will eventually return to cycling, usually after three months of mucus patches. However, even if the mother has returned to apparently normal cycling, she should observe only Rules 2 and 3 until the baby is completely weaned. (See Rule for Exceptions and Special Cases, page 11.) (4. See End Notes.)

III - CONSTANT WETNESS

There are several circumstances in which a woman may experience constant unchanging wetness at the vulva. But the most common occurrence is during the time of breast feeding. Typical examples of this were mentioned on page 12. The breast feeding mother would have to observe Rule. 3 (Abstain during any change.....) as soon as the wetness appears. But after two weeks of observations, she can be quite certain that she cannot be fertile all the time and that this wetness must signify something else. With the help of her instructor, she should try to establish whether this is her pattern of infertility.

TWO BASIC PATTERNS OF INFERTILITY (BIP)

The first basic pattern of infertility is DRYNESS which has been taught from the first level. The second basic infertile pattern is CONSTANT WETNESS which may occur under various circumstances.

Normally dryness is the sign of infertility and the most normal infertile pattern. But some women are wet just all the time. Of course we know that a woman cannot be fertile all the time. Therefore, constant wetness must signify infertility.

CONSTANT IN FOUR WAYS

To say that the wetness is constant, is to say that it is the same thing day after day. It must be constant in:

- 1) **TIME:** The woman must observe the wetness for at least fifteen days to claim that it is constant.
- 2) **QUALITY:** By quality we mean any appearance that the mucus has. Whatever that quality may be, it must be constant.
- 3) **QUANTITY:** It doesn't matter whether the quantity is much or small. It only matters that the quantity be **CONSTANT**.
- 4) **SENSATION:** The sensation may be one of simple wetness or it may be even slippery wetness. Whatever it is, it must be constant.

Now if the mucus or the secretions are constant in the four different categories mentioned above, the woman can consider this her Basic Infertile Pattern of Constant Wetness (BIP) and treat it the same as if it were dryness. Whether the woman's BIP is one of dryness or constant wetness, she follows the same rules for sexual relations.

CHANGE

Any change, either in quantity, quality or sensation signifies possible ovarian activity and therefore Rule 3 must be observed. **ABSTAIN DURING THE DAYS OF ANY CHANGE PLUS THE FOUR FOLLOWING DRY DAYS AND THREE NIGHTS, UNTIL THE EVENING OF THE FOURTH DRY DAY.**

MIXED PATTERN OF CONSTANT WETNESS

There is one significant exception to the rule of change and that is the mixed pattern of constant wetness with a few days of intermittent dryness.

After having established the BIP of constant wetness, which means infertility, the woman may experience a change of a few days to dryness. But since dryness is likewise a pattern of infertility, this change is considered a change that is not really a change since it is from infertility to.....infertility.

There is one exception to this rule of change. When the breast feeding woman experiences a watery discharge that is without substance, but the quantity changes from time to time, she should consider this as constant. (No. 2, page 12.)

If the woman who has identified a BIP of constant wetness begins to experience more and more dry days, she must ask herself if her BIP is returning to one of dryness. If her BIP is returning to dryness, she must begin to consider any wet day as possibly fertile, and to follow Rule 3, (Abstain during any change plus four dry days and three nights, until the evening of the fourth dry day. (4. See End Notes.)

HOW TO CHART CONSTANT WETNESS

As the woman observes the type of wetness, she should mark it either  if it is not slippery wetness, or  if it causes a slippery wet sensation at the vulva.

After she and her instructor have established the wetness as “constant”, she can then begin to mark it as she feels it, but she should mark the symbol of  dryness over the symbol for the type of wetness she is observing.

Thus:  if it is constant non-slippery wetness.

or  if it is constant slippery wetness.

As long as the wetness is constant, without any change, it is treated as equal to dryness.

IV - INFECTIONS

An infection does make it a little more difficult for the woman to recognize her fertile time, but it does not make it at all impossible. The characteristics of secretions of infections and those of fertile mucus are mutually exclusive.

INFECTIONS	FERTILITY
Odor—offensive	Elasticity
Color—greenish, yellow or perhaps white	Sensations of slippery wetness
Pain—itching, burning, swelling	White or clear in color

Infections have an odor that is offensive, while fertile mucus has only the natural smell of the body. Infections cause a secretion that is accompanied by a burning or itchy sensation and the vulva may feel swollen or tender. Fertile mucus causes no such sensations. Infections have frequently a greenish or yellowish color. Both fertile mucus and infections may be white. Fertile mucus is not greenish or yellow. If the teacher detects that the woman has an infection from her description of the mucus, then she should advise:

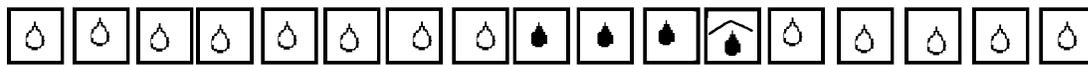
- 1) the woman to see a health care provider for treatment.
- 2) the couple to abstain from sexual relations during the time of treatment since the treatment may disguise the signs of fertility.
- 3) the man to also be treated since the couple could reinfect one another.
- 4) the woman to make careful observations of the secretions in order to describe the secretions to her health care provider or her instructor.
- 5) the couple, once treatment has been completed, to return to Rules 1,2, and 3 until “key day” has been confidently identified.(page 10)

If for some reason, the woman cannot or refuses to be treated for a chronic case of fungus, monilia or some other infection, she can still use the BOM. If she knows how she is all the time, she will know her fertile time by the changes that are presented at that time. If she knows how she is all the time, she can establish her Basic Infertile BIP of constant secretions, and she will know her fertile time by any change and follow Rule 3.

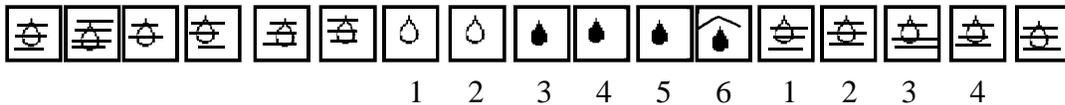
If the infections makes it impossible to identify the “key day” with confidence, then the couple must use only Rules 1,2, and 3. Not Rule 4.

V - CONTINUOUS MUCUS

Some women may experience wetness throughout the entire cycle, but this is a changing wetness and never constant for fifteen days. The woman may notice that her menstruation is always followed by wetness which is always the same for a few days before it begins to develop into more fertile type mucus, and then to key day.



If she notices that these first days are always the same in quantity and sensation, she may suspect that this is her basic infertile pattern. Then, after three or four cycles, with the help of her instructor, she could add up her fifteen days cumulatively, and probably recognize this as her BIP of constant wetness.



If the woman consistently has six or more days of the more fertile type mucus before and including “key day”, the couple may decide to use the days of constant wetness after menstruation as if these were dry days. (4. See End Notes)

As soon as there is a change in these constant wet days, the woman must observe Rule 3.

VI - DISCONTINUING THE CONTRACEPTIVE PILL

A good number of women come to learn the BOM because they want to discontinue the contraceptive pill. This is a difficult procedure, but is entirely possible. It is not, however, possible to learn the BOM while on the pill.

The effect that the pill will have on the woman’s cycle after she discontinues the pill depends upon:

- a) What pill she has been taking and its dosage.
- b) How long she has been taking the pill.
- c) The age of the woman.

There are five typical reactions when a woman discontinues the pill. No one can predict just what will happen, and the woman ought not to be told what to expect. However the instructor should be aware that any of the following could occur:

- 1) About three months of cycles that are quite irregular, with patches of mucus or bleeding. This is the most common.

- 2) Some women may never return to ovulation or menstruation. This is not common today.
- 3) Normal cycles may return at once, but the woman may miscarry shortly after conceiving. This is the reason for the recommendation to avoid becoming pregnant for six months after discontinuing the pill.
- 4) The woman may have regular menstruations, but the cervical crypts that produce the mucus fail to respond adequately, and there is little slippery mucus and difficulty identifying “key day”.
- 5) Nothing unusual happens. The woman returns to perfectly normal cycles without any problems. This is rare.

INSTRUCTIONS:

- 1) The woman should be taught the FIRST LEVEL (page 1-6)
- 2) She should abstain until she can recognize the difference between wet and dry. It may take several weeks.
- 3) She should follow the rule for exceptions and special circumstances, page 11.
- 4) She should be encouraged to be patient until her body can eliminate the effects of the artificial hormones.
- 5) She should return frequently to the classes and speak with other women who have discontinued the pill and are now users of BOM.

VII - Discontinuing the IUD

The use of the IUD does not usually alter the rhythm of the cycles. So the removal will not usually cause much of a problem for the student of BOM.

The student learns the FIRST LEVEL like everyone else.

However, the teacher should be alert for signs of infection that may complicate the recognition of signs of fertility. Therefore, perhaps the teacher will want to explain the differences between secretions of fertility and those of infection. (See page 15.)

Since the IUD has been doing all the family planning until the time of its removal, the woman may be frightened or apprehensive now that the burden is upon her.

The teacher should be aware of the effects stress may have on her cycle. (See section on stress, page 18.)

VIII - PRE-MENOPAUSE

The Billings Ovulation Method is the most appropriate method at this time in the woman's life. It is very easy to use, and there are no significant problems due to the possible changes in the woman's cycles at this age. The woman's fertility is greatly reduced, but there remains the possibility of conception until menopause has been reached. Therefore as long as the woman has learned and understood the instructions in the first level, she can tranquilly apply them to these last years of fertility.

The Pre-menopausal woman is any woman around the age of forty five to fifty, or the woman whose cycles begin to vary considerably.

At this time she may have difficulty identifying "key day" due to the small production of slippery mucus. She should, in that case, be reminded to follow only Rules 1, 2, and 3.

The woman's cycles may begin to change considerably, and the following are some of the typical experiences:

- 1) Mucus production may be considerably less and the amount of slippery mucus is minimal. Some woman report an increased production of mucus.
- 2) The menstrual bleeds may be heavier or lighter than she previously experienced. The cycle length may likewise be longer or shorter.
- 3) Dryness in the vagina may cause difficulty during sexual relations and the husband should be reminded to be patient in allowing the woman time to produce the lubricative secretions to facilitate sexual relations.
- 4) There may be notable changes in the woman's energy levels and moods.
- 5) Inter-menstrual bleeding may occur as a normal happening at this time, due to the high production of estrogen. But inter-menstrual bleeds may also be an early sign of disease. Therefore the instructor should advise the woman to check with her health care provider whenever there is unusual bleeding.
- 6) The luteal phase of the cycle (the time from Key Day until beginning of menstruation) may be shorter than normal, perhaps as little as seven to ten days.
- 7) Even after a few months of not having a menstrual period, ovulation and menstruation may return. The woman should not consider herself in menopause until she has gone through a year without a menstruation.

IX - EFFECTS OF STRESS

Stress is defined as anything out of the ordinary. It may be something very happy or sad, good or bad.

Stress cannot precipitate ovulation, but it can delay ovulation, or suspend the process once it has begun.

If the woman has been under stress, she should be especially careful identifying "key day". And if she is not certain, she should follow the rules for exceptions and special circumstances. In any suspected case of stress, follow the RULES FOR EXCEPTIONS SPECIAL CIRCUMSTANCES, page 11.

X - ACHIEVING A PREGNANCY

The BOM can be used to either achieve or postpone a pregnancy. Normally the instructor does not have to instruct a student couple with normal fertility how to achieve a pregnancy. It comes naturally.

However, if the couple is having difficulty conceiving, then the BOM can be of significant help. The instructor should teach the **FIRST LEVEL** as always. Special emphasis should be placed on how to make accurate observations. More emphasis should be given to how to recognize the difference between wetness and slippery wetness.

Slippery Wetness is the most fertile type, and the “key day” is the last day of slippery mucus that is felt at the vulva. Key day is the most fertile day in the cycle for sexual relations.

Abstinence should begin with the first appearance of mucus in the cycle, and then when the mucus is slippery in sensation, the couple should have sexual relations.

Too frequent intercourse, or too infrequent intercourse may influence the number of sperm contained in each ejaculation. Therefore, in normal length cycles, abstinence should begin a day or two after menstruation.

RECOMMENDATIONS OF THE AUTHORS

- 1) Instructors should be cautious not to teach all they know, but rather as much as the user needs to know to use the method correctly.
- 2) Teachers should be cautious when teaching the method not to use the fingers to demonstrate the differences and changes of the mucus. The method depends upon the woman’s experiences at the level of the vulva, and not on the fingers.
- 3) Teachers should not teach exceptions before teaching the first level. When exceptions or special cases occur, they should be taught separately.
- 4) After the initial classes, all follow-up sessions and chart review should be taught separately, and confidentiality always respected.
- 5) Classes of anatomy and physiology are most helpful and appropriate, but they should not be taught before **FIRST LEVEL** is understood. They should be introduced at the convenience of the teacher and student. To achieve a pregnancy, these classes are not necessary. Neither are they necessary to postpone a pregnancy.
- 6) The BOM is not just another method of family planning. It is a way of life involving commitment to family. However, when the classes are advertised or announced as a course on BOM, that is what should be taught. The students probably did not come to receive sermons.
- 7) Be sure to remind your students that the BOM cannot be combined with barrier methods. Seminal fluid, arousal fluid, and possible allergic reaction to the latex or chemicals of the barrier method will confuse the mucus observations.

8) Finally, remember that, in spite of changing times and values, the family remains the most important social and spiritual unit in our world. The satisfaction of knowing the good that you are doing for couples and their children more than repays your efforts.

PRACTICAL STEPS FOR FOLLOW-UP MEETINGS:

- 1) Review the relevant parts of this booklet before the follow-up meeting and refer to the booklet during the meeting.
- 2) Establish definite times, places, and dates for follow-up meetings. Insure privacy and consistency.
- 3) Keep confidential records and make comments on the couple's records after each meeting.
- 4) Know your community. Choose hours most convenient for couples.
- 5) When possible, organize peer support and chart review.
- 6) Continue to study and impart accurate information. Avoid fads.
- 7) Investigate all pregnancies. This will increase your confidence in BOM

QUALITIES OF A GOOD TEACHER

- 1) Adequate knowledge of BOM.
- 2) Ability to impart confidence.
- 3) Compassion, understanding and friendliness.
- 4) Respect for human dignity.
- 5) Tact and sensitivity.
- 6) Patience, and a willingness to listen.
- 7) Ability to teach with simplicity.
- 8) Ability to help couple become independent of the teacher.

End Notes

- 1) The BOM teaches infertility beginning the morning of the fourth dry day. However, in order to add a measure of safety, Marie Zenack, along with many other NFP teachers, recommends teaching infertility beginning the evening of the fourth dry day. That is, after six PM of the fourth day after the peak day.
- 2) Symbols for use in charting the BOM were invented by the campesinos in the WHO studies in Central America. They were modified by BOM students in Indonesia and the Philippines
- 3) The Rule for Special Cases is the recommendation of Marie Zenack.
- 4) The six day precaution in the case of continuous wetness is the recommendation of Marie Zenack. It is taught by many other NFP providers.

ABOUT THE AUTHORS

Dr. Francesca Kearns is a nurse who has a doctorate degree in community health. She has worked in the area of natural family planning since 1972, in all the continents of the world, and was chief teacher in the World Health Organization Multi-center, Multi-culture study of the Ovulation Method, in El Salvador.

Her major area of work has been among the indigenous peoples of Central America, in particular, El Salvador and Guatemala. She has taught thousands of couples to use the Ovulation Method.

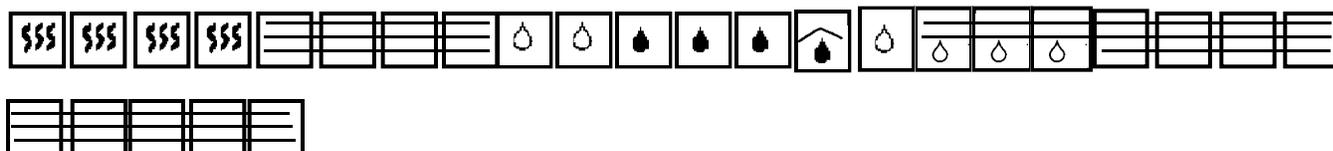
Dr. William Gibbons, along with Denis L. St. Marie, developed a way of teaching the Ovulation Method that has been adapted and used all over the world. Dr. Kearns, Denis St. Marie and Dr. Gibbons have for many years taught the Ovulation Method in more than sixty-five countries, from China to Italy, From Canada to Argentina and in many countries of Africa. Their work among indigenous peoples has led them to publish this booklet.

Marie Zenack is a teacher of the Ovulation Method in Fairfield, IA. She and her husband, Nathan, have four grown children and six grandchildren. Marie has taught with Dr. Kearns and Denis St. Marie in China, Indonesia, and the Dominican Republic.

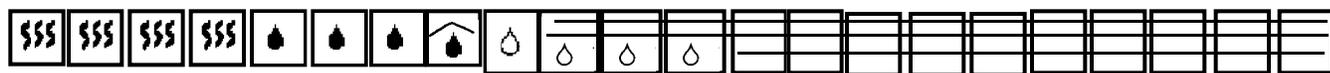
This book is available as a free download at:
<http://www.menstrual-cycle-period.com/downloads.htm>.

Questions may be addressed to Marie Zenack at
marielena777@lisco.com or marie@earthwisdombooks.com

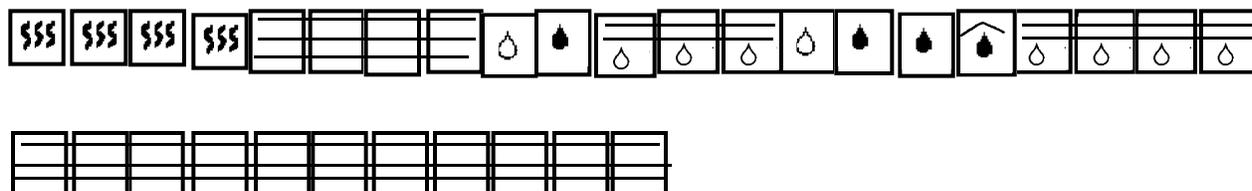
Sample Chart-Avoiding Pregnancy in Normal Cycles



The couple follows instruction #1, abstaining during menstruation. During the four dry days after menstruation, they follow instruction #2, having relations only in the evening, and not on consecutive evenings. During wet days they follow instruction #3, abstaining during the wetness, until the evening of the fourth dry day after the wetness. Once they have identified the key day with certainty, they follow instruction #4. That is, they abstain until the evening of the fourth dry day after the key day, at which time they may have relations day or night until the arrival of the next menstruation.



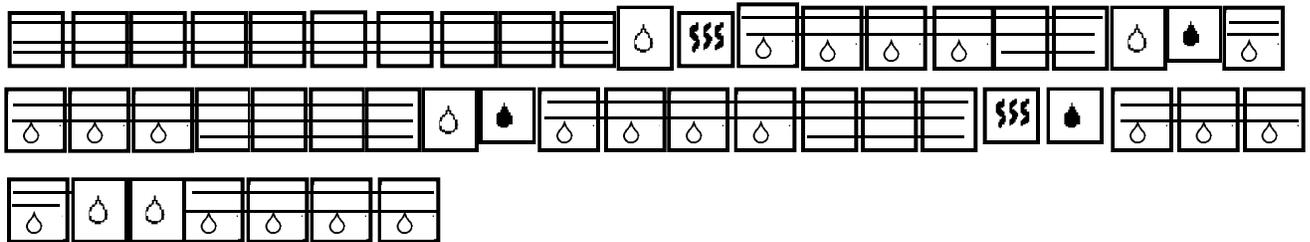
They couple abstains during menstruation. The fertile-type mucus begins immediately after menstruation. Probably there was cervical mucus during menstruation. They abstain during the days of wetness, until the evening of the fourth dry day after the wetness. Because they have identified key day, they may have relations day or night until the next menstruation.



The couple follows instruction #1, abstaining during the days of menstruation. On the four dry days after menstruation, they follow instruction #2. That is, on dry they have relations only in the evening, and not on consecutive evenings. Wetness appears, but returns to dryness before it progresses to its normal pattern. The couple realize that they have not identified their normal pattern of fertility. Therefore they do not follow instruction #4, but continue with instruction #3, abstaining during any change from dryness plus four day days. Wetness returned after only three days of dryness. They abstain during the wetness. They identify the key day, and follow rule #4.

- Rule 1: Abstain from sexual intercourse during the days of menstruation or heavy bleeding.
- Rule 2: On dry days, have relations only in the night and not on two successive nights.
- Rule 3: Abstain on the days of any change (from dryness to wetness or bleeding) plus the following four complete dry days and three nights, until the evening of the fourth dry day.
- Rule 4: Once the “key day” has been identified with certainty, the couple should abstain from sexual relations for four more complete dry days and three nights, until the evening of the fourth dry day, only.

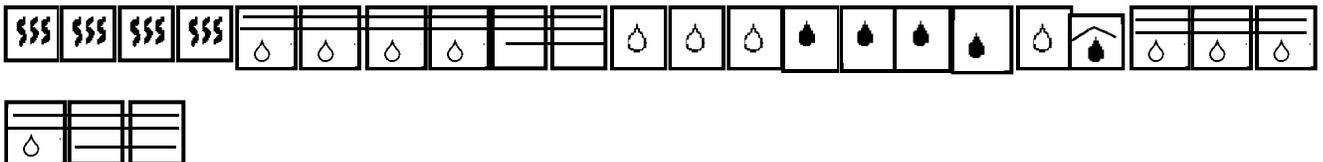
Sample Chart - Avoiding Pregnancy during Weaning



When the mother begins to give anything besides the breast to her baby, even if it is only water or a pacifier, she has initiated the process of weaning.

Weaning causes changes in the pattern of the woman. In these weeks or months, there may be many patches of fertile type mucus and feelings of wetness. The rapid changes require much abstinence and strict observation of the instructions 2 and 3. That is, relations only in the evenings of dry days, and not on consecutive evenings. Abstinence during each change from dryness, plus four dry days - until the evening of the fourth dry day.

If the child is getting bigger and the mother wants to allow her cycles to return to normal, she can offer other food to the child before giving the breast. She can also offer other food before the bedtime feeding, so that the baby sleeps more hours at night.

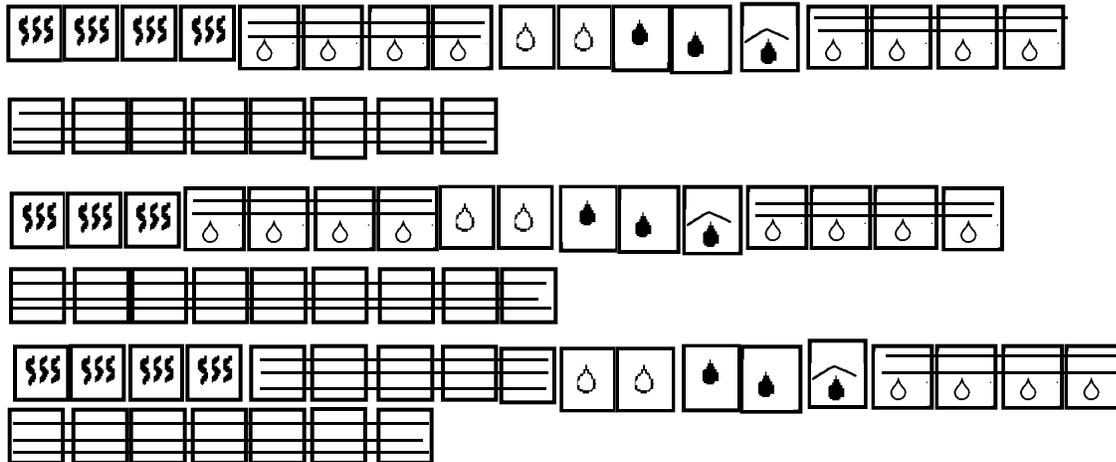


Bleeding or stains of blood during breast feeding, even if they look like menstruation, are considered possible fertility. Abstinence is necessary during the bleeding or spotting plus four dry days, until the evening of the fourth dry day.

There can be many days of fertile type mucus in the first few cycles during weaning. The luteal phase, (days between ovulation and the next menstruation), on the other hand, can be shorter than normal.

- Rule 2: On dry days, have relations only in the night and not on two successive nights.
- Rule 3: Abstain on the days of any change (from dryness to wetness or bleeding) plus the following four complete dry days and three nights, until the evening of the fourth dry day.

Sample Chart - Avoiding Pregnancy during Weaning - Page 2

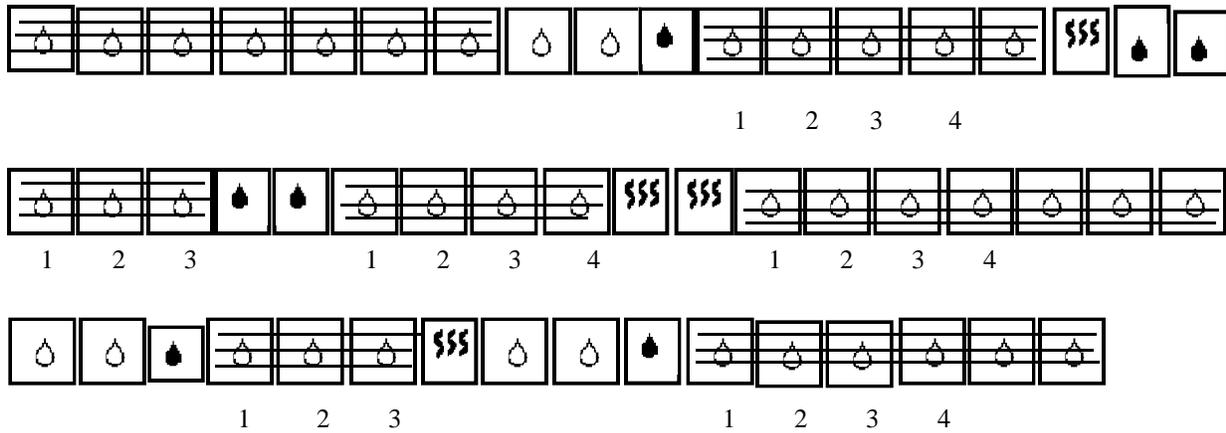


Bleeding, although it may seem like menstruation, is considered possible fertility. Abstinence is necessary during the bleed plus four dry days, until the evening of the fourth dry day, until weaning is complete.

Exception: If weaning is not complete, but the woman has had three normal cycles, the couple may omit the four days of abstinence after menstruation, if there was an obvious mucus pattern in the previous cycle, followed by menstruation 11-16 days later. The couple should not follow Rule #4 until weaning is complete and they have observed three consecutive normal cycles. A normal cycle is a cycle with an obvious mucus pattern followed by menstruation 11-16 days later.

- Rule 1: Abstain from sexual intercourse during the days of menstruation or heavy bleeding.
- Rule 2: On dry days, have relations only in the night and not on two successive nights.
- Rule 3: Abstain on the days of any change (from dryness to wetness or bleeding) plus the following four complete dry days and three nights, until the evening of the fourth dry day.
- Rule 4: Once the “key day” has been identified with certainty, the couple should abstain from sexual relations for four more complete dry days and three nights, until the evening of the fourth dry day, only.

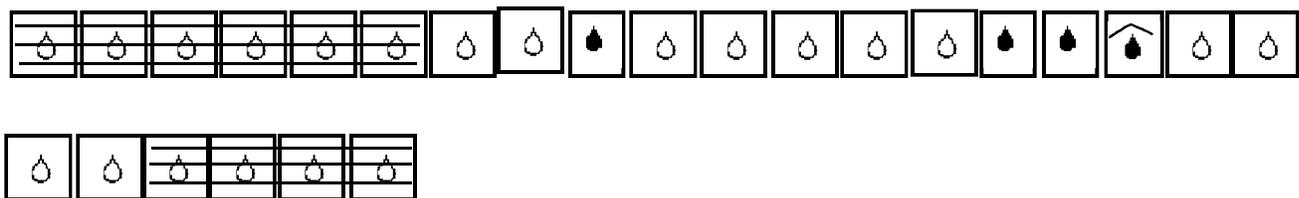
Sample Chart - Weaning, Constant Wetness



When the mother begins to give anything besides the breast to the child, even if it is only water, she has begun the process of weaning.

Weaning causes changes in the mucus pattern of the woman. During these weeks or even months, there may be many patches of fertile type mucus or wetness. The rapid changes require much abstinence and strict observation of instructions 2 and 3. That is, marital relations only in the evenings of days with an infertile pattern of wetness, and not on consecutive evenings. Abstinence during each change from the infertile pattern, plus four days of infertile pattern - until the evening of day four of the infertile pattern.

If the couple is highly motivated to avoid pregnancy, and if the patches of mucus are frequent, total abstinence is recommended until the cycles return. In order to return more rapidly to cycles, the mother can offer other food to the baby before offering the breast. She can also offer other food to the baby before the nighttime feeding, in order that the baby may sleep longer at night.

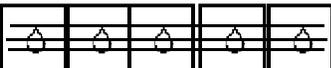
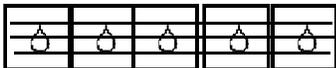


There may be many days of fertile type mucus before the first ovulation. The luteal phase (days between ovulation and the next menstruation), on the other hand, may be shorter than usual.

Sample Chart - Weaning, Constant Wetness - Page 2



After the first menstruation or bleed, another 15 days, or one cycle, of abstinence is necessary to confirm that the pattern of infertile wetness is continuing.

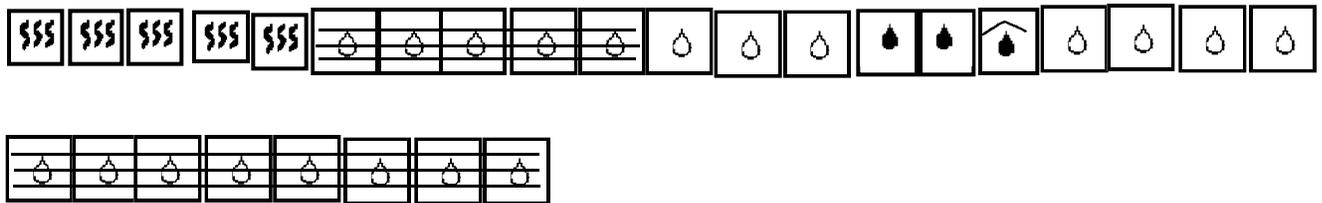


Abstinence is recommended during the preovulatory phase for two more (three total) normal cycles, so the woman may learn to tell the difference between her pattern of infertile wetness and her fertile type mucus.



Abstinence is necessary during every change from the infertile pattern, including bleeding and spotting, plus four days of infertile pattern, until the evening of the fourth day of infertile pattern. The couple should not follow Instruction #4 until the baby has been completely weaned, and the woman has had three consecutive normal cycles. A normal cycle is a cycle with an obvious pattern of fertile type mucus, followed by a bleed 11-16 days later.

Sample Chart - Weaning, Constant Wetness - Page 3



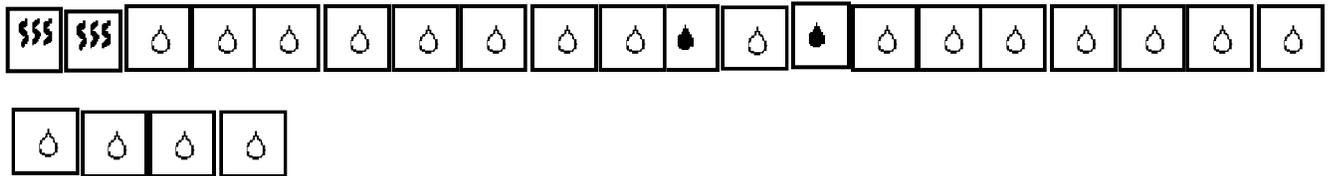
If the woman has completely weaned the child, and if she is able to identify six days of fertile type mucus, including the key day, the couple may begin to follow instructions 1,2,and 3 in the preovulatory days, and instruction #4 in the postovulatory phase. If the woman is still not able to identify six days of fertile type mucus, they should continue abstaining in the preovulatory phase until the woman is able to identify six, or, at least, five days of fertile type mucus, including the key day.

Exception: If the woman has not completely weaned the child, but is able to identify five or six days of fertile type mucus, and has had three consecutive normal cycles, the couple may omit the four days of abstinence after menstruation, if they are completely sure of having identified ovulation in the previous cycle. They may be sure that they have identified ovulation in the previous cycle if there was an obvious mucus pattern followed by a bleed 11-16 days later.

The couple should not follow instruction #4 until the child has been completely weaned.

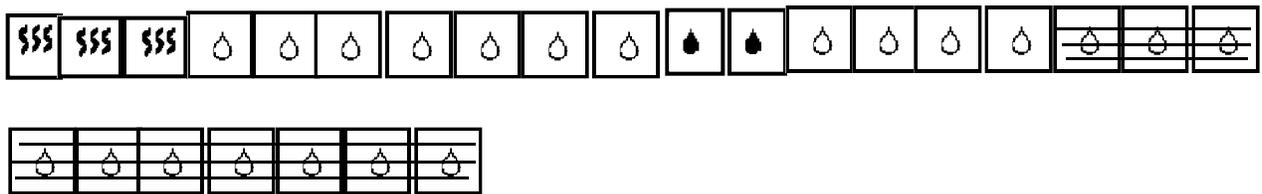
- Rule 1: Abstain from sexual intercourse during the days of menstruation or heavy bleeding.
- Rule 2: On dry days, have relations only in the night and not on two successive nights.
- Rule 3: Abstain on the days of any change (from dryness to wetness or bleeding) plus the following four complete dry days and three nights, until the evening of the fourth dry day.
- Rule 4: Once the "key day" has been identified with certainty, the couple should abstain from sexual relations for four more complete dry days and three nights, until the evening of the fourth dry day, only.

Discontinuing the Pill, Intra-uterine Device, or Contraceptive Implant - Avoiding Pregnancy



It is not necessary to finish the packet of pills before learning a natural method. The sooner that the woman stops taking the pill, the sooner she will return to normal cycles. The first bleed after the pill is not a true menstruation, but build-up of endometrium caused by the artificial hormones of the pill.

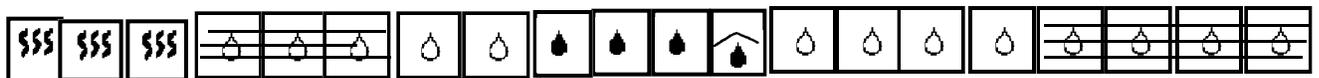
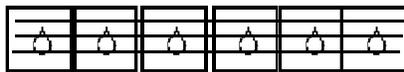
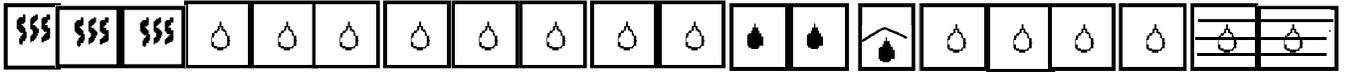
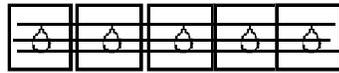
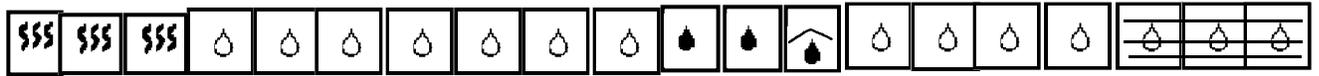
The artificial hormones of artificial methods cause a continuous mucus discharge. Abstinence is necessary for four weeks or one cycle, so that the woman may begin to learn the difference between this infertile discharge and her fertile type mucus. The month of abstinence also gives the woman time to learn her secretions without confusion with seminal fluid or arousal fluid, and without worry over the possibility of pregnancy.



Abstinence is recommended in the prevovulatory phase for at least three cycles, so the woman may learn to recognize the beginning of her fertile type mucus. It is also recommended to follow only instructions 1, 2 and 3 throughout the cycle, and not instruction #4, until the woman has observed three normal cycles. A normal cycle is a cycle with an obvious mucus pattern followed by a bleed 11-16 days later.

- Rule 1: Abstain from sexual intercourse during the days of menstruation or heavy bleeding.
- Rule 2: On dry days, have relations only in the night and not on two successive nights.
- Rule 3: Abstain on the days of any change (from dryness to wetness or bleeding) plus the following four complete dry days and three nights, until the evening of the fourth dry day.
- Rule 4: Once the "key day" has been identified with certainty, the couple should abstain from sexual relations for four more complete dry days and three nights, until the evening of the fourth dry day, only.

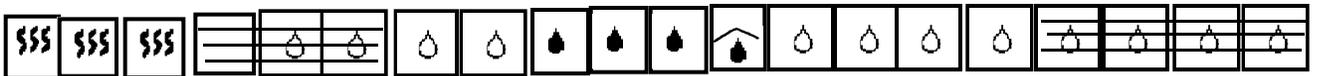
Discontinuing the Pill, Intra-uterine Device, or Contraceptive Implant - Avoiding Pregnancy - Page 2



If the woman can distinguish six, or at least five, days of fertile type mucus including the key day, the couple may begin to confidently use instructions 1,2 and 3 in the preovulatory days of the cycle.

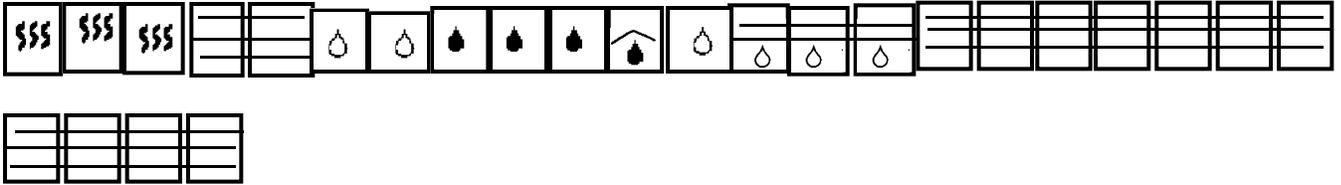
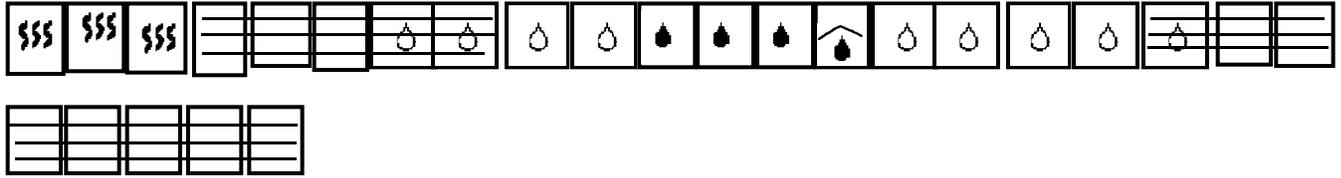
After observing three normal cycles and identifying key day with certainty in each cycle, the couple may begin to follow instruction #4.

A normal cycle is a cycle with an obvious pattern of fertile type mucus, followed by menstruation 11-16 days later.



As the artificial hormones are eliminated from the woman's body, the continuous discharge diminishes, and the woman may observe some dry days.

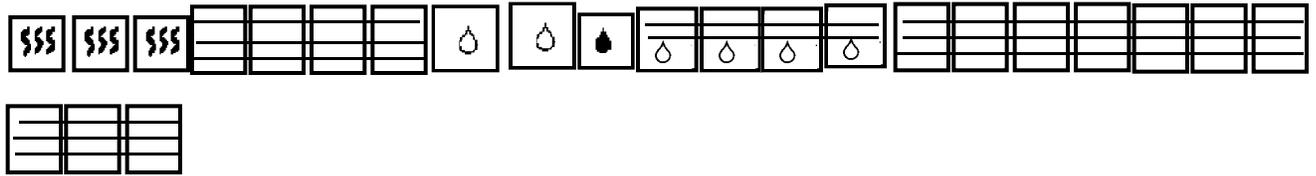
Discontinuing the Pill, Intra-uterine Device, or Contraceptive Implant - Avoiding Pregnancy - Page 3



As the infertile pattern of constant wetness changes to an infertile pattern of dryness, all preovulatory days of wetness must be considered possibly fertile days.

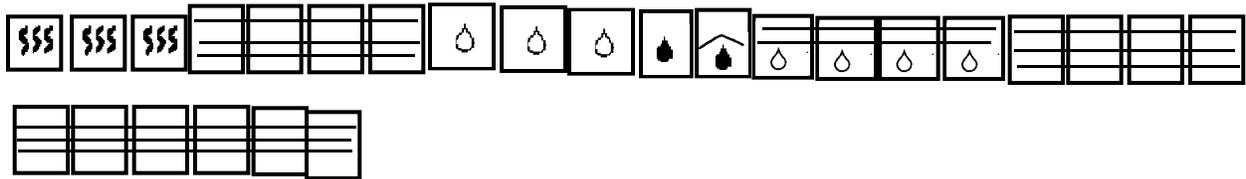
- Rule 1: Abstain from sexual intercourse during the days of menstruation or heavy bleeding.
- Rule 2: On dry days, have relations only in the night and not on two successive nights.
- Rule 3: Abstain on the days of any change (from dryness to wetness or bleeding) plus the following four complete dry days and three nights, until the evening of the fourth dry day.
- Rule 4: Once the “key day” has been identified with certainty, the couple should abstain from sexual relations for four more complete dry days and three nights, until the evening of the fourth dry day, only.

Sample Chart - Discontinuing the contraceptive Injection - Page 2

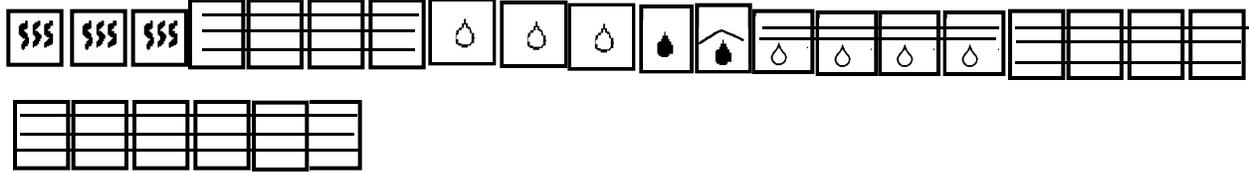


If the woman observes slippery mucus followed by bleeding 11-16 days later, she may have confidence in the arrival of her fertility. After three normal cycles, if they desire, the couple may try to achieve pregnancy, using the days of slippery wetness for sexual relations.

A normal cycles is a cycle with slippery mucus followed by menstruation 11-16 days later.



Achieving Pregnancy

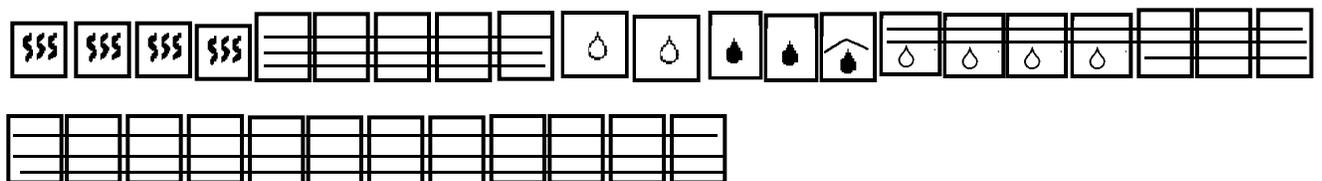


The couple seeking to achieve pregnancy should abstain during one cycle, observe and chart in order to learn the characteristics of the woman's cycle. If there is slippery mucus followed by menstruation 11-16 days later, it is probably that they can conceive.

The majority of couples can achieve pregnancy once they learn to identify the fertile days. If they want to increase their chances of conceiving, they have relations one time during the preovulatory dry days in order to renew the husband's sperm. They abstain during the days of sticky mucus, and have relations on the days of slippery mucus. If the luteal phase (days between the key day and the next menstruation) extends to 17 or 18 days, it is probable that they have conceived.

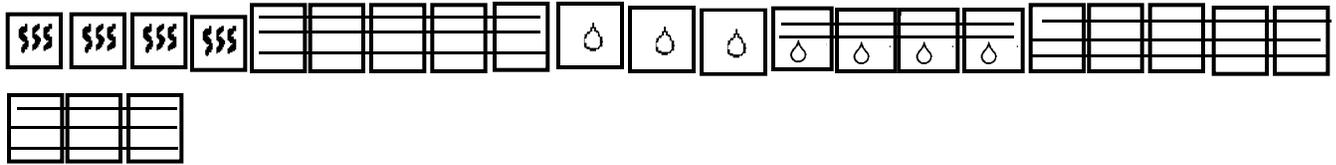


If the luteal phase is normally less than 10 days, it is an infertile cycle. The woman should eat well with enough protein and green vegetables. She should drink plenty of pure water and the juice of the young coconut. It is important to avoid artificial sweeteners. She should see a natural health practitioner if possible.

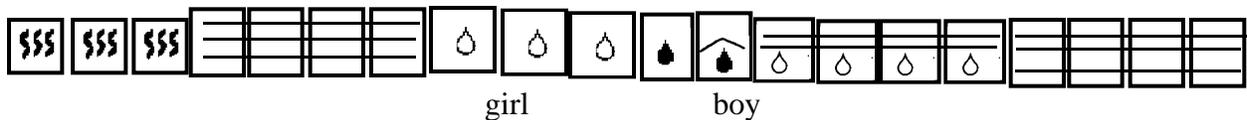


If the luteal phase is normally more than 16-17 days, they woman may not be identifying her key day correctly. However, she may also have ovarian cysts. She should see a practitioner of natural medicine, if possible.

Achieving Pregnancy - Page 2



If there is no slippery mucus, the woman should be sure to drink plenty of water. She should eat well, with enough protein and green vegetables. It is important to avoid artificial sweeteners. Perhaps the woman has had medical treatment of the cervix - either electric cauterization or cryosurgery. Both can cause a reduction of fertile mucus and, as a result, a reduction of fertility. When fertile type mucus is scant, some women have used the white of a raw egg in the vagina during sexual relations in order to protect the sperm from the acidity of the vagina, and increase the possibility of conception.



Choosing the sex of the child at conception

Studies indicate that parents can have some influence over which sex is conceived. The studies are based on the differences between male (Y chromosome) sperm and female (X chromosome) sperm. Male sperm have long tails and small heads. They swim fast but also die sooner than female sperm. Female sperm have small tails and large heads. They swim slowly but live longer than male sperm. If you wish to choose the sex of your child at conception, you must observe and chart your fertile signs for at least three cycles, avoiding pregnancy. After doing so, you must follow these instructions carefully:

If you wish to conceive a girl, have relations at least one time during the pre-ovulatory infertile days, to renew the man's sperm. Have relations again as soon as the fertile-type mucus appears. Then abstain until the fertile time completely passes. That means, have no more relations until the evening of the fourth dry day

.If you do not conceive during this first cycle, have relations the next cycle on the second day of fertile-type mucus. On the third cycle you should have relations on the third day of wetness. (You may also have relations on day one, but do not have relations every day. Waiting a day between love making will result in more sperm in the ejaculation. You should advance the day of relations one day each cycle, until you conceive. But do not approach the last day of slippery wetness. Try to keep at least two days between your days of relations and the last slippery day. (It is true that a couple never knows the last slippery wet day until the day after. However, we are assuming that you will be able to deduce the last wet, slippery day in advance, since you have been observing and charting your fertile signs for at least three cycles before trying to conceive.)

If you wish to conceive a boy, have relations one time during the pre-ovulatory infertile days, to renew the husband's sperm. When the fertile type mucus appears, abstain until the third dry day after the wet days. Have relations on the third dry day. If you do not conceive, in the next cycle have relations on the second dry day after the wet days. If conception still has not occurred, during the third cycle have relations on the first dry day after the wet days. During the fourth cycle, have relations on the last wet, slippery day. (It is true that a couple never knows the last slippery wet day until the day after. However, we are assuming that you will be able to deduce the last wet, slippery day in advance, since you have been observing and charting your fertile signs for some time.) Continue to have relations each cycle on the last slippery day if you are strongly motivated to conceive a boy. (Dr. (Sr) Leonie McSweeney, Report to VIth International Institute of the Ovulation Method, Los Angeles, 1980.)

Carefully following the above instructions has been shown to significantly increase the chances of conceiving the sex that the couple plans. However, it is not 100% effective. Parents must be prepared to gratefully accept either sex and the unplanned joys that come with them.

This book is available as a free download at:
<http://www.menstrual-cycle-period.com/downloads.htm>.

Questions may be addressed to Marie Zenack at
marielena777@lisco.com or marie@earthwisdombooks.com