

Natural Family Planning: The Complete Approach

**Ecological Breastfeeding
Covenant Sexuality
Multiple Options**

John and Sheila Kippley

First Edition
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For those using this book in a classroom course:

Names of teachers:

Phone:

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Between meetings 1 and 2:

Read Chapters 1 through 4.

Chart and bring your chart to the second class for review.

Between meetings 2 and 3:

Read Chapters 5 through 8.

Chart and bring your charts to the next class for review.

Bring this book to each class.

Natural Family Planning: The Complete Approach
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Natural Family Planning: The Complete Approach
1. Natural family planning 2. Birth control
3. Breastfeeding 4. Sexual morality

This book is intended to enable ordinary couples to learn how to practice natural family planning in accord with Catholic moral principles. While this book will make reference to health and nutrition because they affect fertility, it is not intended to be professional health, medical, or nutritional advice. Systematic observation of the signs of fertility and infertility may increase a person's awareness of irregularities in the female fertility-menstrual cycle. Individuals with a personal health situation should always seek the help of competent professionals.

In accord with the *Code of Canon Law*, I hereby grant the *Imprimatur* ("Permission to Publish") regarding the manuscript entitled *Natural Family Planning: The Complete Approach*.

Most Reverend Joseph R. Binzer
Auxiliary Bishop
Vicar General
Archdiocese of Cincinnati
Cincinnati, Ohio
October 11, 2017

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Introduction

Where Faith and Science Meet

This small book contains practical instruction on how to use scientifically gained knowledge about nature for two related purposes: 1) to achieve or to avoid pregnancy (systematic NFP) and 2) how to space babies with breastfeeding (ecological breastfeeding). Almost every reader realizes that there are unnatural ways to achieve and avoid pregnancy, ways that involve the use of technology and scientifically gained knowledge to thwart or get around nature. On the contrary, the Catholic Church stands out in teaching that it is seriously immoral to use unnatural methods either to achieve or to avoid pregnancy. Is this a conflict between faith and science?

Not at all. Faith and science are two different ways of knowing. Both use reason. In fact, you use reason to decide whether to believe. At the most basic level, if an obviously intoxicated total stranger asks you for money and promises to pay you back at this same spot tomorrow, you have to ask yourself if you have good reason to believe him. We call that “motives of credibility.” If you believe him, you would be exercising “credulity” or “blind faith.” He offers you no reasonable grounds for believing him. Some people exercise blind faith, and they lose their money.

The claim of Jews and Christians is that God has not only created the universe but has entered into human history. Is this believable? In the Old Testament we read the story of the Jews. In the Exodus, we see God working signs and wonders and miraculously delivering the Jews from the slavery of Egypt. Later, we find the prophets continually referring to the Exodus from Egypt as a concrete sign for believing that the one true God has revealed Himself to them and that therefore He deserves to be believed and followed. This is not a religion of ideas or pie in the sky. This is a religion of action. There is nothing like this in all the rest of human history.

When the Jewish Jesus walked this earth, He called attention both to his fulfillment of past prophecies and to the signs and wonders He worked. He pointed to his resurrection as the supreme reason for believing in Him and therefore in what He taught. Further, knowing that future generations would be skeptical, He chose simple men as his apostles, men of action rather than men of ideas and certainly not religious fanatics. He chose men who went back to fishing even after witnessing the empty tomb but who later gave up their lives in witnessing to the truth of what they had seen and heard. The combination of the beauty of his teaching, the fulfillment of the prophecies, the resurrection, and the witness of the apostles combine to provide a powerful reason

for believing that Jesus is all that He said He was. The Catholic religion does not ask for blind faith.

There can be no true contradiction between faith and reason because God is the author of all being and all truth. That is a statement of reason. If there is one Almighty God, then it is certainly a matter of reason to conclude that He is the creator of all other beings. If He chooses to reveal Himself and certain things about us, He is not going to contradict what He has enabled us to discover in ways other than direct revelation.

Books have been written on these subjects. Our only point is that the Catholic faith is not a matter of wishful thinking or agreeing with certain philosophical ideas. It is based on God's revelation in history, upon the words and deeds of the Old Covenant and the words and deeds of Jesus and his apostles in the New Covenant. It is for real.

Faith and science meet today in what has become an arena of conflict about love, sex, and marriage. Some people think that because some scientists used their God-given brains to develop the Pill and other methods of birth control, it must be permissible to use them. Can you think of a clever crime in which the criminal did not use his or her God-given brains to plan and execute it? And what about the modern development of weapons of mass destruction? Certainly it took considerable use of God-given brains to develop them. The question is: Is it morally good to use them? Or under what conditions might it be permissible to use them, if ever? Those are questions that are simply beyond the scope of science although individual scientists may have personal opinions. Similarly, the fact that it took brain power to develop the Pill and other unnatural forms of birth control provides absolutely no reason to believe that it is morally right to use them.

How do faith and science meet in Natural Family Planning?

God Himself made woman in such a way that frequent suckling by her baby at her breasts postpones the return of fertility for more than a year in most cases. This is not an old wives tale. Scientific research has demonstrated that the frequency of suckling is the key to the normal postponement of fertility. Mothers who practice the ecological breastfeeding explained in this book will experience, on average, 14 to 15 months of breastfeeding amenorrhea (the absence of periods). They will also give the best nutrition to their babies, and with each baby they will save over a thousand dollars by not using formula and baby foods. Finally, they will gain health benefits for themselves as well as for their babies. All men and women deserve to know this part of God's creation.

God Himself made woman in such a way that pre-ovulation estrogen causes a healthy discharge of mucus from the cervix and also causes several physical changes in the cervix. Both the mucus and the physical changes of the cervix can be detected and evaluated by informed women. Each and every man and woman deserves to know these aspects of God's creation.

God Himself made woman in such a way that post-ovulation progesterone causes her waking temperature to rise enough that it can be readily noticed with accurate temperature taking and recording. A sufficiently elevated temperature pattern of at least

three days provides a positive indication that she is past ovulation. Each and every man and woman deserves to know this aspect of God's creation.

When couples monitor these signs of fertility and infertility, they are using the scientific method—the systematic observation, recording and evaluation of recurring events, and they can use this information both to achieve and to postpone pregnancy. In the ways described in this book, both eco-breastfeeding and systematic NFP provide a happy meeting of faith and science.

The time has come

Both secular humanists and men of Christian faith in 1929-1930 predicted that the acceptance of contraception would bring social evils. Divorce rates are 500% higher now than they were before the birth-control culture wars began just before World War I. Out-of-wedlock pregnancies and births have soared despite universal access to contraception and abortion. Single motherhood has become the single greatest cause of new poverty households. Sexually transmitted diseases have reached epidemic proportions. In short, the contraceptive sexual revolution has denigrated human sexuality, and the social sciences have documented the personal and social disasters.

The time has come to return to the biblically based faith that sexual intercourse is intended by God to be exclusively a marriage act, and that within marriage it ought to be a renewal of the self-giving love and commitment of the couple's original marriage covenant. For many, this realization of the meaning of the marriage act has been a life-changing experience.

Natural Family Planning is the answer.

Natural family planning—whether eco-breastfeeding or systematic NFP—is the answer, spiritually and physically. Safe, healthy, effective, and morally right, it is the best form of conception regulation when it is properly taught and used. Unlike unnatural forms of birth control, NFP has no bad side effects. Best of all, practicing NFP for the right reasons can bring spiritual growth and peace.

—John and Sheila Kippley
Cincinnati, Ohio

Make me to know thy ways, O Lord;
Teach me thy paths.
Lead me in thy truth, and teach me,
For thou art the God of my salvation;
For thee I wait all the day long.
Psalms 25, 4-5

Come to me, all you who labor and are burdened, and I will give you rest. Take my yoke upon you, and learn from me . . . and you will find rest for your souls. For my yoke is easy and my burden is light.
—Matthew 11:28-30

Chapter 1

Natural Family Planning: What and Why

1. NFP: What is it?

What is Natural Family Planning?

Natural Family Planning (NFP) is a way of following God's plan both for achieving and for avoiding or postponing pregnancy. NFP uses the physical means that God has built into human nature.

Is there more than one form of natural family planning?

Yes. There are two basic and distinctly different forms of NFP:

- **Ecological Breastfeeding.** Not many people know this, but the right kind of breastfeeding postpones the return of fertility.
- **Systematic NFP.** This is based on the systematic observation of the naturally occurring signs of fertility and infertility in a woman's menstrual-fertility cycle.

Why do we say NFP involves Science, Art, and a Way of Life?

• **Science** is the basis for both forms of NFP. *Ecological breastfeeding* has been with us since the beginning of time, but the research is relatively recent. *Systematic NFP* is relatively new in history, starting in 1923 with the discovery of ovulation. By 1930, the pioneer researchers developed the first form of systematic NFP, calendar rhythm. Further discoveries led to the use of the current indicators of fertility and infertility.

• The **Art** of NFP refers to the application of the science to your situation.

• **Way of life** refers to the proper use of NFP. When married couples use NFP for the right reasons and with the proper attitudes, they can experience real growth in their relationship with each other and with their Creator.

What is Ecological Breastfeeding?

Ecological breastfeeding (EBF) is that form of nursing in which 1) the mother fulfills her baby's needs for frequent suckling and her full-time presence and 2) in which the child's frequent suckling postpones the return of the mother's fertility. Ecological breastfeeding is described by the Seven Standards.

What are the Seven Standards?

The Seven Standards of ecological breastfeeding are maternal behaviors that help to ensure the frequency of suckling. This is the only pattern of breastfeeding associated with extended natural child spacing. The Seven Standards of ecological breastfeeding are described in Chapter 6. Ecological breastfeeding is also called eco-breastfeeding.

How effective is eco-breastfeeding for spacing babies?

Studies have shown that mothers who follow the Seven Standards of ecological breastfeeding will experience, on the average, 14 to 15 months after childbirth without menstruation. Some mothers experience an earlier return of fertility, and others experience a later return of fertility. On the average, however, ecological breastfeeding spaces babies approximately two years apart.

Why is breastfeeding so important?

Breastfeeding is important because it provides many health benefits to baby and mother alike. Worldwide, if all babies were exclusively breastfed (only mother's milk) for the first six months of life, the lives of 1,500,000 babies would be saved each year.¹

What is systematic NFP?

Systematic NFP is the method that uses a woman's natural signs to identify the fertile and infertile times of the menstrual cycle. All systems that identify the fertile time of the cycle can help couples both achieve and avoid pregnancy. Contemporary forms of systematic NFP enable you to know the most-fertile days in the overall fertile time for achieving pregnancy. All true NFP systems use chaste abstinence during the fertile time as the method for avoiding pregnancy. The use of systematic NFP involves both the knowledge of fertility and putting that knowledge into practice.

Are there different methods of systematic NFP?

Yes. Systematic NFP consists of various "methods" or systems that seek to determine the fertile and infertile times of the cycle. You will be learning how to use a cross-checking system called the Sympto-Thermal Method (STM). It uses all the common signs of fertility in a cross-checking way. Another common system focuses primarily on the mucus sign and is frequently called the "Ovulation Method." Some couples use a temperature-only form of NFP, and some use the cervix sign in combination with either the temperature sign or the mucus sign.

How effective is systematic NFP for avoiding pregnancy?

We have no doubt that married couples who are properly instructed and motivated can practice the cross-checking Sympto-Thermal Method at the 99% level of effectiveness for avoiding pregnancy. Various studies have shown that the "perfect use" of the method yields that result. That means that the couples in the studies followed the rules. A German study on the sympto-thermal method published in February 2007 showed an effectiveness of 99.6%.² On the other hand, fertile spouses who do not

follow the rules and engage in the marriage act during the fertile time are going to become pregnant sooner or later.

It is important to realize that contemporary systems differ significantly from the Calendar Rhythm that was developed and taught in the 1930s. Cars have advanced since that time, and so has systematic NFP.

What is the “marriage act”?

The “marriage act” is the term for sexual intercourse between husband and wife. This term implies that marital intercourse is more than just a physical act and that it should reflect the committed love that the spouses pledged to each other on their wedding day.

What do we recommend for a couple who has a serious reason to avoid pregnancy?

If and when a couple has a serious need to avoid or postpone pregnancy, we highly recommend that they use the full Sympto-Thermal Method with its cross-checking signs of fertility and infertility. We believe that knowing the various signs and options **most fully empowers** the couple to make intelligent choices based on their circumstances, needs, and experience.

How effective is systematic NFP for achieving pregnancy?

We don’t know of any study that has tried to measure this among couples of less than normal fertility. What we do know is that many couples of marginal fertility have achieved their desired pregnancy through the simple means of identifying the most fertile time of the cycle and engaging in the marriage act on the most fertile days.

Briefly, about 80% of couples have normal fertility and conceive within six cycles, frequently one to three cycles. Couples with marginal fertility will usually conceive within six to 12 cycles. For more information on achieving pregnancy, see Chapter 4 of this manual.

Can infertile couples benefit from fertility awareness?

Yes. Every infertile couple can be helped in some way by systematic NFP. All will benefit from mutual fertility awareness. Many will benefit from better nutrition. Some may experience the healing of an underlying health problem. All will benefit from a better understanding of God’s plan for love, marriage and sexuality that should accompany NFP instruction. Many, but not all, will achieve pregnancy. Some couples will need to reconcile themselves to their mutual infertility.

Are “test-tube babies” part of natural family planning?

No. Absolutely not.³ This is generally called *in vitro* (*in a glass dish*) fertilization (IVF). It is seriously immoral for several reasons. First, it depersonalizes conception that ought to come from the act of mutual personal love of the parents—the marriage act. But with *in vitro* fertilization, conception comes about from the skills of technicians. Second, the IVF process involves drug-induced multiple ovulations, and multiple eggs are fertilized.

Then the “excess embryos,” who are real human beings and not just “things,” are either discarded, which is early abortion, or frozen for possible future use, which is an act of tremendous disrespect for the rights of the newly conceived human baby. Third, generally the semen is obtained through masturbation, an immoral act.

2. NFP: Who should *learn* it?

Who should *learn* NFP?

We believe that *every* engaged and married couple should *learn* natural family planning—even if they hope to become pregnant on their honeymoon and plan to let the babies come as they may. This applies not only to systematic NFP but also to ecological breastfeeding. If couples are disposed to letting the babies come as they may, it is extremely important for them to learn and to practice eco-breastfeeding.

Should doctors and nurses learn natural family planning?

Yes. Contemporary health education programs are almost always sorely deficient in their treatment of these matters. Over the years we have heard many doctors and nurses tell us that they learned about all the fertility-related organs and hormones in their medical education, but they had not been taught how to put it all together for purposes of systematic natural family planning. Or they assume that systematic NFP of the 21st century is the same as the calendar rhythm of the 1930s. The health-science schools are equally deficient in educating their students about ecological breastfeeding.

Doctor Konald A. Prem, our chief mentor, once told us that it takes about 30 years for a new idea to take root in the field of health care; as a prime example he used the time lag between the discovery of the value of the pap smear in the mid-1920s and its general use in the mid-1950s.

Should priests, ministers, and marriage preparation personnel learn NFP?

Definitely yes. They have the privilege and the responsibility to help engaged and married couples learn what is good and healthy for their marriages, both spiritually and physically. Seminary and lay ministry education is too often deficient in this area. We have seen priests and ministers (both ordained Protestant ministers and Catholic lay ministry personnel) practically transformed by learning what you can learn in this book. We strongly recommend that they attend a course in which they learn about ecological breastfeeding, all the signs of fertility, and the religious-theological teaching of the Christian Tradition regarding birth control. We invite them to read this book.

Can every couple benefit from fertility awareness?

Yes. “Fertility awareness” means learning about both female and male fertility. Because male fertility is constant, fertility awareness focuses its attention primarily on the woman’s fertility-menstrual cycle. It is amazing how many women, to say nothing of their husbands, are not well informed about their own fertility cycles. This is an

important part of a woman's physical and emotional makeup; it's important to have a good working knowledge of what happens each cycle.

What should couples learn in a balanced NFP program?

What couples should learn is far more than just an inexpensive and effective method of spacing babies. What they will learn in a well-rounded NFP program will include the following:

- How the fertility-menstrual cycle functions
- The common signs of fertility and infertility
- The importance of well-balanced nutrition for healthy fertility
- Natural ways to enhance fertility
- The practical, health-related reasons for making the NFP-only decision
- The moral and religious reasons for the NFP-only decision
- The most accurate way to estimate the "due date"
- Exclusive breastfeeding
- Ecological breastfeeding
- The return of fertility after childbirth
- How to manage special situations

Why not wait to learn NFP until you have a serious reason to avoid pregnancy?

What if a couple has a completely unexpected and serious health reason to avoid pregnancy? They may feel a bit in a panic. It is much easier to learn how to observe and interpret the fertility signs before they get into that situation.

The same holds true for those couples seeking pregnancy. Most people think they are very fertile, and most people are correct about that. But there is a minority of couples who are truly infertile and another minority who are marginally fertile. Good charting helps the couple determine the most fertile time of the cycle; and if the couple seeks advice, a good chart may be helpful.

In addition, it is good for both spouses to know where the wife is in her fertility cycle. Charting can help to explain how the wife feels and may help her to determine irregularities in her health.

How do you learn to practice the cross-checking Sympto-Thermal Method?

Go to Chapters 2, 3, 4 and 5 of this manual. Chapter 2 describes the basic physiology and how to use the chart; Chapter 3 tells how to interpret the signs of fertility; Chapter 4 provides the rules; and Chapter 5 describes some special situations.

3. NFP: Who should *practice* it?

Who should practice ecological breastfeeding?

Both national and international health agencies urge that all babies should be exclusively breastfed for the first six months. Ecological breastfeeding offers the best opportunity for maintaining a good milk supply for the first six months and beyond. That's why we believe that every couple with a new baby should try to practice ecological breastfeeding. It offers significant health and psychological advantages to mother and baby alike. Eco-breastfeeding usually provides a lengthy time of infertility, and many couples are ready to seek pregnancy when fertility returns.

Ecological breastfeeding requires close mother-baby contact, and this is good for both mother and baby. It is the kind of care that best helps babies to thrive. We like to think of it as God's own plan for baby-care and baby-spacing, but it generally precludes working outside the home or being excessively busy with a home-based business. The proper care of babies takes time. The combination of mothering and homemaking is a full-time job.

As you will learn, you need certain conditions to justify additional spacing of babies with systematic NFP, but you do not need any sort of "spacing" reasons to breastfeed. With ecological breastfeeding, you are doing what is best for your baby, and it is your baby's frequent and unrestricted suckling that postpones the return of fertility.

Is it okay to hope for extended infertility with eco-breastfeeding?

Certainly. The extended infertility of ecological breastfeeding is a normal, God-given side effect of following God's plan for baby care, and it is good and proper to hope for this along with all the other normal good effects of breastfeeding.

Who should practice systematic NFP?

We need to be clear. Systematic natural family planning is not "Catholic Birth Control." Christian marriage is a sacrament in which the spouses are called to be generous to each other and to be generous with God in having children and raising them in the ways of the Lord. Marriage is for family.

Children are gifts from God. Most Christian married couples can assume that much of the time, perhaps even most of the time, God is calling them to be generous and to invite another child to share family life on this earth and to share eternity with Him. The knowledge of systematic NFP is also a gift from God, and couples should use it generously, not selfishly.

How can we know if we should practice systematic NFP?

Pray for the grace to be both generous and prudent. This will help you to discern whether you have sufficient reasons to avoid or postpone pregnancy. Pray and listen to the Church and its biblically-based teaching.

What does the Bible say about having children?

There is no question that the Bible is pro-child. The first commandment of the Bible, “Be fruitful and multiply” (Gen 1:28) has not been cancelled. Another translation is “Be fertile and multiply.” Psalms 127 and 128 further exemplify the pro-family attitude encouraged in the Bible. Children thrive best in a family of several children where they learn to give, share, and care.

What does the Catholic Church teach about marriage and having children?

Instead of giving our personal interpretations, we will quote directly from the Church’s teaching documents.

By its very nature the institution of marriage and married love is ordered to the procreation and education of the offspring and it is in them that it finds its crowning glory (*Catechism of the Catholic Church* [CCC], n. 1652).

The fruitfulness of conjugal love extends to the fruits of the moral, spiritual, and supernatural life that parents hand on to their children by education. Parents are the principal and first educators of their children. In this sense the fundamental task of marriage and family is to be at the service of life (CCC, n. 1653).

Called to give life, spouses share in the creative power and fatherhood of God. “Married couples should regard it as their proper mission to transmit human life and to educate their children; they should realize that they are thereby cooperating with the love of God the Creator and are, in a certain sense, its interpreters. They will fulfill this duty with a sense of human Christian responsibility” (CCC, n. 2367).

Sacred Scripture and the Church’s traditional practice see in large families a sign of God’s blessing and the parents’ generosity (CCC, n. 2373).

One of our favorite quotations on this subject comes from Pope John Paul II. He was making his first trip as Pope to the United States, and on October 7, 1979, he celebrated Mass on the Capitol Mall in Washington, D.C. In his homily he said:

Decisions about the number of children and the sacrifices to be made for them must not be taken only with a view to adding to comfort and preserving a peaceful existence. Reflecting upon this matter before God, with the graces drawn from the Sacrament, and guided by the teaching of the Church, parents will remind themselves that it is certainly less serious to deny their children certain comforts or material advantages than to deprive them of the presence of brothers and sisters, who could help them to grow in humanity and to realize the beauty of life at all its ages and in all its variety.

What does the *Catechism of the Catholic Church* teach about using NFP for postponing pregnancy or limiting family size?

A particular aspect of this [Christian] responsibility concerns the regulation of births. For just reasons, spouses may wish to space the births of their children. It is their duty to make certain that their desire is not motivated by selfishness but is in conformity with the generosity appropriate to responsible parenthood (CCC 2368).

What kind of reason might be a “just reason” for avoiding pregnancy?

In 1968 Pope Paul VI issued *Humanae Vitae* (*Of Human Life*), an encyclical on birth control.⁴ In this official teaching document, he listed four categories of reasons for avoiding pregnancy.

With regard to physical, economic, psychological and social conditions, responsible parenthood is exercised by those who prudently and generously decide to have more children, and by those who, for serious reasons [*seriis causis*] and with due respect to moral precepts, decide not to have additional children for either a certain or an indefinite period of time (section 10).

What is a “serious reason” as noted in the previous quotation?

Let’s start by saying what it is not. “Serious reason” (sometimes translated as “grave reason”) doesn’t mean that you have to have one foot in the grave. Four other terms are used in section 16 of *Humanae Vitae*: “just causes” (*justae causae*), reasons that are “honorable and serious” (*argumenta...honesta et gravia*), “worthy of approval” (*probabiles rationes*), and “just reasons” (*justae rationes*).

To combine the meaning of both section 10 and section 16 of *Humanae Vitae* without having to write a paragraph for each use, we use the term “sufficiently serious reason.” That is, couples need a sufficiently serious reason to postpone pregnancy or limit their family size.

What does this mean in practice?

First, it means that married couples are called to be generous in having children according to their circumstances. This will generally entail some sort of sacrifice. The two-child family is a recipe for a society’s disappearance since it takes 2.1 births per woman for replacement. Since some women never marry or have children, it takes something like 2.4 children per ever-married woman to maintain a replacement level.

Second, it means that married couples need to realize that God is ordinarily calling them to have children beyond a culturally suggested family of two. If they feel inclined to limit their family size to a very small number or want to have extensive spacing between babies, much more than is provided by ecological breastfeeding, they need to have reasons that are sufficiently serious, certainly not frivolous or selfish. Couples need to be honest with themselves. “Getting to know each other” is not a sufficiently serious reason to postpone pregnancy for more than three months after the wedding. Couples need good reasons, not excuses.

How do you know if God is calling you to seek or to avoid pregnancy?

Pray. This is an important decision. Pope John Paul II said that married couples “are called, out of respect for the objective moral order established by God, to an obligatory discernment of the indications of God’s will concerning their family” (December 14, 1990). In difficult circumstances, you may come through prayer to believe that God is not calling you to expand your family.

He also said in the same talk that “only if there is a basic openness to fatherhood and motherhood, understood as collaboration with the Creator, does the use of natural means become an integrating part of the responsibility for love and life.”

What does it mean to use NFP with regrets?

That means that if you have that basic openness to parenthood mentioned in the paragraph above, and if you discern through prayer and your circumstances that you are not called to expand your family, you will use natural family planning to avoid or postpone pregnancy—but with regrets for such circumstances.

4. Why NFP only? The practical reasons

Are there practical reasons not to use unnatural forms of birth control?

Yes. These can be summarized as risks to health and life, and the abortifacient potential of all forms of hormonal birth control, and costs. Briefly, the expense of the Pill is considerable. While many women do not see the costs because of their health insurance, somebody has to pay that cost, and it’s reflected in higher insurance premiums for everyone.

What sort of risks to health and life are involved?

Some are minor such as allergic reactions to the latex in condoms. Some of the reported effects of the Pill and other forms of hormonal birth control are also minor, such as headaches or feelings of nausea. The package insert lists a number of them.

Other effects are major including strokes and death. Many of these problems are related to blood clots caused by the artificial estrogen in the Pill and other hormonal birth control drugs.

Can the Pill cause breast cancer?

Yes. The younger a girl is when she takes the Pill and the longer a young woman takes the Pill before her first full-term baby, the higher her risk of contracting breast cancer as she gets older. Specifically, if a woman takes the Pill before her first full-term pregnancy (FFTP), “she suffers a 40% increased risk of developing breast cancer compared to women who do not take oral contraceptive pills (OCPs). If she takes OCPs for 4 years or more prior to her FFTP, she may have an even higher risk...”⁵ Remember this the next time you read about an allegedly unexplained increase of breast cancer in women in their thirties and early forties.

Can vasectomy cause cancer?

Another disease that is rarely mentioned in birth control talk is prostate cancer. It is usually associated with aging, but two large studies done through the Harvard Medical School discovered an alarming association with vasectomy. Researchers found that among men who had vasectomies the overall risk of prostate cancer increased at least

56% and increased up to 89% among those who had their vasectomies 20 years or more previously.⁶

Can some kinds of birth control cause an early abortion?

Yes. All forms of hormonal birth control—the Pill, the Shot, the Patch, and implants, as well as hormone-releasing intrauterine devices (IUD)—interfere with the normal development of the endometrium (the inner lining of the uterus) by keeping it very thin and thus hostile to implantation. Birth control drugs and devices are not 100% effective. Sometimes they fail to suppress ovulation. When ovulation occurs and then conception takes place, the newly conceived baby cannot implant in the uterus. When that happens, that’s an early abortion, usually without the mother being aware of it. That’s called the abortifacient potential of hormonal birth control. We do not know how often this happens, but the abortifacient potential cannot be denied, and the Pill companies admit it.

What are the potentially abortifacient kinds of birth control?

These methods are:

- The Pill
- The morning-after Pill
- Hormonal patches
- Implants
- The Shot (Depo-Provera, etc.)
- The intra-uterine device (IUD), especially those that release hormones or chemicals.

Why are there problems with unnatural forms of birth control?

In normal circumstances, people go to doctors because they have a disease or some other health problem, and they want the doctor to heal them. On the other hand, when a person goes to a doctor for unnatural forms of birth control, she or he is asking the doctor to do something to make a healthy organ unhealthy and to stop its normal functioning. While adverse physical effects are mostly associated with doctor-assisted artificial birth control, all unnatural methods have less obvious but even more serious effects—spiritual, emotional, and marital. Nature bats last.

By the way, “artificial” refers to the use of artifacts such as condoms and the Pill; “unnatural” includes all of those and also includes all other contraceptive behaviors such as withdrawal, masturbation, and marital sodomy (anal and oral sex).

Are there practical reasons in favor of natural family planning?

Yes. Let’s start with costs. Ecological breastfeeding provides the best nutrition for babies and costs nothing. Systematic NFP costs a few dollars for a thermometer, charts, and study materials plus a relatively small amount for a course if you learn via a teacher instead of self-study. Whatever you contribute for NFP instruction, it is very low compared to the costs of unnatural forms of birth control—costs that include not only the initial expense but regular medical checkups in the case of the Pill and other

pharmaceutical products. Costs, however, are only one advantage of natural family planning.

The biggest advantages can be summed up as **safe and healthy, effective, and morally right**.

NFP is safe and healthy. What does this mean?

NFP doesn't use drugs, chemicals, devices or surgeries that can harm the body.

The use of NFP not only avoids the problems of unnatural forms of birth control but actually can be health enhancing. Ecological breastfeeding has many benefits for the mother as well as for her baby, and these are described in Chapter 6.

Systematic NFP with its regular monitoring of fertility helps a woman to detect certain health problems early. We recall a young woman whose ovulation was so very much delayed that she thought something might be wrong. She felt fine, but a medical exam revealed thyroid cancer. It was treated surgically; she took a thyroid supplement, and her cycles became like clockwork.

NFP is effective.

If couples understand their fertility, they increase their chances of achieving a desired pregnancy.

If couples understand the rules and follow them, NFP can be 99% effective in avoiding pregnancy.

Couples can enjoy natural child spacing with ecological breastfeeding.

NFP is morally right. What does that mean?

It means that ecological breastfeeding is the first part of God's plan for spacing babies and that the unselfish use of systematic NFP is the second part of his plan.

Since there have been many questions about birth control and morality, the rest of this chapter addresses these and related issues.

5. Why NFP only? The moral and religious reasons

Why should a couple choose to use only the natural methods of avoiding or postponing pregnancy?

When a couple has a sufficiently serious reason to avoid or postpone pregnancy, they should choose only NFP because *only* the natural methods respect God's order of creation, his plan for love and life. That is, it is immoral to use unnatural methods of birth control.

How can we say that with certainty?

We can say that it is objectively sinful to use contraception because we believe that Catholic teaching against unnatural forms of birth control is the work of the Holy Spirit who guides the Church.

Why should I believe what the Catholic Church teaches?

The fundamental reason to believe what the Catholic Church teaches is that Christ Himself founded the Catholic Church to keep alive his way, his life, and his truth.

God developed the Church of the Old Covenant upon Abraham, and through it for almost 2000 years prepared the way for Christ the God-man. The Lord Jesus established the Church of the New Covenant upon Peter, and at the Last Supper promised repeatedly that the Holy Spirit would lead the Church for all ages. *“The Advocate, the Holy Spirit, whom the Father will send in my name, he will teach you all things and bring to your mind whatever I have said to you”* (John 14:26). He reaffirmed these promises in John 15:26 and John 16:12-15. **Jesus keeps his promises.**

A familiar example of common Christian faith in the guidance of the Holy Spirit is the Nicene Creed professed at Sunday Mass in Catholic Churches and also professed by many Protestant communions. This profession of faith did not just happen to drop out of heaven. In the early fourth century of the Christian era there were controversies about the very *being* of Christ and his relationship with God the Father. The bishops at the Council of Nicea made the profession of faith now called the Nicene Creed, and all who accept it as true do so because they believe that the Holy Spirit guided those bishops as Christ had promised.

There are many excellent books on this. An easy and very readable one is *Rome Sweet Home* by Scott and Kimberly Hahn. While students at a Protestant seminary, they accepted Catholic teaching on birth control.⁷ They later entered the Catholic Church.

Is obedience still a good reason to accept Catholic teaching on birth control?

Yes. Some people seem to think that obedience is unfitting for adults, but we think that the adult Christ gives us the ultimate example: “...He humbled himself, becoming obedient to death, even to death on a cross” (Phil 2:8). At the Last Supper He spoke repeatedly to his adult apostles, and to us, about love in terms of his commandments, and commandments call for obedience. As Catholics we believe that obedience to the teaching of the Church is obedience to Christ Himself teaching in and through his Church.

Why talk about faith-based obedience when we have excellent science-based reasons not to use unnatural methods of birth control?

From a strictly scientific basis, NFP can stand on its own. It is safe, healthy and effective. We live in an age, however, in which sexual license has become all too common, and we need something beyond scientific facts. Faith-based reasons do not contradict or demean science-based reasons. They complement each other. Faith-based reasons help people in their inner struggles with lust. God has given us minds to understand the practical reasons not to use contraception. He has also given us spiritual reasons and graces to help us when we are tempted. Authentic Christian discipleship—the obedience of faith—is the best reason to practice marital chastity including chaste NFP.

What are the three biggest questions in life?

We think that the three biggest questions in life are these:

1. ***Have I really accepted Jesus as Lord of my life?*** This is more than a dry, intellectual acceptance. Real acceptance of Jesus as Lord means letting Him have Lordship over my entire life including my sexuality even when that involves self-denial and the daily cross. That's walking with Him on the narrow road that leads to salvation (See Mt 7:14).

2. ***What does Jesus want me to DO?*** Jesus wants us to love as He loved us. "This is my commandment, that you love one another as I have loved you" (Jn 15:12). Fulfilling that commandment is the lifelong privilege and task of Christian discipleship.

3. ***What does Jesus want me NOT to do?*** He wants us NOT to violate the Commandments and the other teachings He gives us through his Church. That is, He wants us Not to kill each other, Not to commit adultery or fornication, Not to lie and steal. He also wants us Not to use unnatural forms of birth control or engage in sodomy.

The reasons for the latter teaching start in the Bible and continue to our day. Some of them are in this small manual.

6. The Bible and Church teaching on contraception

What does the Bible teach about contraception?

In the book of Genesis, we read about the sin of Onan who was obliged by the cultural laws of his day—the Law of the Levirate—to give children to his deceased brother's widow.

But Onan knew that the offspring would not be his; so when he went in to his brother's wife he spilled the semen on the ground, lest he should give offspring to his brother. And what he did was displeasing in the sight of the LORD, and He slew him also" (Genesis 38: 9-10).

Wasn't Onan's sin just a sin of selfishness?

No. The book of Deuteronomy describes the punishment for refusing one's Levirate obligation (Deut 25: 5-10). The prescribed punishment for such selfishness was only a public embarrassment, not the death penalty. In Onan's case, there were three people violating the Law of the Levirate—Onan, his father, and his younger brother. Only Onan, however, practiced a contraceptive behavior, and only Onan received an immediate punishment. Clearly, Onan was slain for his contraception, and the text shows how seriously God regards this sin.⁸

Does the Bible address other sexual sins?

Yes. In alphabetical order, the Bible condemns adultery, bestiality, coitus interruptus (withdrawal), fornication, incest, masturbation, prostitution, rape, and sodomy. That eliminates everything except the honest, non-contraceptive marriage act between spouses married to each other. The Bible makes it clear that sexual intercourse is intended by God to be exclusively a marriage act.⁹

Does the Catholic Church teach that marital contraception is sinful?

Yes. Perhaps one of the clearest statements was by Pope Pius XI in his encyclical, *Casti Connubii* (*Chaste Marriage*) on December 31, 1930.¹⁰ Here he responded to the August, 1930 decision by the bishops of the Church of England to break away from the previously universal teaching of Christian churches that it is immoral to use contraception, and he wrote:

Any use whatsoever of matrimony [the marriage act] exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offense against the law of God and of nature, and those who indulge in such are branded with the guilt of a grave sin. (paragraph 56)

To put that in familiar Catholic terminology, marital contraceptive behavior constitutes the grave matter of mortal sin. Couples who engage in that behavior after sufficient reflection and with full consent of their wills incur the guilt of mortal sin. This was reaffirmed by Pope Paul VI in his encyclical *Humanae Vitae* (*Of Human Life*, July 25, 1968). Here he taught:

“...The Church, calling men back to the norms of the natural law, as interpreted by its constant doctrine, teaches that each and every marriage act must remain open to the transmission of life” (n.11).

A few paragraphs later he called marital contraception “intrinsically dishonest” (n.14). These short quotes do not do justice to the encyclical, but they help to answer our basic question (above) about Catholic teaching.

Does the teaching of *Humanae Vitae* about the marriage act reflect the teaching of Jesus about marriage itself?

Yes. Jesus taught the indissolubility of marriage. “Indissolubility” means you cannot dissolve it or take it apart. At the time of Jesus, the Jews had two schools of thought about marriage. Both accepted divorce and remarriage, but the “liberal” school thought you could divorce for *any* reason while the “conservative” school thought you needed a *serious* reason. Jesus confounded both schools by teaching that marriage is permanent: “What God has put together, let no one take apart” (Mark 10:9).

Humanae Vitae teaches the inseparability or indissolubility of the marriage act. Immediately after teaching that “each and every marriage act must remain open to the transmission of life,” it continues:

That teaching, often set forth by the magisterium, is founded upon the inseparable connection, willed by God and unable to be broken by man on his own initiative, between the two meanings of the conjugal act: the unitive meaning and the procreative meaning (n. 12).

In other words, just ask yourself two questions.

1. “Who put together in one act what we call ‘making love’ and ‘making babies?’”

If you believe in God, you will answer, “God Himself put together in one act what we call ‘making love’ and ‘making babies.’”

2. “Isn’t contraception the effort to take apart what God has put together in the marriage act?”

We think that most people of good will can see that contraception is a deliberate effort to take apart what God Himself has put together in the marriage act. We further believe that the words of Jesus—“What God has put together, let no one take apart”—apply both to marriage and to the marriage act.

How can anyone judge the interior guilt of anyone else?

The extent to which a person incurs the personal guilt of sin is judged by God alone. However, that doesn't mean that we cannot judge behavior. God gave us the Commandments which are judgments on behavior, and He gave us the Church which He commanded to teach what is right and wrong. The Church is obliged to speak clearly about sin and to transmit God's judgments about specific behaviors.

WHY does the Catholic Church teach that it is seriously immoral to use unnatural forms of birth control?

Pope Paul VI in *Humanae Vitae* called contraceptive behaviors “intrinsically dishonest” (n. 14). Much has been written about this, but we think those two words sum it up very well.

Behind those two words—“intrinsically dishonest”—is the Catholic-biblical teaching about love, sex, and marriage. Briefly, in God's plan, sexual intercourse is exclusively a marriage act. Outside of marriage, sexual intercourse is dishonest because it is in no way a marriage act. Within marriage, the marriage act ought to be a *true* marriage act, one that reflects the commitment, self-giving love, the trust, the permanence and the openness to life that the spouses pledged to each other on their wedding day.

Does the papal “Theology of the Body” talk about this?

Yes. Between 1979 and 1984 Pope John Paul II gave 129 lectures that make up his “Theology of the Body.” In these talks he reminds us that our bodies are not just tools of our minds. We and our bodies are one self. We express our *selves* through our bodily actions. If I steal something, I can't say that my hand stole it. *I* stole it.

Second, there is an underlying truth to significant bodily actions. There is a language of the body. Sometimes we call it “body language,” and we know it is sometimes much more truthful than our tongues. John Paul II speaks frequently about the “nuptial meaning of the body.” Everyone knows that there is something special about sex. The bodily truth is that the male and female sexual organs are obviously meant for each other, not for other devices or openings. They are meant for the unaltered, natural sexual act. The truth of the sexual act is that God put together in this one special act both the unitive and the procreative dimensions as we have seen above. Contraception contradicts this natural meaning of the marriage act.

Third, there is a further truth, derived both from nature and from faith, about the sexual act. It ought to be a marriage act. It ought to speak the language of married love. Since marriage represents the total gift of one person to the other person, the marriage act also needs to be the bodily expression of this total gift of self, a total “yes” to each other once again, at least in the sense of not deliberately holding anything back.

Contraception contradicts that meaning. It is not the language of total “yes.” The whole purpose of contraception is to say “no” to the possibility of a baby. Contraception thus violates the truth of the marriage act. Pope John Paul II concludes that such a violation of the truth of the conjugal union “constitutes the essential evil of the contraceptive act.”^{11 12 13}

Repeatedly he affirmed the teaching of *Humanae Vitae*. Ten years after his “Theology of the Body” talks, he wrote the following:

In the conjugal act, husband and wife are called to confirm *the mutual gift* of self which they have made to each other in the marriage covenant. The logic of the *total gift of self to the other* involves a potential openness to procreation: in this way the marriage is called to even greater fulfillment as a family. Certainly the mutual gift of husband and wife does not have the begetting of children as its only end, but is in itself a mutual communion of love and of life (*Letter to Families*, n. 12, February 2, 1994, italics in original).

What is the “covenant theology of sexuality”?

The “covenant theology of human sexuality” is a short and easy-to-grasp statement that is very similar to what Pope John Paul II wrote above, especially in the first sentence. The covenant theology is an older statement that predates both *Humanae Vitae* and the papal Theology of the Body, but some of us still find it useful. Call it, if you will, the busy man’s 17-word theology of the body:

“Sexual intercourse is intended by God to be at least implicitly a renewal of the marriage covenant.” (See *Sex and the Marriage Covenant: A Basis for Morality*.¹⁴)

Does contraception contradict the marriage covenant?

When man and woman marry, they pledge that they will exercise faithful love toward each other for better and for worse until death separates them. When they engage in the natural marriage act, *at least implicitly* they are saying with their bodies, “We love each other and we take each other again for better and for worse. We are renewing our marriage covenant.”

On the other hand, when a couple uses a contraceptive drug, device or behavior, *their body language says*, “We take each other for better but definitely **not** for the imagined worse of possible pregnancy.” In that way, they contradict the “for better **and** for worse” of their marriage covenant. Their contradictory “marriage act” is therefore not a true marriage act. It pretends to be what it is not. We think that’s why Pope Paul VI called the contraceptive marriage act “intrinsically dishonest.”

Can ordinary people understand this?

Yes. If people believe in God as revealed in the Bible, they will agree that God made sex and has a plan for how we should use it. With a little thought, ordinary people of good will can understand and come to agree that sexual intercourse is a special human act and that it has a God-given built-in meaning. Animals “have sex,” but only human persons can engage in the marriage act. Only human persons are made in the image and likeness of God and are expected to act accordingly. Only human persons can make a

lifelong covenant to love and care for each other. Only human persons can engage in a sexual act that is intended by God to be a renewal of that commitment.

That sounds intellectual. Is there something more?

Yes. The key element is having an open heart. Jesus taught in this way: “Blessed are the pure of heart, for they shall see God” (Mt 5:8). Pope Benedict XVI has explained that passage:

The organ for seeing God is the heart. The intellect alone is not enough. . . [man’s] will must be pure and so too must the underlying affective dimension of his soul which gives intelligence and will their direction.¹⁵

We think that most people with an open mind and wanting to be pure of heart will have no trouble seeing that sexual intercourse is a highly symbolic act and that it ought to symbolize the commitment of marriage—the total gift of self to the other, a love that is open to children, and the pledge of life-long fidelity. Again, that’s the covenant meaning of the marriage act.

Do other Christian communities agree with the Catholic Church regarding birth control?

It’s important to realize that birth control historically has not been a Catholic *versus* Protestant issue. NFP does not mean “Not For Protestants.” At one time there was universal agreement among Christians that using contraception is immoral. The leaders of the Protestant Reformation did not accept contraception. In their commentaries on the Onan account in Genesis 38, Martin Luther called the sin of Onan a form of sodomy, and John Calvin called it a form of homicide. The anti-contraception Comstock Laws of the late 19th century were passed by essentially Protestant legislatures for a basically Protestant America.

A Protestant author, Charles Provan, has published the anti-contraception interpretations of 69 Protestant theologians who wrote on the Onan account. He stated emphatically that in his research he

"found not one orthodox theologian to defend Birth Control before the 1900's. NOT ONE! On the other hand, we have found that many highly regarded Protestant theologians were enthusiastically opposed to it, all the way back to the very beginning of the Reformation."¹⁶

The first official break among Christians occurred on August 7, 1930 when the bishops of the Church of England accepted marital contraception. It was to this break from the universal Tradition that Pope Pius XI replied on the last day of 1930.

Have other Protestants written on this subject?

After the great post-*Humanae Vitae* rebellion by dissidents in 1968, those Catholics who remained faithful were encouraged by some outspoken Protestants who understood what was and still is at stake.¹⁷ One of the most striking testimonies was published by Bethany Fellowship, a Protestant publishing house, when they issued *The Christian Couple* by Larry and Nordis Christenson, who had previously authored the best-selling *The*

Christian Family. In a chapter titled, "Contraception: Blessing or Blight," the Christensons told how they started their marriage with barrier contraception. Somehow they got in touch with Dr. Konald A. Prem who taught them natural family planning. They stopped using contraception and testified in their book as follows:

"We believe that the years have confirmed and rewarded us in our decision to stop using a contraceptive device. Our sexual relationship has developed in a new way. We love and delight in each other more. Sexuality has become a more enjoyable, natural part of my life. We attribute this to our discovery of natural family planning. I would not go back to using a contraceptive device even if the alternative were having twenty-one children."¹⁸

We believe that people of biblical faith and of open mind and heart, once they understand the covenant meaning of marital sexuality, will be able to agree that each and every marriage act ought to reflect and renew the caring love they pledged at marriage, the total gift of self to each other, a love that is not deliberately closed to children, and the pledge of life-long fidelity, for better and for worse. We further believe that this understanding will help them to see that contraceptive behaviors contradict the marriage covenant and are therefore immoral.

What is meant by contraception and "contraceptive behaviors"?

Let us quote first from *Humanae Vitae*. Immediately after excluding abortion as a permissible means of birth control, Pope Paul VI stated:

Equally to be condemned, as the magisterium of the Church has affirmed on many occasions, is direct sterilization, whether of the man or of the woman, whether permanent or temporary. Similarly excluded is any action which either before, at the moment of, or after sexual intercourse, is specifically intended to prevent procreation—whether as an end or as a means (n. 14).

In the above quotation, **direct sterilization** is the first item, and then the Holy Father includes all other behaviors that seek to sterilize individual marriage acts.

What are the other behaviors that seek to render procreation impossible?

The behaviors or devices that seek to render procreation impossible are listed below:

- Barrier methods such as condoms, diaphragms, foams, and jellies
- The intrauterine device (IUD)
- Hormonal forms of birth control (the Pill, Shot, Patch, implants)
- Masturbation, whether mutual or singular
- Withdrawal and ejaculation (Onanism)
- Marital sodomy (anal sex and oral sex)

The latter refers to completed sexual acts. It does not refer to oral-genital foreplay prior to the completed natural marriage act, but here a word is needed. A priest whom we respect has expressed his concern, based on his conversations with married couples,

that this sort of foreplay carries a serious danger of loving “it” more than expressing love for each other. Just because this sort of activity is not condemned by moral theologians as foreplay to the completed marriage act, that does not mean that it is a good thing to practice. First, it carries risks of spreading herpes, for which there is medical alleviation but no cure. Second, it must never be forced. If either spouse finds it anywhere from unpleasant to abhorrent, the other spouse must respect such feelings.

Why do we mention masturbation and marital sodomy?

It’s because we listen and read. People have told us that at one time they were practicing their own form of “NFP” with masturbation during the fertile time. One woman told us that she and her husband had taken an NFP course from a different organization and heard none of this. They practiced fertile-time masturbation for eight years. Then she read that the Catholic Church teaches that this is immoral. They changed, and so have others who have learned that their behavior was wrong. We know couples who not only changed but also became NFP teachers so they could help other couples know and live the truth about married love. See Chapter 7, “Witness.”

We have read in the daily papers that in some parts of the United States about half of high school teenagers have experienced oral sex, that is, oral sodomy. It takes no genius to figure out that if they somehow attend an NFP course and hear “abstinence” during the fertile time, they may start thinking in terms of their previous behavior unless they learn that it’s immoral.

Chaste abstinence is the pregnancy-avoiding “method” of true systematic NFP.

What is the cycle of courtship and honeymoon?

Chaste abstinence during the fertile time calls for marital courtship as well as sexual self-control. Good communication is important in every relationship, and especially in marriage. Share your respective days’ activities and feelings. Husbands, realize that your wife likes to talk with you, so practice the art of conversation. You probably can’t match your wife in words, but you can be a good listener who responds and asks questions. Wives, you may also have to learn to listen, respond, and ask questions.

Attitudes are extremely important. Quickly get rid of any thoughts of feeling sorry for yourself. If sexual self-control is difficult, talk about it honestly with your spouse. Just simply mentioning it will frequently help to cool it. Do nice things for each other. Be especially prompt in your mutual work in the kitchen, taking out the garbage, and mutually caring for your children. You will find greater happiness by doing more for each other. Many couples find times of abstinence an especially good time to enjoy their hobbies and to catch up on their reading.

You don’t have to live as brother and sister. Holding hands or expressing love for the other by a special meal, event, flowers, or a simple phone call can help make the abstinence days more enjoyable and a time of courtship. Some couples find they can enjoy some cuddling; others find this is excessively stimulating. We suspect that most couples will benefit from a hug and a kiss in the kitchen.

Marital courtship is an excellent preparation for the honeymoon phase of the cycle.

What is the relationship between chastity and modesty?

Chastity is the virtue (or power) that enables you to place your sexual drives and powers at the service of authentic love. It requires mental discipline as well as not engaging in immoral physical acts.

In order to control your imagination, you need to control what you put into your head—and that means you need to exercise custody of your eyes. Since many popular television shows, movies and novels are sexually oriented, they present serious challenges to chastity, and some can be occasions of sin. Many who are serious about Christian discipleship simply avoid viewing such movies, television, and printed material.

Modesty is the virtue by which people acknowledge that others have sexual weaknesses. Accordingly they dress so as not to exploit those weaknesses or become an unnecessary source of temptation or serious distraction to others. Specifically, women should dress in such a way that they do not draw the attention of heterosexual men to their sexual areas. Men should dress in such a way that they do not draw the sexual attention of men suffering from the weakness of same-sex attraction. To dress modestly is to act charitably toward those who suffer from the weaknesses of the flesh including visual curiosity.

Within marriage, the chaste wife will recognize that she does not need to dress in such a way as to “turn on” her husband. Nature normally takes care of that very well. During times of abstinence, she may want to take care not to provoke him visually.

7. NFP and the common good

How is contraception linked to the sexual revolution?

The essence of the contraceptive sexual revolution is the belief that it is morally okay to take apart what God has put together in the marriage act. Once our contemporary culture accepted the anti-biblical belief that “modern man” can take apart what God has put together in the marriage act, it then extended that anti-biblical faith to the whole of human sexuality.

The situation was summed up well by a secular humanist way back in 1929. Walter Lippmann wrote in his book, *A Preface to Morals*, as follows:

In the discussion which has ensued since birth control became generally feasible, the central confusion has been that the reformers have tried to fix their sexual ideals in accordance with the logic of birth control instead of the logic of human nature.¹⁹

What did Mr. Lippmann mean?

In the 1920s, the self-styled “progressives” rejected the concept of permanent marriage. They advocated “companionate marriage” that amounted to serial bigamy—marry, play house, be sure to contracept, get divorced when you get bored with each other and then start over again—with one exception: If your contraception fails, stay together for the benefit of your children.

How does that apply today?

Today, their ideological successors promote or find nothing wrong with sex before marriage, and extra-marital affairs are winked at instead of being labeled adultery. Serial divorce-and-remarriage may not be promoted as social progress as it was in the 1920s, but it is taken for granted, regardless of the negative effects on children. Sodomy, whether by men or by women, is widely promoted, and those who stand up for the biblical standards are ridiculed as homophobic. Those who suffer from the inevitable sexually transmitted diseases, especially AIDS, are classified as victims deserving of public sympathy and support. They are rarely criticized as victims of their own sinful behavior.

In western culture today, the norm is mutual consent between sexual partners of legal age. In the Bible and Catholic Christianity, the norm for sexual behavior is the marriage covenant.

How does it affect me if others depart from the biblical norm?

Read the papers. You don't need to be Catholic to see the moral and sociological damage done by the contraceptive sexual revolution. Realize that the social acceptance of fornication (the biblical word for sex by an unmarried man with an unmarried woman) has led to high rates of out-of-wedlock births despite free contraception and low-cost abortion. The media also regularly report cases of adultery as just an ordinary part of Western life.

Analyze your own fears about going out of your house and into certain neighborhoods at night. Ask yourself why a female student at any large public university has to be escorted to her car if she studies after dark. Realize that a large percentage of crimes against other people are committed by people who did not grow up in a home with the mother and father who conceived them.²⁰

Try to estimate how much of your tax dollar goes to alleviate the effects of the sexual revolution. Start with the easy stuff—all the money spent on research, medications and nursing care related to AIDS. Expand that to the funds spent on other sexually transmitted diseases. Consider the increased health costs and the mortality that stem from the increased cancer induced by the Pill and other forms of hormonal birth control. Realize that all of this has played a big part in raising the costs of your health insurance. Consider the costs of welfare to support single parents and their children. Take into account the cost of imprisoning criminals who grew up without the influence of a dad who cared. Add in the costs of government programs to promote unnatural forms of birth control and the costs of social services to single-parent families.

Then realize that this chaos is not going to be resolved in a free country until the majority of free people accept the norm of human nature and not the norm of unnatural forms of birth control.

Catholic teaching on the marital meaning of the sexual act and against unnatural forms of birth control is not based on manmade rules or discipline. It is based on the very nature of man and woman and on the nature of the sexual act itself.

God does know what He is doing. His norms are not just artificial hoops to make life harder. God has revealed to us how we should live within the human nature He created. Individuals suffer to one degree or another when they sin against God's norms, and we all suffer when the culture as a whole rejects his norms.

In summary...

There are excellent, science-based reasons for not using unnatural forms of birth control. These are backed up by the social sciences that inform us of the havoc wrought by the sexual revolution. Still, we like to emphasize that the most important reason not to use unnatural forms of birth control is that all contraceptive behaviors contradict the God-intended meaning of the marriage act. They take apart what God has put together in the marriage act, and that is a serious affront to the God of love.

8. Reality check

Isn't love supposed to be easy?

There is no basis in the Bible for thinking that true love is easy. In the Old Testament, the prophets regularly criticized their own people for their injustices and other failures to love. Jesus commands us not only to love our enemies but even to love each other. Think about it: *If love were easy, would God have to **command** us to love each other?*

"Falling in love" is easy but the feelings of "falling in love" do not last indefinitely. Marital love is self-giving love, and self-giving doesn't come easy. Marital love requires the patience and kindness that St. Paul describes in his portrayal of love in 1 Corinthians 13. Maybe one reason why God calls us to be generous in having children is that children call parents to become more self-giving.

I've heard that God loves us with an unconditional love and accepts us where we are, so why should I be concerned with sexual morality?

While it is true that God loves us with an unconditional love and accepts us where we are, you will not find those specific statements anywhere in the Bible. Those are theological conclusions based on biblical teachings. What you will find all through the Bible is that God specifically calls us to a **change of heart** that involves **a change in behavior**. This is the common teaching of the prophets, and it continues in the New Testament as well. For example, the first public preaching of Jesus starts this way: "The kingdom of God is at hand. Have a change of heart and believe in the Gospel" (Mark 1:15).

The meaning of unconditional love is that no matter how bad your sins, God still loves you and invites you to be part of his family. Christ died for your sins as well as for ours. If you are grateful for the saving work of Jesus, you will accept his call, have a change of heart, walk the narrow road with Him, and carry the daily cross that He teaches is the price of discipleship. Then you will have the joy and peace He wants us to have. The bottom line is that chaste and generous NFP is really all about following Jesus.

Are there any specific advantages to NFP?

Yes. Let's close this chapter with a quick review of NFP's specific advantages.

- Avoidance of the health risks of hormonal birth control.
- Greater awareness of health and possibly better care of your health.
- The many blessings of ecological breastfeeding for mothers as well as babies.
- Assurance that your body is working right. If your fertility cycle is consistently much different from the norm, that raises a flag. If your cycles are within the normal range, that's an assurance that your fertility system is working well.
- Early knowledge of pregnancy and an accurate "due date." The temperature graph provides the best way to know you whether you are pregnant or not and to estimate the day of childbirth.
- Marriage building. In the American contraceptive culture, there are 50 divorces for every 100 marriages. Among NFP users, the available evidence indicates that there are less than 5 divorces for every 100 marriages. There is nothing automatically marriage building about taking your temperatures and observing your mucus, but the practice of NFP with self-discipline and generosity helps to build the attitudes, communication and respect that are needed for healthy and happy marriages.
- Peace. We cannot tell you how many thousands or millions of couples have put aside their past sins and have experienced the peace that only God can give to people who walk with the Lord Jesus.

If you are using this manual as part of a classroom NFP course:

Tomorrow:

Figure out where you are in your cycle. Start charting temperatures and external mucus. Call or email your teacher if you have any questions.

Pray individually and pray together.

You are being challenged by Christ in and through his Church to be his disciples. That means being chaste disciples. That, in turn, means loving with a self-giving and self-sacrificing love. That entails, among other things, being generous in having children and in raising them in the ways of the Lord.

You cannot answer this call without lots of help from God. Christian discipleship does involve a burden, as Jesus taught us. The blessings far outweigh the burden, as Jesus also taught us, but sometimes you may feel that the cross is heavy. You need to be humble enough to ask God for all the graces you need to be counter-cultural and to grow in faith and holiness. That's why you need to pray both individually and together.

The life of Christian discipleship can be an exciting adventure. Live it and enjoy it because the life of discipleship will bring you peace and joy in this life as well as in the life to come.

Recommended Reading

At the NFP International website: www.NFPandmore.org

For articles dealing with a variety of topics related to NFP at www.nfpandmore.org, click on NFP Resources, then NFP Articles. The articles are listed in chronological sequence, the most recent at the top. Relevant to this chapter are these:

“The Sin of Onan” 2007.

“The Sexual Revolution” is in two parts dated 2008.

For *Casti Connubii* and *Humanae Vitae*, at the Home Page go to Spiritual Resources, then Catholic Church documents. For more on what non-Catholics have said about contraception and NFP: at the Home Page, in the left-hand **And More** column select “Not Just for “Catholics.” You will be surprised by the prophetic editorial comment by the *Washington Post* in 1931.

Books and Booklets available at NFPI website: www.nfpandmore.org

Birth Control and Christian Discipleship by John F. Kippley, 1994. Reviews the contraception issue in the light of Christian discipleship. Shows traditional Protestant opposition to contraception. (2018: Out of print but used copies are available online.)

Breast Cancer: Risks and Prevention, 4th ed., by Angela Lanfranchi, M.D. and Joel Brind, Ph.D. (2005, 2007). This is a free, online 22-page booklet showing the effects of hormonal contraception, abortion and other risks related to breast cancer. It’s easy to read and highly informative. Go to www.NFPandmore.org, **And More** on Home Page, “Links,” and find it under “Breast Cancer.”

Breastfeeding and Catholic Motherhood by Sheila Kippley, 2005. Provides spiritual as well as health reasons for breastfeeding.

Marriage Is for Keeps by John F. Kippley, 1994. A question-answer dialogue for engaged and married couples. (2018: Out of print but used copies are available online.)

The Seven Standards of Ecological Breastfeeding: The Frequency Factor by Sheila Kippley, 2008. Shows how breastfeeding spaces babies.

Sex and the Marriage Covenant: A Basis for Morality by John F. Kippley, Ignatius Press, 2005. Explains the covenant theology of sexuality and applies it.

The Seven Day Bible Rosary. If you are open to a modified way of praying the rosary, we recommend *The Seven Day Bible Rosary* compiled by one of us. It offers a different set of mysteries for each day of the week. In addition to a short meditation, it includes a Scripture verse before each Hail Mary.

Endnotes

¹ UNICEF, “Breastfeeding: Foundation for a Healthy Future,” Goals 2000, 1.

² Petra Frank-Herrmann, et al., “The effectiveness of a fertility awareness based method to avoid pregnancy in relation to a couple’s sexual behavior during the fertile time: a prospective longitudinal study,” *Human Reproduction* (February 20, 2007) 1-10. Additional studies are cited in Chapter 4 of this manual.

³ For Catholic teaching on technological reproduction, see Joseph Cardinal Ratzinger, Prefect of the Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day* (February 22, 1987) (Boston: St Paul Editions, 1987). See also the more recent document dealing with bioethical issues: William Cardinal Levada, Prefect of the Congregation for the Doctrine of the Faith, *Instruction Dignitatis Personae on Certain Bioethical Questions* (Rome: September 8, 2008). Available at www.vatican.va.

⁴ For the text of *Humanae Vitae*, see Recommended Reading on page 24.

⁵ Chris Kahlenborn, MD, *Breast Cancer: Its Link to Abortion and the Birth Control Pill* (Dayton: One More Soul, 2000) 36. See also Angela Lanfranchi, M.D. and Joel Brind, Ph.D., *Breast Cancer: Risks and Prevention*, 4th ed., (2005, 2007). This is a free, online 22-page booklet showing the effects of hormonal contraception, abortion and other risks related to breast cancer. It's easy to read and highly informative. Go to www.NFPandmore.org, "Links," and find it under "Breast Cancer."

⁶ E. Giovannucci, A. Ascherio, R.N. Rimm, et al., "A Prospective cohort study of vasectomy and prostate cancer in U.S. Men," *Journal of the American Medical Association* (1993) 269:873-877;

E. Giovannucci, T.D. Tosteson, E.E. Speizer, et al., "A retrospective cohort study of vasectomy and prostate cancer in U.S. men," *Journal of the American Medical Association* (1993) 269:878-882.

⁷ Scott and Kimberly Hahn, *Rome Sweet Home* (San Francisco: Ignatius, 1993). The Hahns credit John Kippley's 1981 book, *Birth Control and the Marriage Covenant* with helping them to accept Catholic teaching on birth control while they were still Protestants. That book has evolved into *Sex and the Marriage Covenant: A Basis for Morality*.

⁸ For more on the Onan account, see "The Sin of Onan" in the Recommended Reading on page 24.

⁹ John F. Kippley, *Sex and the Marriage Covenant: A Basis for Morality* (San Francisco: Ignatius, 2005) Chapter 17, "Biblical Foundations."

¹⁰ For the text of *Casti Connubii*, see Recommended Reading on page 24.

¹¹ Pope John Paul II, *The Theology of the Body: Human Love in the Divine Plan* (Boston: Pauline Books and Media, 1997) 398. For a newer translation: John Paul II, *Man and Woman He Created Them: A Theology of the Body*, translated by Michael M. Waldstein, (Boston: Pauline Books and Media, 2006). For commentaries, see the next two references.

¹² Mary Shivanandan, *Crossing the Threshold of Love: A New Vision of Man in the Light of John Paul II's Anthropology* (Washington, DC: Catholic University Press, 1999).

¹³ Christopher West, *Theology of the Body for Beginners* (West Chester PA: Ascension Press, 2004).

¹⁴ John F. Kippley, *Sex and the Marriage Covenant*. This work explains the covenant theology of human sexuality and applies it to both marital and non-marital sexuality. The first literary expression of the covenant theology of sexuality appeared in 1967. At www.NFPandmore.org, go to NFP Resources, NFP articles, "Holy Communion: Eucharistic and Marital" (1967).

¹⁵ Pope Benedict XVI, *Jesus of Nazareth* (New York: Doubleday, 2007) 92-93.

¹⁶ Charles D. Provan, *The Bible and Birth Control* (Monongahela, PA: Zimmer, 1989) 63.

¹⁷ In 1975 a major secular publisher, Harper & Row, published *The Joy of Being a Woman And What a Man Can Do* by Ingrid Trobisch, the wife of a Lutheran pastor. It thoroughly supported modern NFP, and both Ingrid and her husband Walter soon became welcomed speakers within the growing NFP community. In 1976, the Liturgical Press published the English translation of a 1974 work, *Man: The Greatest of Miracles: An Answer to the Sexual Counter-evolution*, by a German Lutheran physician and theologian, Siegfried Ernst. He strongly upheld the traditional teaching reaffirmed by *Humanae Vitae* and some years later came into full communion with the Catholic Church.

¹⁸ Larry and Nordin Christenson, *The Christian Couple* (Minneapolis: Bethany House, 1977) 74.

¹⁹ Walter Lippmann, *A Preface to Morals* (New Jersey: Transaction Publishers, 1982. Originally published in 1929 by the Macmillan Company) 306.

²⁰ See Mary Eberstadt, "The Vindication of *Humanae Vitae*," *First Things* (August/September, 2008). Search online at www.firstthings.com. This excellent article on the 40th anniversary of *Humanae Vitae* uses data from the secular social sciences and anti-Catholics to demonstrate that Pope Paul VI was correct in predicting dire social consequences from the widespread acceptance of contraception. This is the best consequentialist argument we have seen. Also excellent is her book, *Adam and Eve after the Pill* (Ignatius, 2012) which provides even more documentation from the secular and social sciences to support *Humanae Vitae*.

The necessary conditions [for understanding and living the moral value and norm of the divine law] include knowledge of the bodily aspect and the body's rhythm of fertility. . . Knowledge of fertility must then lead to education in self-control.

—Pope John Paul II, *Familiaris Consortio* (*The Apostolic Exhortation on the Family*) n.35.

Chapter 2

The Fertility Cycle and Charting

1: Basic Physiology

Do husband and wife play an equal part in having babies?

No. Both are essential, but the wife's part is more complex and longer lasting. The husband supplies the seed (**sperm**) and she supplies the egg (**ovum**) plus the habitat for the first nine months of life. Breastfeeding is also an important part of the family-life cycle, and the wife has a singular role in this form of baby care. The family-life cycle involves the marriage act, conception and pregnancy, childbirth, and breastfeeding.

What is the husband's part?

A man's testicles, which are contained in a sac called the scrotum, produce sperm on a regular basis. The prostate gland produces a fluid that combines with the sperm and the combination is called semen. When the spouses engage in the marriage act, he ejaculates his semen into his wife's vagina.

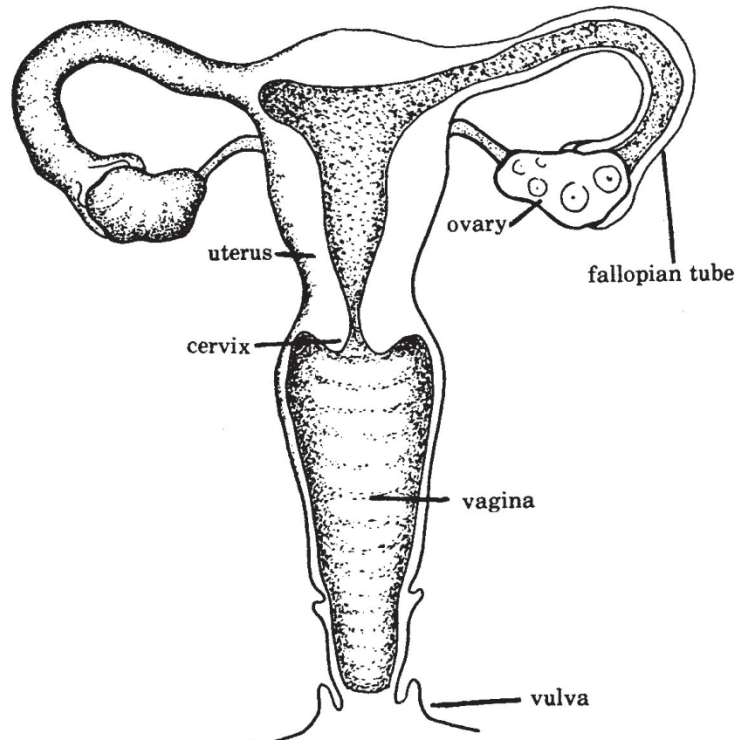
He thus gives her millions of sperm, and one of these may join with his wife's ovum to create a new human life. Under a microscope, each sperm looks like a tadpole with a head-like body and a tail. The tail swishes around and propels the sperm upward and through the wife's reproductive channels to meet the ovum. If the egg is present, the woman is fertile, and one of the sperm may penetrate it. When the sperm and the egg unite, a new human life begins. This is called both conception and fertilization.

If an egg is not available, conception cannot occur and the sperm will simply disintegrate within a short time, depending upon the conditions in the reproductive tract. If no cervical mucus (to be explained next) is being secreted, sperm live from a half-hour to a few hours, depending on the acidity of the vagina. In the presence of cervical mucus, sperm usually live up to 72 hours at most, but some live longer in optimum conditions. While sperm life of six days or more cannot absolutely be ruled out, pregnancies caused by such sperm are extremely rare. Once a young man reaches biological maturity, he is capable of fathering a child at any time. By contrast, a woman is fertile only several days each cycle.

What is the wife's part?

The woman's part is considerably more complex than the man's. While a man is fertile continuously, a woman has a rhythmic cycle of infertility, fertility, and back to infertility each menstrual cycle. She undergoes hormonal changes each cycle that cause physical changes and can also affect her emotionally. An understanding of these changes is necessary for the informed and happy use of natural family planning.

There are six body parts or organs that are mentioned regularly in discussing the woman's fertility cycle. We will now describe these organs and their changes or actions related to fertility.



A Woman's Reproductive Organs

• The ovaries

The human egg is called the **ovum**, and the storehouse for all the eggs a woman will ever have is called the **ovary**. A woman has two ovaries, one on each side of the uterus. Within the ovary, each ovum has its own container called a **follicle**. Once a woman has reached a certain level of biological sexual maturity, one of these follicles ripens and ejects an ovum approximately each month except during pregnancy and for a variable time after childbirth. (This latter time may be considerable during ecological breastfeeding as will be explained in Chapter 6).

Ovulation is the process by which an ovum is ejected from its follicle. After ovulation, the ovum lives from 15 to 24 hours. During this time, the ovum may join with a sperm to begin a new human life. This is the process of **conception** or **fertilization**. If it does not join with a sperm, the ovum disintegrates and is no longer capable of fertilization.

After ovulation, the follicle that released the egg has a different appearance, a new name, and a new role to play. It becomes yellow and thus is called the yellow body, for which the medical Latin name is the **corpus luteum**. Its function is to secrete the hormone **progesterone**. This hormone is secreted for about 10 to 14 days and has several effects related to fertility that are described shortly.

If pregnancy occurs, the corpus luteum continues to secrete progesterone for several weeks until the placenta takes over and produces progesterone for the rest of the pregnancy.

- **The Fallopian tubes**

Next to each ovary is the Fallopian tube that connects to the uterus. When an ovum is released from the ovary, the finger-like ends of the Fallopian tube place the end of the tube properly to receive the egg. The ovum begins its journey through the tube to the uterus. Conception takes place in the tube when the sperm cell meets and fertilizes the ovum.

- **The Uterus**

The uterus or **womb** is a pear-sized organ in which the baby develops, and it stretches to many times that size to accommodate the growth of the baby. Each month a lining called the **endometrium** builds up inside the uterus. This lining provides a place for the newly conceived life to implant itself and to receive nourishment. If conception takes place, the lining remains during the entire pregnancy.

If conception does not occur, about two weeks after ovulation the lining begins to disintegrate and passes out of the woman's body—the process of **menstruation**. It is sometimes called a monthly "bleeding," but the woman is not bleeding in the same sense as from a cut. It is also called **menses** because it usually occurs once a month, and the Latin word for month is mensis.

- **The Cervix**

The cervix is a channel about an inch long that joins the body of the uterus to the vagina. The lower end of the cervix has an opening called the **os** (pronounced ohss), the Latin word for mouth. The cervix can be felt by inserting a finger into the vagina. The cervix undergoes certain physical changes around the time of ovulation (to be described shortly). During childbirth, the cervix opens wide to allow the baby to pass from the uterus into the vagina. Lining the cervix are glands or crypts that secrete mucus and assist sperm migration.

- **The Vagina**

The vagina is the female sexual organ that receives the male penis. As mentioned before, sperm deposited in the vagina enter the cervix, if it is open, then progress upward through the uterus and into the Fallopian tubes where conception may take place.

- **The Breasts**

The breasts, or mammary glands, are also part of the woman's overall reproductive physiology even though they are not directly involved in the process of uniting sperm and ovum. When a baby breastfeeds with sufficient frequency, the suckling stimulation suppresses ovulation (and hence fertility) for a variable length of time.

2. The Fertility Cycle

What is the fertility cycle?

The fertility cycle is another name for the menstrual cycle. Very briefly, the fertility cycle starts with menstruation, builds up to and peaks in ovulation around mid-cycle, and then maintains the lining of the uterus for about two weeks in order to sustain a possible pregnancy. If a woman does not become pregnant in that cycle, she will menstruate and begin a new cycle about two weeks after she ovulated.

Menstruation very commonly occurs about every 25 to 32 days, but some women generally have shorter cycles and others have longer cycles. It is common to have a range of about five days between a woman's shortest and longest cycles once she has menstruated for a few years.

Girls start to menstruate once they have reached a certain level of biological sexual maturity. In some girls, this starts as early as age ten, and most are experiencing it by age fourteen. The process normally continues well into a woman's forties and sometimes into her early fifties. In the later years she is much less fertile for a number of reasons.

Toward the end of her fertile years, a woman enters states called **premenopause** and **menopause**, and the latter is frequently called the change of life. During premenopause a woman's cycles become irregular, and eventually they cease completely. The actual cessation of all menstruation is called menopause, but popular usage tends to call both phases "menopause."

What is the menstrual cycle?

If a woman is not pregnant or lactating abundantly, she has recurring cycles. After menstruation, the endometrium of the uterus begins to build up. Then she ovulates. If she doesn't conceive, the endometrium is discarded about two weeks later. This is what causes menstrual bleeding, and the cycle is under way again.

Are some things harder to explain than actually doing them?

Definitely yes. Just try to explain in writing how to tie your shoes. Or look at the cartoons every Christmas season about dads going crazy trying to follow the instructions to assemble a toy. This is also true about explaining the female fertility cycle and how to observe and interpret the signs of fertility and infertility. A huge difference is this. Dad may never assemble that particular toy again, but you can become so familiar with your recurring fertility signs that observing them becomes like "second nature," just like tying your shoes.

What causes the signs and their changes?

Two basic hormones—**estrogen** and **progesterone**—have the most noticeable effects on the female fertility cycle, but other hormones also play key parts. (A hormone is a chemical produced by one organ to produce a change in some other organ or part of the body.)

Before ovulation, a woman's ovaries secrete a form of **estrogen** that helps to prepare for ovulation and possible pregnancy.

Estrogen (E) causes three pre-ovulation changes of special interest to fertility.

1. It causes the inner lining of the uterus (the endometrium) to build up.
2. It causes the cervix to secrete mucus.
3. It causes the cervix to rise, to open, and to become soft.

After ovulation, the follicle that released the egg gets a new look, a new name, and a new function. It has a yellowish look so it's called the corpus luteum, Latin for "yellow body." Its new function is to secrete **progesterone** for approximately two weeks.

Progesterone (P) causes five post-ovulation changes of special interest to fertility.

1. It keeps the lining of the uterus intact to nurture a newly conceived baby.
2. It prevents another ovulation from occurring.
3. It causes the basal body temperature to rise.
4. It causes the cervical mucus to thicken and usually disappear.
5. It causes the cervix to descend, to close, and to become firm again.

When the corpus luteum stops producing progesterone, the lining of the uterus breaks down and is sloughed off in the process of **menstruation**. The time between ovulation and menstruation is under the influence of the corpus luteum and is therefore called the **luteal phase**. The luteal phase is normally 9 to 17 days long and is usually measured by the days of elevated temperature.

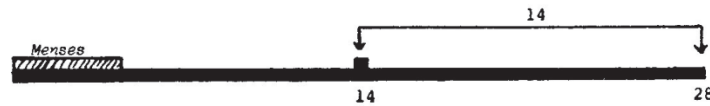
If the woman is not pregnant, the corpus luteum stops secreting progesterone after about two weeks, and the inner lining of the uterus sloughs off in menstruation.

Are all cycles 28 days long?

No. That's a typical cycle length, but few women have 28-day cycles all the time.

What is the most regular part of the cycle?

The time between ovulation and the next menstruation—the luteal phase—is the most regular part of the cycle. The length of the luteal phase may vary from one woman to another, but for any given woman it is normally quite regular with a variation of only one or two days. The common exception is the time of returning fertility following childbirth, breastfeeding or post-hormonal birth control.



Ovulation on day 14 plus a 14 day luteal phase



Ovulation on day 11 plus a 14 day luteal phase



Ovulation on day 18 plus a 14 day luteal phase

The Regularity of the Post-Ovulation Phase of the Cycle

What causes cycle irregularity?

Most cycle irregularity is caused by changes before the time of ovulation. We know that stress can delay ovulation, and sickness is one such stress, but we don't know all the causes of cycle irregularity. As mentioned previously, the length of the luteal phase is normally very regular.

What changes can you observe during the fertility cycle?

You cannot observe the building up of the inner lining of the uterus, but you can observe other changes that take place during the fertility cycle. These changes occur in the **cervix**, **cervical mucus** and the **temperature**.

Before ovulation, the **CERVIX** undergoes four changes.

- 1) The cervix **rises** slightly;
- 2) The mouth of the cervix (cervical os) **opens** slightly;
- 3) The tip of the cervix becomes **softer**; and
- 4) The cervix **secretes** a mucus discharge.

Around ovulation or usually right after ovulation, these changes in the cervix are reversed.

- 1) The cervix becomes **lower**;
- 2) The mouth of the cervix **closes**;
- 3) The tip of the cervix **becomes firm**; and
- 4) The cervix **stops** secreting mucus.

Before ovulation, the **CERVICAL MUCUS** first appears as a somewhat tacky substance and then becomes more fluid. It usually starts a few days after menstruation, but sometimes it can start before the end of the period. As it becomes more fluid, the mucus becomes slippery and stretchy, and usually produces sensations of wetness on the outer lips of the vagina (the vulva). Most women feel slipperiness when wiping during a bathroom visit.

Around ovulation or usually right after ovulation, the cervical mucus dries up or becomes less noticeable. The feelings of wetness or slipperiness disappear, and the mucus loses its stretchiness. Usually it disappears entirely in a few days. Again, these drying-up changes generally start right after ovulation.

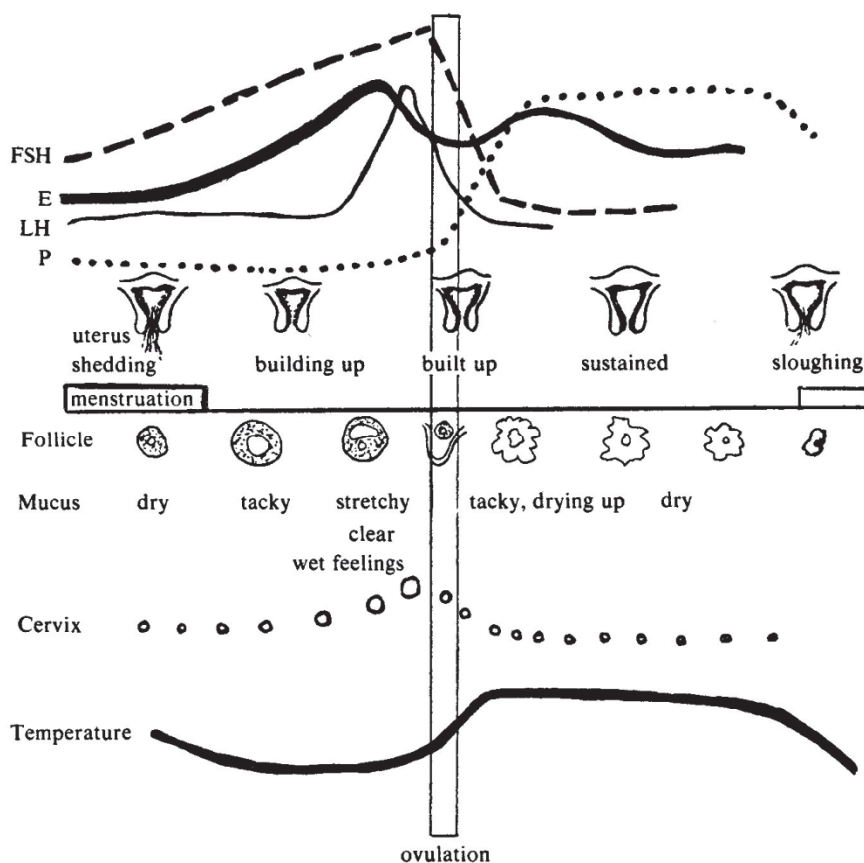
Before ovulation, the waking **TEMPERATURE** is lower than it is after ovulation. In the five or six days before ovulation, the higher levels of estrogen tend to depress or lower the waking temperatures slightly.

After ovulation, progesterone causes the waking temperatures to rise.

Is that the complete picture?

No. This is an NFP manual, not a medical textbook. You don't need to know the names of the various hormones, but for those who are interested, there are two more hormones that are important enough to be commonly mentioned. **FSH** or follicle stimulating hormone starts very early in the cycle to prompt a group of follicles to develop. One of them becomes the dominant follicle and releases the egg for that cycle. **LH** or luteinizing hormone surges just before ovulation and helps to cause the release of the egg.

The following illustration shows the effects of the hormones during a cycle.



The Effects of the Hormones in a Cycle

What terms are used for the fertile and infertile phases of the cycle?

Among users of the Sympto-Thermal Method, the following terms are common.

- Phase 1 = the pre-ovulation infertile time
- Phase 2 = the fertile time
- Phase 3 = the post-ovulation infertile time.

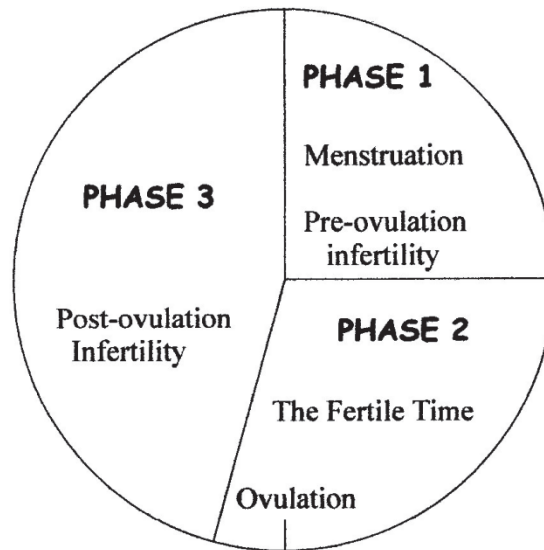
When does each phase begin?

Phase 1 begins on the first day of menstruation.

Phase 2 begins at the appearance of mucus, when the changes in the cervix occur, or when indicated by the calculations for the end of Phase 1 taught in Chapter 4.

Phase 3 infertility begins a certain time after ovulation when the egg is no longer available for fertilization.

See the following illustration of the fertility cycle.



The Fertility Cycle

Is Phase 1 just as infertile as Phase 3?

No. Phase 1 is followed by Phase 2, the fertile time, and it is possible for a woman and her spouse not to notice the fertility signs at the beginning of Phase 2.

Can the signs of fertility pinpoint the exact day of ovulation?

No. Ovulation occurs most frequently on Peak Day or Peak Day – 1 or Peak Day + 1, but it also occurs as early as Peak Day minus 3 (quite rarely) and as late as Peak Day plus 3, again quite rarely. (We will define Peak Day when we describe charting the mucus sign later in this chapter.) The temperature sometimes rises shortly before ovulation and sometimes takes more than one day after ovulation to start rising.

3. Charting

What is charting?

Charting is the systematic daily observation and recording of the signs of fertility. This is a highly practical use of the scientific method.

Where can I obtain charts?

You can download NFPI charts for recording daily observations at the Home Page of NFP International, www.nfpandmore.org.

How do we keep track of the fertility signs?

Please use the NFPI daily observation chart that is explained below, piece by piece.

Chart # _____ Month _____ Year _____ Phone _____
 Name _____ Age _____ Ht _____ Wt _____
 E-mail _____
 Address _____ City _____

Chart

Number your charts consecutively.

Month and Year

Record the calendar time covered by this particular cycle. If it overlaps two months, write in both. If it overlaps two years, write in both. For example, December-January, 2018-2019.

Name, Address, Phone, and E-mail

All this information is important when you ask someone for help. NFP teachers will want to review your charts to see if you properly understand the system, and they need to be able to get back to you. We still recall one couple who told us they understood the method perfectly and were using it to postpone pregnancy, but their chart showed repeated marriage acts during the fertile time and abstinence during the infertile times. A quick check by phone revealed that somehow they had turned the system backwards. Somehow they did not become pregnant in that cycle. When couples engage in the marriage act is their own business, but when they take an NFP course, the teachers will want to review basic data to ensure that the couples understand what they are being taught.

Previous cycles: Short _____ Long _____ based on _____ recorded cycles
 Earliest first day of thermal shift _____ based on _____ recorded cycles
 Shortest mucus patch _____ based on _____ recorded cycles
 _____ State _____ ZIP _____ Length of this cycle _____ days

Previous cycles: Short _____ Long _____ based on _____ recorded cycles

Keep a current record of your shortest and longest cycles and the number of cycles on which those figures are based.

Earliest first day of thermal shift_____ based on_____ recorded cycles

You will need this record to apply the Doering Phase 1 rule. When you learn the rule, you will learn how to record this information.

Shortest mucus patch_____ based on_____ recorded cycles

Keeping track of this is helpful for applying one of the Phase 1 rules. When you learn the rule, you will learn how to record this information.

Length of this cycle_____ days

Record here the length of this particular cycle. A new cycle begins on the first day of menstruation, and *this* cycle ends on the day before the next menstruation starts. The number recorded here should tie in with the Menstruation row below.

| | Day 6 reminder: monthly breast self-examination | | | | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| Day of cycle | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Menstruation | | | | | | | | | | | | | | | |
| Coitus record (✓) | | | | | | | | | | | | | | | |
| Day of week | | | | | | | | | | | | | | | |
| Day of month | | | | | | | | | | | | | | | |
| Disturbances (X) | | | | | | | | | | | | | | | |

Day of cycle

Day 1 is the first day of menstruation. The chart provides for 42 cycle days; for longer cycles, use another chart and change the numbers. Always start a new chart with the beginning of a new period. The Day 6 marking reminds the woman to do a breast exam.

Menstruation

Write an **X** for the days of heavy flow and a slash mark (/) for the days of light flow; use a dot for spotting. Also, write an **X** on this chart for the first day of your next menstruation. For example, if your next period starts on what would have been day 32 of this cycle, record an **X** on day 32. That indicates that *this* cycle was 31 days long. You record that number in the “Length of this cycle 31 days.”

Coitus record (✓)

Coitus is a short technical word for the marriage act. On your own charts, record each marriage act. In the event of a surprise pregnancy, this information can help a counselor determine if it was a true surprise, a misunderstanding, or taking chances.

On the other hand, you may prefer more privacy when sharing a chart with a teacher (or counselor). In such cases, for the teacher to be of any help, she or he needs to see the last two occasions of coitus in Phase 1 and the first coitus in Phase 3, and any coitus in Phase 2.

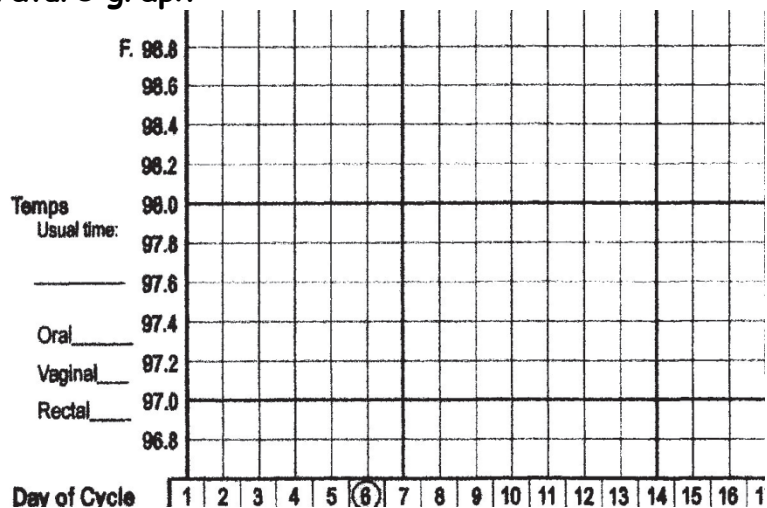
Day of week and Day of month

Fill in these rows beginning with the first day of menstruation. If your period starts before midnight, say on the 10th of the month, the 10th is Day 1. If your period starts after midnight, say on the 11th of the month, that day—the 11th—is Day 1.

Disturbances

This row is for marking any disturbance that might affect your basal temperature reading. This is treated more fully in the section on temperature recording in Chapter 3.

The temperature graph



The heavy line on the left is Day 1, and other heavy vertical lines are for Days 7, 14, 21, 35 and 42.

The horizontal lines indicate the temperature levels; each line represents a difference of 2/10 of one degree Fahrenheit from the next line (.2 of 1° F.).

Record the temperature readings **on** the vertical lines. For readings that fall between the even-numbered horizontal lines, record them halfway between the horizontal lines.

Day of cycle

The Day of Cycle row below the temperature graph is identical to the one at the top of the chart.

Mucus notations

Beginning with the end of menstruation or by Day 6, make the proper notation each day in the proper space. Note the different areas for external and internal observations.

Every effort must be made to render such knowledge [about fertility] accessible to all married people and also to young adults before marriage through clear, timely, and serious instruction and education given by married couples, doctors, and experts.

—Pope John Paul II, *Familiaris Consortio*, n. 33.7

Chapter 3

Interpreting the Signs of Fertility

1. The Sympto-Thermal Method (STM)

What is the Sympto-Thermal Method?

The Sympto-Thermal Method is a form of systematic NFP that uses at least two signs of a woman's fertility in a cross-checking way to determine the fertile and infertile times of the menstrual-fertility cycle.

“Sympto” refers to the mucus, cervix and mittelschmerz signs or symptoms. “Thermal” refers to the temperature sign. This method is also called the “cross-check method.” In this manual we will use the “Sympto-Thermal” label since that is more common within the NFP movement.

What are the signs of fertility?

As indicated in Chapter 2, the signs are these:

- changes in a woman's waking temperature,
- changes in her cervical mucus, and
- physical changes in her cervix.

Some women notice a pain near the ovaries about mid-cycle called mittelschmerz by its German name and associated with being near ovulation.

What is the advantage of using more than one sign?

Each sign has certain strong points and weak points. Using them in a cross-checking way takes advantage of the strong points and minimizes the weak points. This provides many couples with greater confidence.

Why do couples use systematic NFP?

Married couples use systematic NFP to determine their fertile and infertile times. If they desire pregnancy, they engage in the marriage act during the fertile time. If they do not desire pregnancy, they abstain from the marriage act during the fertile time.

Is the STM effective in postponing pregnancy?

Yes. The available research indicates that when couples follow the rules, they can experience an effectiveness of 99% in postponing pregnancy, but not 100%. The only natural method of avoiding pregnancy that is 100% effective is complete abstinence from the marriage act. Effectiveness references are given in the Endnotes of Chapters 1 and 4.

No method is completely effective, and that includes all the common unnatural methods as well. The only unnatural methods that are 100% effective are castration methods—removal of both testicles and removal of both ovaries.

Do men and women have different fertility patterns?

Yes. A man is usually fertile all the time, but a woman has alternating times of fertility and infertility. During each normal menstrual cycle, a woman will be infertile, then fertile, and then infertile. There are also other times when a woman is naturally infertile. These include pregnancy, a number of months with frequent breastfeeding, and her menopausal years.

How do couples determine when they are fertile or infertile?

Couples determine their fertility by observing, recording and interpreting the wife's bodily signs of fertility and infertility—the changes in her waking temperatures, cervical mucus, and the cervix itself.

To whom are we talking, the wife, the husband, or the couple?

From this point on, we will usually be addressing the wife but only because it's easier to read such instructions. It is very important for the husband to understand his wife's cycle of fertility and to be involved, so he should also read and understand this.

2. How to Interpret the Fertility Cycle

How do you interpret the signs of the fertility cycle?

You start by observing and charting the fertility signs. Then you can interpret them.

The Temperature Sign

Why are we starting with the temperature sign?

We're going to start with the temperature sign for several reasons. First, it's objective. Anyone can record temperature readings accurately, even as a beginner. Second, you can become an expert temperature taker and recorder in a day or two. Third and most important, it gets the husband involved. The husband can be and normally *should be* in charge of the thermometer and the temperature recording. He can give the thermometer to his wife, take it from her a few minutes later, and record this sign on the chart. This involvement will be greatly appreciated by his wife.

Why is the temperature sign important?

The important thing is that after ovulation the waking temperatures go up and stay up. An elevated temperature pattern that is sustained for at least three days reflects elevated progesterone levels and gives you a positive sign that you have ovulated. Temperature patterns are also very helpful for determining pregnancy and non-pregnancy and in special situations described in Chapter 5.

What is your basal temperature, and how do you observe it?

Your basal temperature is your temperature when you have been at rest sufficiently long that your temps are not affected by activity. You observe your basal temperature by taking your waking temperature every day—at the same time each day.

You can use either a digital thermometer or a glass thermometer. Modern glass thermometers are made without mercury. If you are considering a glass thermometer, be sure you get a *basal* thermometer. This generally has a limited scale from 96° F. to 100° F. (Fahrenheit) and this makes it much easier to read. They are generally guaranteed to be more accurate than a common fever thermometer. Digital thermometers should also be labeled as “basal temperature thermometers” since those are rated as more accurate.

Follow the directions that come with your thermometer for proper care and use—including cleaning. Most digital thermometers take only one or two minutes to monitor your temperature and then beep to indicate the reading is completed. Glass basal thermometers take about five minutes. We suggest using this time for your morning prayers.

How and when should you take your temperature?

You can take your temperature in your mouth, your vagina, or rectally. Most women find that oral temperatures are excellent. On the other hand, if your nose is always stuffed up and you have to breathe through your mouth, you might do better with vaginal temperatures. We have no recommendations regarding rectal temperatures except to be sure to clean the thermometer after each use. We personally used oral temps without any problems.

If you take your temperatures by mouth, work up your saliva so your mouth is moist. Insert the sensor end of the thermometer *under your tongue*. Believe it or not, there are slight differences in temperatures in different areas of your mouth, so place the sensor *in the same place* under your tongue each day.

Do not switch your temperature-taking method in the same cycle. Do not switch between digital and glass thermometers during the same cycle. There may be small differences in their readings.

Take your temperature at the same waking time for the most accurate readings. Your body temperature rises during the day and falls during your normal nighttime sleeping hours. (This daily rising and falling is called the *circadian rhythm*; “circadian” means “about a day.”) You want to catch it at the same point each day. Taking your waking temperature up to 30 minutes before or after your regular time will probably not affect the reading significantly, but it is best to take it at the same waking time.

If I have an unusual reading, should I retake my temperature?

Test this today. Immediate retaking does not work with some digital thermometers. That is, some of them seem to be calibrated to start from room temperature. You can

retake your temperature right away with a glass thermometer; just shake it down to below 97.0 before the retake.

If you have a highly unusual temperature for one day, do not count it in your Phase 1 and Phase 3 calculations.

What about night risings?

Getting up once or twice briefly during the night to take care of a child usually does not affect your temperature. In this situation, an hour's rest before taking your temperature at your regular temperature-taking time normally suffices. On the other hand, if you have a night of constantly getting up and your temp is elevated, record it but treat it as a disturbance by putting an "x" in the Disturbances row.

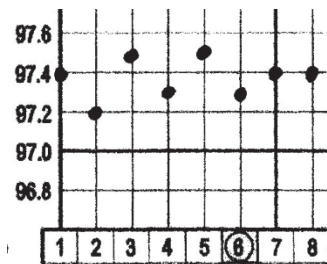
Anything else?

Just use common sense. Don't drink anything before taking your waking temperature. On the other hand, a drink of water during the night isn't going to affect a temperature reading more than an hour later. If your thermometer gets very cold, say below 60° F. during the night, "pre-heat" it for not over 30 seconds by placing it under your tongue on one side and then switch it to your usual side for the actual reading. This might help to prevent creating and then measuring a cold spot.

So, every day what should you do?

We recommend that your husband give you the thermometer when the alarm goes off, *at the same time each morning*, take it back when the beep occurs (or at five minutes with a glass thermometer), and record it soon after he gets up. Check your thermometer directions to find out how long the thermometer will hold its reading.

Record your waking temperature on the proper vertical day-line on the chart. Each horizontal line is 2/10 of 1° Fahrenheit or 1/10 of 1° Celsius above the line below it. If the temperature is an uneven number such as 97.3, then you would place the dot between the horizontal lines. See Days 4 and 6 below.



Store your thermometer in your top dresser drawer where little children cannot get at it. Don't leave it in sunlight or on a radiator or other heat source such as a radio. If traveling, never leave it where it can get overheated and be ruined—such as in a glove compartment or in a purse left in an overheated car or in the sun. This applies especially to glass thermometers.

Is that all there is to it?

That's all there is to taking and recording your temperature. In practice, it is extremely simple and easy for most couples to do.

When in the cycle should you start recording your temperatures?

Start recording your temps on the first day of menstruation. If you need to get some help with chart interpretation, you can greatly help your counselor by having complete records. You do not want to base your interpretations on guesswork.

How do you interpret the temperature sign?

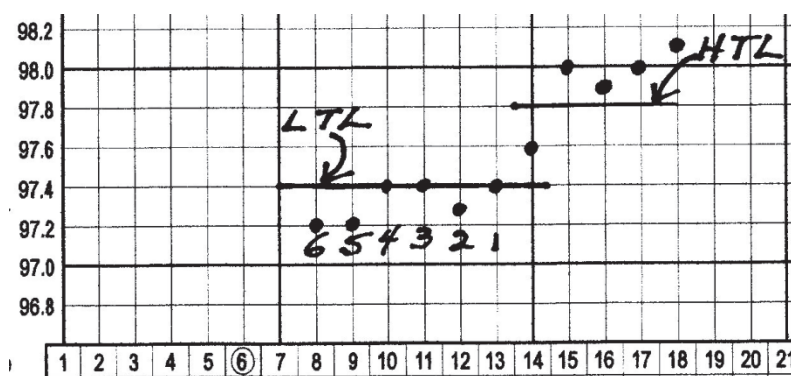
You are looking for a well defined upward shift in temperatures. Specifically, you are looking for at least three elevated temperatures that are sufficiently above the previous six temperatures that make up the Low Temperature Level (LTL).

How do you set the Low Temperature Level?

1. Look for three temperatures that are above the previous six temperatures.
2. Number the six temperatures just before the start of the upward shift. Those are your **pre-shift six temperatures**. See the example below.
3. Draw a horizontal line through the highest temperature (or temperatures) of the pre-shift six. This is the Low Temperature Level or LTL.

How do you set the High Temperature Level?

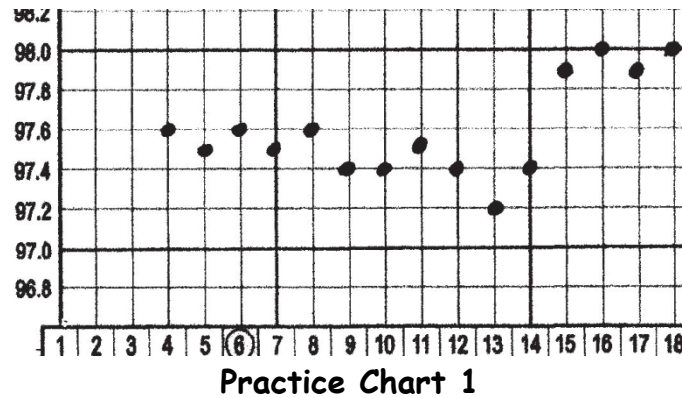
Draw another horizontal line 4/10 of 1° F. above the Low Temperature Level and extend it to the right a few day-lines. The upper line is the High Temperature Level or HTL. It doesn't make any difference whether there are any temps right on the HTL. Even if they are all higher, still draw the line exactly 4/10 of 1° above the LTL. See the example below.



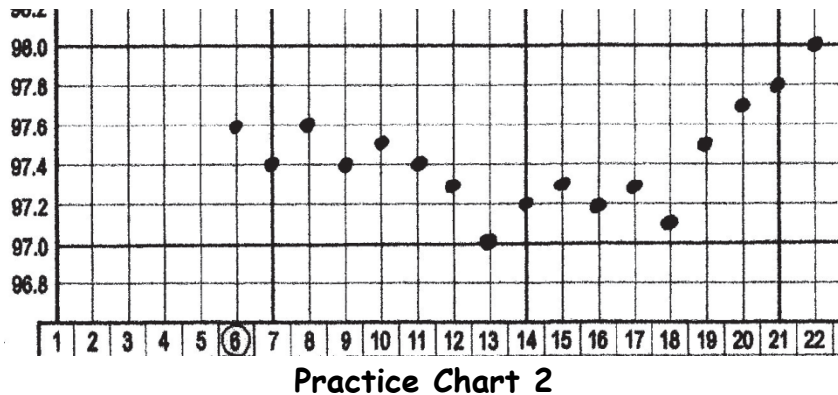
Setting the LTL and the HTL

Here the temperatures begin to rise on Day 14. The previous six temperatures on Days 8 to 13 are all below the temperature on Day 14 and thus are the pre-shift six temperatures. The LTL line is drawn at the highest temperature among the pre-shift six temps. You then draw the HTL line .4 degrees above the LTL line.

Practice charts: On the following two charts, number the pre-shift six and draw the LTL and HTL lines. To make this practice more like real life, cover all the temperatures. Then start at the left and uncover one temperature at a time. Keep asking yourself: “Are there 3 temperatures above the previous 6?” *Advice: Use a pencil on the practice charts.*



Pre-shift 6 _____ LTL _____ HTL _____



Pre-shift 6 _____ LTL _____ HTL _____

Answers for Practice Charts 1 and 2 are at the bottom of page 46.

What if you have a fever or other disturbances?

You are looking for valid temperatures. If you feel sick or have a cold, or if you had a horrible sleepless night, or if you had a couple of alcoholic drinks late the night before, a higher temperature might be due to those factors. So use common sense. You don't use such temps to set your Low Temperature Level, and you don't count such disturbed temps as part of an upward thermal shift. Cross out the “disturbed” temperature with an X over the dot and ignore it, and put an “x” for that day in the Disturbances row.

Late temperature taking may also give you a reading that is higher than it would have been at your regular time. That's why we emphasize same-time waking temperatures.

Unaccustomed chill or heat can affect your body temperature. Sheila recalls this incident: “I had a three-day strong upward shift in temperatures, but I was sure that I

had not yet ovulated. I normally had a 7-day mucus patch and was still experiencing more-fertile mucus. I realized that on each of those three mornings our young child had crawled into our bed and snuggled up against me so that the child's closeness to me must have raised my temperatures."

Can electric blankets affect your temperatures?

Yes, so keep the setting on an electric blanket the same during Phase 1 and Phase 2 of the cycle.

What about the weekends? Can you sleep in later?

During Phase 1 and Phase 2 you should take your temperature at the same time each morning. Then you can go back to sleep. Late temperature-taking during Phase 3 is of no concern.

How do you handle daylight-saving time changes?

The change to daylight-saving time (DST) in the fall means you rise an hour later, so your DST temps will be higher for a couple days unless you compensate for two days. The change to standard time in the spring means that you will rise an hour earlier, so your temps may be a bit lower for a couple days unless you compensate for two days.

If you are in Phase 2 in the fall and you want the most accurate temperatures for the transition, follow this pattern which assumes a 6:00 a.m. waking time:

| | | | |
|--|----------|-----------|----------------------|
| | Friday | 6:00 a.m. | Daylight-Saving Time |
| | Saturday | 6:20 a.m. | Daylight-Saving Time |
| Change your clock before going to bed Saturday night (move the hands back one hour). | | | |
| | Sunday | 5:40 a.m. | Standard Time |
| | Monday | 6:00 a.m. | Standard Time |

If you are in Phase 2 in the spring and want the most accurate temperatures for the transition, follow this pattern—which also assumes a 6:00 a.m. waking time:

| | | | |
|---|----------|-----------|----------------------|
| | Friday | 6:00 a.m. | Standard Time |
| | Saturday | 5:40 a.m. | Standard Time |
| Change your clock before going to bed Saturday night (move the hands ahead one hour). | | | |
| | Sunday | 6:20 a.m. | Daylight-Saving Time |
| | Monday | 6:00 a.m. | Daylight-Saving Time |

What if I travel to another time zone?

When you travel to another time zone, you can expect jet lag. Our understanding is that it takes about three days for you to adjust to your new sleeping pattern.

If you are getting up earlier than your "home-time," you can expect your first two or three waking temperatures to be lower. If you are getting up later than your "home-time," you can expect your first two or three readings to be higher. Treat such later temperature readings as possibly disturbed and don't count them as rising temperatures. Pay close attention to your mucus and cervix signs because they are not affected by seasonal or time-zone changes.

Some common questions about the temperature sign.

A number of misunderstandings about the temperature sign have been reported to us. Here we put them in the form of questions:

What if my temperatures are erratic? As we note at the end of this chapter, day-to-day variation is normal.

What if I wake up more than a half-hour before my regular waking time? First, it only makes a difference in Phase 2. Second, if you are truly resting in bed, just wait. On the other hand, if your brain is racing and your pulse rate increases as you solve all the world's problems, then simply take it when you wake and note the time on your chart.

What if I have to get out of bed to get my thermometer? Such a small amount of activity will not affect your basal temperature. The same holds true for making a short trip to the bathroom.

What if I take a medicine? We don't have experience with medications, but we know of no reason why a medication would affect your temperature interpretation. That is, if the medicine affects temperatures before ovulation, we would expect it to have the same affect after ovulation.

What if I wake several times during the night? If you wake up, roll over, and go back to sleep, we don't see how that could affect your basal temperature. The same holds for getting up to care for a child, provided you get at least an hour's rest before taking your temperature. This also holds true if you get up to read for an hour because you can't sleep.

What if I don't get to bed until after midnight? It depends on how late and what you were doing. If you get to bed at 3:00 a.m. and take your temperature at 6:00 a.m., we don't know. Just make a note. Getting to bed at midnight should not affect your temperature in the morning. If you were drinking more than one drink of alcohol late in the evening, that might give you a higher temperature in the morning, even if you went to bed at your normal time. If so, record it as a disturbed temperature if it's higher.

What if I have a lot of disturbed temperatures? You will still most likely see a change to a higher level after ovulation. Be sure to make and record your daily mucus and/or cervix observations. Even with some disturbed temperatures, your elevated temperature pattern should give you at least enough of a cross-check for the mucus drying-up pattern to apply one of the Phase 3 rules.

What if I work different shifts every day? Take your temperature when you wake from your best sleep, whenever that is. We recall a chart from a nurse who worked a different shift every day or every few days. She had a picture-perfect temperature graph.

What are the basics? There are only three important requirements for good temperature taking.

- 1) Use a good basal thermometer.
- 2) Get about one hour's rest prior to taking your waking temperature.
- 3) Take it consistently each day during Phase 1 and Phase 2.

Practice Chart 1 on page 44: First 3 temperatures above the previous 6: 15-17;
Pre-shift 6 = 9-14; LTL = 97.5; HTL = 97.9.

Practice Chart 2 on page 44: First 3 temperatures above the previous 6: 19-21;
Pre-shift 6 = 13-18; LTL = 97.3; HTL = 97.7.

The Mucus Sign

What is the mucus sign?

The mucus sign of fertility is a secretion from the cervix that creates a favorable environment for sperm life and migration. In the absence of cervical mucus, sperm live only a few hours after ejaculation. In the presence of cervical mucus, sperm live up to 72 hours and sometimes up to five days, but rarely more.

Why is the mucus sign important?

The mucus sign is very helpful in the practice of natural family planning whether avoiding or achieving pregnancy. Like the cervix sign, the mucus sign tells a woman prior to ovulation that she is fertile. During breastfeeding amenorrhea, during premenopause, or during any long cycle, these two signs—the mucus sign and the cervix sign—are invaluable.

Can most women learn to observe cervical mucus?

Yes, almost all women can identify the mucus sign of fertility. If a woman says she has no mucus, she will probably learn the mucus sign once she records in detail everything she notices. Eventually this observation becomes second nature.

When does the cervical mucus appear?

Cervical mucus commonly appears one to four days after menstruation ends. If menstruation is rather long or if ovulation is coming early, the mucus may start before the end of menstruation. The mucus flow starts with a rather small amount and then increases in quantity as ovulation approaches. About one or two days before ovulation, the quantity may decrease slightly. After ovulation the mucus changes in quality and usually disappears. This change in the mucus is called the *drying-up process*.

While the *quality* of mucus is *more* important, you cannot ignore a large quantity of mucus as a sign of continuing fertility.

What is the quality of cervical mucus before ovulation?

The mucus discharge usually begins as a tacky substance that is also rather unclear or opaque. If you obtain tacky mucus on your fingertips, it breaks as soon as you try to stretch it.

This tacky mucus is *less* fertile than what follows, but it is still fertile mucus. Pregnancies can occur from the marriage act once the less-fertile mucus has appeared.

As ovulation approaches, the mucus usually becomes very stretchy and clear or somewhat cloudy. It feels quite slippery and will cling to your fingers. This mucus causes a feeling or sensation of lubrication or slipperiness on the vulva (the outer lips of the vagina) when you wipe yourself.

Some women notice feelings of wetness on the vulva while doing daily activities or work. This is because the water content of the mucus increases prior to ovulation. Wetness is an external mucus sensation you feel even when you are not looking for it. Mucus that is slippery and stretchy or that produces feelings of wetness is *more*-fertile mucus and indicates the time of high fertility.

What is the quality of mucus around and after ovulation?

As long as the mucus has *any* of the characteristics of being clear, stretchy, and/or providing feelings of slipperiness or wetness, you need to consider it as the more-fertile mucus.

Around or shortly after the day of ovulation, the mucus begins to change. It becomes non-stretchy, tacky, thicker, more opaque, and usually disappears. This is called the drying-up of the mucus. The mucus changes to a *less*-fertile tacky mucus. You will learn your pattern of mucus as you record what you observe daily.

What are the two most important things to look for in the mucus sign?

In each cycle, you want to discern 1) the start of the mucus and 2) Peak Day.

Why is the start of mucus so important in each cycle?

The start of mucus is a positive sign of the start of your fertility in each cycle. Once you notice cervical mucus of any kind, you are in Phase 2, the fertile time.

What is Peak Day?

Peak Day is the last day of the more-fertile mucus before the drying-up process starts.

How do you determine Peak Day?

You do not know “the last day of the more-fertile mucus” until you have had two or three drying-up or dry days in which the mucus is a less-fertile type or has disappeared. Then you go back and label the last day of the more-fertile mucus as Peak Day. You will learn your own pattern.

Before Peak Day, consider any mucus—whether of a less-fertile or more-fertile type—as fertile mucus.

What is a mucus patch?

A mucus patch is the group of days on which you notice mucus. It begins with the first day of mucus and ends with Peak Day. We do not count the days of less-fertile mucus after Peak Day. Thus, if you have four days of mucus *before* Peak Day, you have a 5-day mucus patch, *including* Peak Day. It is common to have 5 to 7 days of mucus including Peak Day.

What will your temperature pattern be doing during this time?

Most women will notice that their waking temperatures are slightly lower during the more-fertile mucus days. Then they start to rise very soon after Peak Day, or sometimes on Peak Day, and sometimes even before Peak Day.

Why is Peak Day so important in each cycle?

Peak Day is a very fertile time of the cycle and is a good day for the marriage act if you are trying to achieve a pregnancy. Peak Day is an important sign for determining Phase 3 infertility.

Will you notice more-fertile mucus after Peak Day?

Sometimes you may notice the presence of more-fertile mucus a day or two before the return of menstruation. The temperature usually drops the day of or near the time of menstruation also. In these situations Phase 3 continues until menstruation starts.

Occasionally you may notice a day of more-fertile mucus after Phase 3 has started. This may be caused by the secondary, post-ovulation rise in the level of estrogen as illustrated on page 33. If so, our experience indicates that it lasts only for a day. If your Phase 3 interpretation has been based on a clear rising temperature pattern as well as a clear drying-up pattern, you can ignore this. On the other hand, if you find this unsettling, you would be better off to abstain for that day.

If you have feelings of wetness early in the day and then notice tacky mucus later in the day, how would you record the day?

If you notice more-fertile mucus at any time during the day and less-fertile mucus at another time of the day, always record the more-fertile mucus. Do not regard that day as a dry or drying-up day.

How do you observe your mucus?

You can observe your mucus in two ways: externally and internally.

How do you make the *external* observation?

You can make the external observation in three ways:

1. by the sensations of dryness or wetness at the vulva during the day's activities. Write **D** or **W** on the chart.
2. by the feelings of slipperiness or dryness when you wipe yourself with toilet paper before or after urination.
3. by looking to see if you have any mucus on the tissue paper after wiping yourself.

How do you observe and chart the mucus when wiping yourself?

Use white, unscented toilet paper, folded instead of crumpled.

After urination, wipe yourself from front to back and concentrate on any **sensations** felt. Did it feel dry? If it felt dry throughout the day, that indicates no mucus and you would record a **D** for dry on your chart. Did it feel slippery? Did the tissue glide easily when you were wiping? Those feelings indicate the presence of mucus and you record **SL** for slipperiness on your chart.

You can visually **observe** the tissue paper after wiping to see if any mucus is present. If you raise the mucus off the tissue only to a half-inch or less, it's called tacky mucus or sticky mucus and you record a **T** on your chart. If the mucus is raised more than a half-inch off the toilet paper, then you record the mucus as **S** for stretchy. You can also record the amount of stretch on your chart.

M is the symbol of last resort. You know you have some mucus. You know it is a less-fertile type, but you can't describe it any better.

As a beginner, record anything you notice on your chart.

Can you notice the mucus at other times during the day?

Occasionally you will notice feelings of wetness while shopping, gardening or doing ordinary daily activities. You record such feelings on the chart with a **W**. To have

accurate sensations of vaginal wetness, avoid tight pants and wear cotton underpants. Most synthetic materials are basically non-absorbent and can produce external feelings of wetness completely unrelated to your mucus secretions.

Women can learn to be aware of sensations at the external vaginal area just as they become aware of their skin being dry or sweaty. Wetness is only an *external* observation. Wetness is not recorded for an internal observation because a woman is always wet internally, just as she is always wet inside her mouth.

If you usually observe very little external mucus, you may notice more mucus externally after a bowel movement.

When do you start the mucus observations?

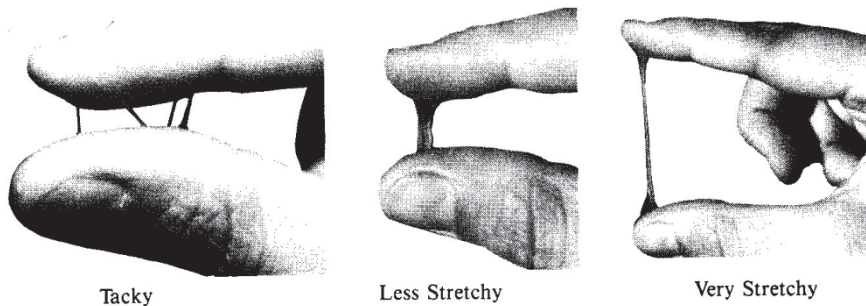
Always start by Day 6 of the cycle. If you have a history of short cycles, then begin right after the heavy flow of menstruation. Continue to make the observations during the rest of Phase 1 and Phase 2.

Do I need to make mucus observations during Phase 3?

If you cross-check with the temperature sign, you do not have to make the mucus observations during Phase 3. If you are using a mucus-only system, then you need to make the mucus observations carefully every day of the cycle.

What are the common symbols used to chart mucus?

- C** = clear; a more-fertile type
- CL** = cloudy; generally a more-fertile type
- D** = dryness; non-fertile
- M** = less-fertile mucus but you cannot describe it more fully
- O** = opaque; generally a less-fertile type
- P** = Peak Day
- S** = stretchy; a more-fertile type
- SL** = slipperiness; a more-fertile type
- SR** = seminal residue; this can look like mucus.
- T** = tacky; a less-fertile type
- W** = wetness; a more-fertile type



What is the *internal* mucus sign?

The internal mucus sign is the observation of the mucus right at its source—the cervix.

Why is the internal mucus sign important?

- It's an excellent way to observe cervical mucus.
- It is helpful in determining the start of mucus. Many women notice the mucus at least one day earlier when using the internal mucus observation than they do by using the external mucus observations.
- It is helpful in determining Peak Day or the drying-up process.
- It confirms or clarifies what a woman notices externally.
- It is helpful when a woman is in doubt as to what's happening.
- It is extremely helpful in a long cycle.
- Women find this sign helpful during breastfeeding amenorrhea when fertility is returning.
- Women find this sign helpful during premenopause.

How do you make the internal mucus observation?

You use your middle and index fingers. Hold these two fingers together and insert them to reach the tip of the cervix. Your fingers can remain together as they circle the outside of the tip of the cervix. Or you can separate your fingers when they reach the cervix, placing one on each side of the cervix, and gently bring the fingers toward the tip of the cervix. Do not try to squeeze mucus from the cervix.

Then withdraw and separate your fingers. If the cervical mucus is absent, you will see nothing between your fingers. If mucus is present, you will see what kind of mucus you have when you separate your fingers. If the mucus tends to break right away when your fingers separate, then the mucus is “tacky.” Record a **T** for tacky mucus. Even if you have a fair amount of tacky mucus that won't stretch, that's still tacky mucus. If the mucus on your fingers stretches and clings as your fingers separate, then the mucus is more-fertile and you can record **S** for stretchy and record the length in inches. This is an easy way to observe the absence or presence of mucus.

With this exam you don't have to use the non-descriptive **M** for mucus because you can see exactly what kind of mucus is present and thus use the more descriptive symbols.

Are some women hesitant to make this internal mucus exam?

Yes. Some women do not like the idea of placing two fingers up near the cervix. However, many of these women sooner or later have a day where they do not know what is going on in their cycle. They try this internal exam, find that it answers their questions, and continue to use it. It is an easy way to observe the start of the mucus each cycle and to confirm the drying-up of the mucus for determining Peak Day.

When do you start the internal mucus exam?

We recommend that beginners start this observation daily when menstruation ends or by Day 6 at the latest while learning.

You can do this exam once but not more than twice a day during Phase 1 and Phase 2. Always do the external mucus observation first before doing the internal mucus exam. Once you become experienced you will not have to do this exam if you notice lots of stretchy, slippery mucus externally. That is, you have already learned what you need to know that day from the external mucus exam. Thus an experienced woman may

use this exam only periodically to determine the start of the mucus and later to determine the start of the drying-up process.

What about douching?

Douching is not necessary and is unhelpful. It will wash away your normal mucus secretions.

How do you know when you are in Phase 1 by the mucus sign?

Once menstruation starts, you are in Phase 1 as long as mucus is *not* present. Other rules for determining the end of Phase 1 are explained in Chapter 4.

How do you know when you enter Phase 2 by the mucus sign?

In the pre-ovulation part of the cycle, when you observe *any* cervical mucus, you are in Phase 2, the fertile time.

How do you know when you are in Phase 3 by the mucus sign?

You know you are in Phase 3 by a certain number of dry days after Peak Day cross-checked by the temperature sign. The rules for determining Phase 3 in a cross-checking way are explained in Chapter 4.

How do you chart the mucus sign?

Typical *external* mucus observations are shown below:

| | | | | | | | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|
| Day of Cycle | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Peak Day* | | | | | | | | | | | | P | 1 | 2 | 3 | 4 | |
| Mucus | | | | | | | | | | | | | | | | | |
| wet-dry consistency | | | | | | | | | | | | | | | | | |
| External observations | | | | | | | d | d | T | S | S | S | S | T | T | d | d |

These recordings show a 5-day mucus patch, from Day 8 through Day 12. The lady did external mucus observations only. The mucus started on Day 8; the drying-up began on Day 13 and therefore Peak Day was Day 12.

Always count the drying-up days after Peak Day. Usually the count on a chart shows four days of drying-up even though some Phase 3 rules require only two or three days of a dry-up count. This will be explained later in the rules for determining Phase 3.

The value of the *internal* mucus observations for determining the start of the mucus and Peak Day are shown below.

| | | | | | | | | | | | | | | | | | | |
|--------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|
| Day of Cycle | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Peak Day* | | | | | | | | | | | | | P | 1 | 2 | 3 | 4 | |
| Mucus | | | | | | | | | | | | | | | | | | |
| wet-dry consistency etc. | | | | | | | | | | | | | | | | | | |
| External observations | | | | | | | d | d | d | s | s | s | s | s | d | d | d | d |
| Internal observations | | | | | | | d | d | 1" | 3" | 3" | 4" | 4" | 2" | T | T | T | d |

This lady had good external and internal mucus observations and recordings. Note that she observed a one-inch stretch of mucus on Day 8 with her internal mucus observation even though her external observations that day indicated dryness. Thus Day 8 is the start of her mucus patch.

What if the external and internal mucus exams do not coincide?

If the external and internal mucus observations do not coincide for the start of the mucus, use the *earliest* observation of mucus for the start of the mucus. See the lower graphic on the previous page where the internal mucus begins one day earlier.

If the external and internal mucus observations do not coincide for the start of the dry-up associated with Peak Day, then use the *latest* indicator of the drying-up process to determine Peak Day.

Practice charts: On the following two charts, use the row just under the Cycle Day numbers to label Peak Day and number the four days of dry-up.

| ⑥ | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|----|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | |
| | d | d | d | ∅ | w | s | c | w | s | w | d | d | d |
| | | | | | | | | | | | | | |

Practice Chart 1

| ⑥ | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|----|----|----|----|----|----|----|
| | | | | | | | | | | |
| | d | d | τ | γ | w | w | w | w | d | d |
| | | | | | | | | | | |
| | d | 2 | 3 | 3 | 4 | 4 | 6 | τ | d | d |

Practice Chart 2

Start of mucus _____ Peak Day _____ Start of mucus _____ Peak Day _____

Length of the mucus patch _____ Length of the mucus patch _____

Answers on the bottom of page 57.

How do you record the International Symbols in the "Interpretation" area of the chart?

The empty circle means a day of "no mucus." See Days 6-7 and 15-17 below. The circle with a horizontal line means a day of "less-fertile" mucus. See Days 8 and 14 below. The circle with a plus sign means a day of "more-fertile" mucus. See Days 9-13 below.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|-----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | | P | 1 | 2 | 3 | 4 |
| Interpretation** | | | | | | ∅ | ∅ | ∅ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ∅ | ∅ | ∅ | ∅ |
| External observations | | | | | | d | d | τ | w | s | c | w | s | w | τ | d | d | d |

International symbols

The international symbols have the advantage of meaning the same thing regardless of language. These symbols help NFP teachers to see if you are properly interpreting your other recorded mucus observations.

Can breastfeeding mothers chart their cycles?

Yes. Mothers who are breastfeeding do not have to wean their babies in order to practice the cross-checking Sympto-Thermal method.

Will your postpartum cycles be just the same as usual?

Not usually at first. There is a generally a transition phase before your cycles return to your usual pattern. During the transition phase you may first experience one or two anovulatory cycles (a cycle without ovulation). Then you may have delayed ovulation with a longer mucus patch and may have a short Phase 3. Gradually cycles return to a more normal range. Mother can continue to nurse after their cycles have returned.

| Day of Cycle | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|-----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|
| Peak Day* | | | | | | | | | | | | | | | | P | 1 | 2 | 3 | 4 | |
| Interpretation** | | | | | | | | | | | | | | | | | | | | | |
| Mucus | | | | | | | | | | | | | | | | | | | | | |
| External observations | | | | | | | d | W | W | W | W | W | W | W | W | W | d | d | d | d | |
| Internal observations | | | | | | | d | c | c | c | c | c | c | c | c | c | T | T | T | | |

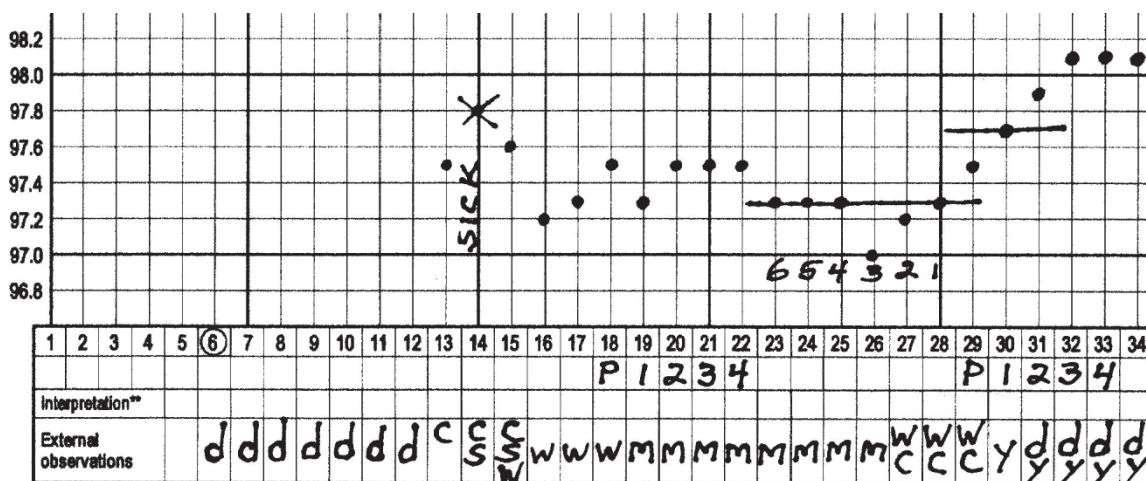
Mucus Charting by a Nursing Mother

In this chart the woman was breastfeeding and had a long mucus patch—probably due to the fact that she was breastfeeding. She had 5 days of menstruation and is dry on Day 6. Then she had a 10-day mucus patch, beginning on Day 7 and including Peak Day on Day 16. Her external mucus observations show wetness and mucus from Day 7 through Day 16. The plus signs for her external observations indicate that she had a lot of mucus on those days. For her internal observations, she records clear or cloudy mucus plus stretchy mucus from Day 7 through Day 16. The numbers indicate the length of stretch in inches.

Peak Day is not known until she has two or three dry days. By Day 18 or 19 she has enough of a dry-up (tacky and dry recorded) to label Day 16 as Peak Day. The drying-up process began on Day 17 and was a very strong dry-up. Notice that the 3-inch more-fertile mucus on Day 16 was followed by tacky, less-fertile mucus on Day 17.

Can you have more than one mucus patch in one cycle?

Yes, infrequently, but it poses no problem with the cross-check method.



"Double Mucus Patch" Cycle

After the first mucus patch, the temperatures remain low, and that tells you that you are not yet in Phase 3. When an ovulatory second mucus patch occurs, the dry-up is accompanied by a rise in temperatures. See the lower chart on the previous page.

For some reason this woman did not make any temperature recordings until Day 13. She was sick on Day 14; the temperature was disturbed due to her sickness and was crossed out. The first mucus patch has a Peak Day on Day 18, but there is no temperature rise on the immediate post-peak days. On Day 27 her mucus changes to more-fertile mucus and then dries up from Day 30 on. “Y” for yellow represents an occasional characteristic of the less-fertile mucus as it thickens and dries up. After the second Peak Day the temperatures rise. Thus she knows the Peak Day associated with ovulation was Day 29. She can now determine Phase 3 infertility based on the cross-check of the temperature sign. Experience indicates that in these cases the second patch of more-fertile mucus is short—as in this case. This provides another good reason to use the temperature sign as a cross-check.

The Cervix Sign

What is the cervix sign?

By the cervix sign we mean the physical changes that occur in the cervix before, around and after ovulation. In preparation for ovulation, the cervix rises higher in the vagina, the tip of the cervix becomes softer, and the mouth of the cervix opens slightly. After ovulation, the changes are reversed. The cervix becomes low, firm, and more closed at the opening. Women with experience can easily notice the difference between a low, firm and closed cervix and a high, soft and open cervix. These changes were first documented scientifically by Dr. Edward F. Keefe, one of the real pioneers in the field of natural family planning.¹

Some woman may notice only one or two changes in the cervix, and that is sufficient. For example, a woman might not notice any changes in the opening of the cervix, but she can easily tell the low/high and firm/soft changes. So she would record **LF** for low and firm and **HS** for high and soft for her cervix observation.

The opening and the elevation of the cervix prior to ovulation aid sperm migration. After ovulation the closing of the cervix and the thickening of the mucus discourage sperm migration.

Why is the cervix sign important?

The cervix sign is important because many women find it quite helpful for the following reasons.

- Some women find the mucus sign difficult to learn but find the cervix sign is easy to learn.
- The cervix sign is helpful during normal cycles.
- There may be less abstinence if the woman records her mucus and cervix signs well. This is especially true during the very long cycles that every woman usually experiences at some point in her life. Good temperature recordings can also help to reduce the amount of abstinence.
- The cervix sign clarifies what the woman has already discerned from the mucus sign. This gives the woman added confidence.

- This sign along with the temperature and mucus signs is very helpful during breastfeeding and during the premenopausal years. Most women who have trouble discerning what is going on with their cycles during the breastfeeding and the premenopausal years are usually not experienced in doing the following: the external mucus exam, the internal mucus exam and the cervix exam.

How do you make the cervix observation?

The cervix exam requires only *one* finger. You can make this exam while sitting on the toilet, or you can make this observation in a standing position with one foot upon the toilet. You insert your index or middle finger up the vagina to touch the cervix. With daily observations from Day 6 and up to the start of Phase 3, you will begin to notice the changes, even as a beginner.

The hardest part of this observation for some beginners is finding the cervix since it can be quite high and at first they have no idea what they are looking for. The tip of the cervix is like the stem end of a small pear after the stem has been removed.

Once you find the cervix, the exam is easy. You will notice that the cervix is lower during Phase 3 and thus easier to find. That's why we recommend that beginners learn the position of the cervix during Phase 3.

Many women are grateful they decided to try the cervix sign. Here is what one mother wrote when she was trying to determine the return of fertility during an extended breastfeeding amenorrhea.

I like how you mentioned in your book that most women don't like the internal check option, but once they use it, they find it very helpful. It is so true! I was able to find my cervix and feel comfortable with what I am finding and in determining the changes. I've been doing an internal check daily which has been very, very helpful in cross-checking with the other signs.

When do you observe the cervix?

We recommend making the cervix observation one or two times a day during Phase 1 and Phase 2. For example, do an early afternoon and evening exam of the cervix.

Begin this exam by Day 6—or earlier if your period ends before Day 6. While learning you can do this exam during Phase 3 at least once a day to stay in touch with the cervix. This helps you to know what your cervix feels like at the most infertile time of the cycle.

Do not make more than two cervix or internal mucus observations per day.

Are there times when you should not make the cervix observation?

1. Don't observe the cervix in the early morning because the muscles supporting the uterus contract a bit during the night when you are sleeping. Thus the cervix may be higher upon awakening. You should be up and around a while before making this observation. This gives the uterus and cervix time to return to their normal position.

2. Don't make the internal observation after a bowel movement. The opening of the cervix may open more at this time.

How do you chart the cervix sign?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|-----------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | | | | | | | |
| interpretation** | | | | | | | | | | | | | | | | | | | |
| External observations | | | | | | | | | | | | | | | | | | | |
| Internal observations | | | | | | | | | | | | | | | | | | | |
| | | | | | | F | F | S | S | S | S | S | S | S | S | S | S | F | F |
| | | | | | | . | . | . | . | . | . | . | . | . | . | . | . | . | . |

Cervix Charting

Menstruation occurred on the first 5 days. On Days 6 and 7, the cervix is firm and closed. **F** means “firm” and the dot represents “closed.” The cervix opens from Day 8 through Day 15. **S** means “soft” and the open circles show the relative opening and closing. Also the location of the circles shows the rising and descent of the cervix. On Day 16, there is a definite closing and descent in the cervix. By Day 19 there are four days of closing.

When does Phase 2 begin by the cervix sign?

Phase 2 begins as soon as the cervix begins to soften, rise, or open. Just as a woman knows that Phase 2, the fertile time, has begun when mucus is present, so she knows Phase 2 has begun when she notices the cervix is softening, rising, or opening.

When does Phase 3 begin by the cervix sign?

Common sense would suggest the same rules that are used with the mucus sign. That is, Phase 3 should begin the evening of the 4th day of closing, firming, or lowering of the cervix cross-checked by at least three days of a well-elevated temperature pattern. There are, however, no published studies to confirm this.

General Questions

If one sign works well for me, why should I bother with the others?

As indicated earlier, each sign has its strengths and weaknesses. Many couples find greater confidence when they use the signs together in a crosschecking way.

Some women rely too heavily on the temperature sign during regular cycles. Their lack of experience with good mucus and cervix observations creates more problems with abstinence during the long cycles. A long cycle may be inevitable, but why make things more difficult by not learning all the fertility signs well during normal, regular cycles? The experience gained during regular cycles is helpful when a short or long cycle occurs.

Practice Chart 1 on page 53: Start of Mucus = Day 9; Peak Day = Day 14;
Length of mucus patch = 6 days

Practice Chart 2 on page 53: Start of mucus = Day 7; Peak Day = Day 12;
Length of mucus patch = 6 days

Should engaged women make the internal observations?

Many engaged women will feel emotionally uncomfortable making the internal mucus and cervix observations. We respect such feelings, and thus we do not encourage engaged women to make these observations. They are optional and their use is a matter of personal choice.

Is cycle variation normal?

Yes. Every woman has some degree of cycle variation. A range of 5 days between your shortest and longest cycle is normal.

With systematic NFP you learn on a day-by-day basis if you are fertile or infertile. You are learning what's going on in your body right now. With systematic fertility awareness, you are observing current history, and this helps with the variety of cycles that everyone, including yourself, will experience.

Day-to-day temperature variations are normal. To have identical temperature readings for five consecutive days would be highly unusual. More than five might indicate a faulty thermometer.

How much variation or consistency in temperature levels is there from cycle to cycle in the same woman?

The low temperature level (LTL) and the high temperature level (HTL) of any individual woman tend to be fairly consistent from cycle to cycle. However, it is normal to have day-to-day variations among the lower temperatures as well as among the higher temperatures.

Can you reduce cycle irregularity?

Sometimes, yes. For example, a lack of iodine in your diet can affect your thyroid gland. Sea salt has only a trace of iodine, so use iodized salt. Both obesity and insufficient body fat can cause cycle irregularity. Excessive exercise can reduce body fat to the point of amenorrhea (no menstruation) or irregular cycles or cause infertility. So eat right and exercise sensibly.

Light during sleep can affect cycle irregularity and mucus production. Darken your bedroom.

For cycle irregularity and other situations, we recommend Marilyn Shannon's book, *Fertility, Cycles and Nutrition*.

Endnotes

¹ Edward F. Keefe, "Self-observation of the cervix to distinguish days of possible fertility," *Bulletin of the Sloane Hospital for Women*, VIII:4 (December 1962) 129-136. The changes in the cervix were discovered by patients of Dr. Keefe, an OB-GYN specialist in New York and one of the pioneers in the field of natural family planning. He had instructed his NFP women to observe the cervical mucus at its source, the cervical os. They reported to him that when the mucus was most abundant, the cervix was higher in the vagina and sometimes difficult to reach. He asked a group of them to make systematic observations and recordings for several cycles, and he published the results. Available at www.nfpandmore.com, NFP Resources, then NFP Articles, Cephalad Shift of the Cervix Uteri (1977).

In the Christian view, chastity signifies spiritual energy capable of defending love from the perils of selfishness and aggressiveness and able to advance it towards its full realization.
—John Paul II, *Familiaris Consortio*, n. 33.7

Chapter 4

Rules You Can Use

What are the principles behind the rules?

The rules for determining the fertile and infertile times of the cycle are based on the following scientific facts which have been mentioned already.

Before ovulation, three observations can be made.

- The level of waking temperatures is lower than it will be after ovulation.
- Cervical mucus normally appears several days before ovulation, typically 5 to 7 days. It reaches a peak of slipperiness, stretchiness or wetness very close to ovulation.
- Changes in the cervix also occur before and close to ovulation. The cervix rises, opens, and becomes softer.

After ovulation, five things happen.

- The endometrium, the inner lining of the uterus, is maintained.
- Additional ovulations in that cycle are suppressed. After ovulation, a second ovulation may occur, but this will occur within 24 hours of the first ovulation (due to the ovulation-suppressing action of progesterone).
- The basal body temperature rises.
- The cervical mucus becomes less fluid and dries up.
- The cervix lowers, closes and becomes firm.

At the time of ovulation, the ovum is capable of being fertilized then and for about 24 hours after ovulation. NFP rules must also allow for the lifespan of the ovum from a possible second ovulation.

Prior to ovulation, sperm are capable of fertilizing the ovum for about three days (72 hours) after sexual relations under normal conditions of fertility. Under optimum conditions, sperm can live up to five days and sometimes, but rarely, even longer.

The End of Phase 1

How do you determine infertility at the beginning of the cycle?

Phase 1 is the infertile time before ovulation. When Phase 1 ends, the fertile time or Phase 2 begins. Thus it is important for couples practicing natural family planning to determine the *end* of Phase 1 and thus the *start* of Phase 2.

There are four ways to determine the end of Phase 1.

- The Day 6 Rule
- The 21-Day Rule
- The Doering Rule
- The Last Dry Day Rule

Why is there a variety of rules?

The first reason is that the authors of this text believe in giving you the freedom to choose among morally legitimate options. The reality is that there is more than one way to determine the end of Phase 1 and the start of Phase 2. However, you cannot exercise legitimate freedom of choice unless you know the options.

The second reason is that different women have different cycle patterns and different couples may have different needs.

The third reason is that you can use some of the rules with very limited experience while others require more experience.

When does Phase 1 start?

In almost every case, the first day of a true menstruation is the first day of Phase 1.

A “true” menstruation is the normal bleeding episode that signals the end of one cycle and the beginning of the next. If the woman ovulated during the cycle just ended, the bleeding episode will be preceded by a pattern of elevated temperatures (an upward thermal shift).

We have to distinguish the normal or “true” menstruation from “breakthrough bleeding” that may look very much like a normal menstruation but is not. “Breakthrough bleeding” is a fertile time and it is *not* preceded by a thermal shift. See Chapter 5 for more information on breakthrough bleeding.

Phase 1 Rules

COMPLETE ABSTINENCE

Total abstinence from the marriage act during Phase 1 has a Phase 1 unplanned pregnancy rate of zero. This is a common practice among married couples when they are first learning NFP. The advantage of this for such learning couples is that the wife will not have to be concerned about similarities and differences between cervical mucus and seminal residue. (Seminal residue can feel and look like cervical mucus.) Some experienced couples who have a very serious reason to avoid pregnancy also abstain completely in Phase 1, especially if the wife has a history of short cycles.

DAY 6 RULE

Cycle Day 6 is the last day of Phase 1, *provided* your shortest previous cycle in the last year was at least 26 days long.

This rule is based on wide experience concerning the relative infertility of the first six days of the fertility-menstrual cycle. The rule assumes that the first day of the cycle is Day 1 of a true menstruation described on the previous page. This rule is based on two common sense ideas as well as practical experience.

- 1) In short cycles, ovulation generally occurs earlier than it does in long cycles.
- 2) The sooner a couple begins to abstain from the marriage act in any given cycle, the less likely it is that sperm from that act can cause conception.

Requirements for the Day 6 Rule:

- The woman's shortest cycle in the last 6 to 12 cycles is at least 26 days or longer.
- Previous cycles with 9 or fewer days of elevated temperatures in the luteal phase can be ignored for the shortest-cycle calculation.
- There is no discernable cervical mucus on or before Day 6.

How effective is the Day 6 Rule?

This rule is very effective. In the research reported by Dr. Josef Roetzer in 1978, the pregnancy rate from the marriage act in the first six days of the cycle was 0.2 per 100 woman-years based on one pregnancy in 8,532 cycles.¹ The very rare Day 6 pregnancies that have been observed have almost always been associated with a history of short cycles—shorter than 26 days.

Based on the experience of Dr. Roetzer, Dr. Konald Prem and others, we estimate that for the general population the Day 6 pregnancy rate is less than 1 per 100 woman-years provided that:

- 1) The woman's shortest cycle is at least 26 days or longer and
- 2) There is still no discernable cervical mucus on or before Day 6.

Most couples can use the Day 6 Rule when first learning the cross-checking Sympto-Thermal Method if they are aware of their cycle length history. Women who have noted their first day of menstruation on a calendar can use that record to apply the Day 6 Rule.

The Day 5 and Day 3 Rules for shorter cycles

Experience indicates that the few women who have become pregnant during the first six days of the cycle have almost always had a history of short cycles. For this reason, if your cycles in the last year have been 25 days or shorter, use the following rules.

If your shortest cycle in the last year was **23 to 25** days, use a **Day 5** cutoff.

If your shortest cycle in the last year was **22 days or less**, use a **Day 3** cutoff.

All the **requirements** for the Day 6 Rule above also apply to the Day 5 and Day 3 Rules except for the length of the shortest cycle in the last 6 to 12 cycles.

Beyond Day 6

Fertility returns with increasing frequency starting with Cycle Day 7. Thus, beyond Day 6, you need enough experience to apply one of the other End-of-Phase-1 rules.

THE 21-DAY RULE

Shortest previous cycle minus 21 is the last day of Phase 1, *provided* there is no cervical mucus on or before that day.

We learned the 21-Day Rule from Dr. Konald A. Prem. You subtract 21 from your shortest cycle to obtain the last day of Phase 1. Dr. Prem adopted the 21-Day Rule because he observed some pregnancies among couples using a 19-Day Rule.

Requirements for the 21-Day Rule:

- You need at least six recorded cycles. It is important to keep a record of your cycle lengths. We believe that cycles that occurred over two years ago can usually be ignored because they are not relevant to a woman's body pattern today.
- Previous cycles with 9 or fewer days of rising or elevated temperatures in the luteal phase can be ignored for the shortest-cycle calculation.
- If you have cycles with luteal phases of 16 days or more, this rule cannot be used.
- Use pre-pregnancy cycle lengths. The reason for this is that postpartum cycles may be long at first and then shorten rather quickly. Thus early postpartum cycles should not be counted among your required "6 recorded cycles."
- There can be no mucus present on or before the day calculated to be the last day of Phase 1. **If mucus is present, then this rule does not apply.**

How effective is the 21-Day Rule?

In a study conducted by a branch of the U.S. government and reported in 1981, there were **zero** unintended pregnancies among well-trained couples who correctly used the 21-Day Rule.² Although a 100% effectiveness rate cannot be sustained in a larger population, we believe this experience provides good grounds for stating that this rule has a 99% level of effectiveness.

Applying the 21-Day Rule

Here are some applications of the 21-Day Rule.

| Shortest cycle | Minus 21 | = | Last Day of Phase 1 |
|----------------|----------|---|---------------------|
| 32 | -21 | = | 11 |
| 30 | -21 | = | 9 |
| 28 | -21 | = | 7 |
| 26 | -21 | = | 5 |

Your 21-Day Rule is based on your past 6 to 12 cycles and usually will designate the end of Phase 1 before your mucus starts. However, if you notice cervical mucus before the end of Phase 1 by the 21-Day Rule, the mucus takes precedence. Thus, if your 21-Day Rule says Day 7 is the end of Phase 1 but you notice mucus on Day 7, your mucus discharge is saying that you are in Phase 2 on Day 7; that is, your fertile time has started.

For beginners, the advantage of the 21-Day Rule compared with the Doering Rule is that many women are well aware of their short cycle lengths even before they start to do consistent charting for purposes of systematic NFP. Women who have noted their first day of menstruation on a calendar can use that record to apply the 21-Day Rule.

The 20-Day Rule for 12 cycles

Experience outside the United States suggests that ***with 12 cycles of experience***, you can modify this rule to a 20-Day Rule. That is, “Short cycle minus 20 = Last Day of Phase 1, provided there is no mucus on or before that day.” For simplicity, our text will continue to use the term, “21-Day Rule.”

The ***requirements*** for the 21-Day Rule would also apply to the 20-Day Rule.

THE DOERING RULE

The earliest day of sustained temperature rise minus seven (7) is the last day of Phase 1, *provided* there is no mucus on or before that day.

The first-day-of-rise rule was developed by Germany’s Dr. G. K. Doering. It is based on the earliest day of temperature rise in the previous 6 to 12 cycles.

Requirements for the Doering Rule:

- You need at least six cycles in which the first day of the thermal shift was recorded. A base of 12 cycles is even better.
- Don’t use early postpartum cycle lengths.

How effective is the Doering Rule?

Dr. G. K. Doering reported in 1967 that the couples who followed this rule experienced 13 pregnancies in 48,387 cycles.³ That yields a perfect-use unintended pregnancy rate of well under 1 per 100 woman-years, or better than a 99% effectiveness rate in avoiding pregnancy. While that study does not meet the current standard of having couples in the study for only one year, it provides a sufficient basis for stating that it provides at least a 99% level of effectiveness for those who follow its rules.

Applying the Doering Rule

On your NFPI chart, keep track of the earliest day on which the upward thermal shift starts. Subtract 7 from that number, and the result is the last day of Phase 1 according to the Doering Rule. For example, if the earliest day on which your temperatures began rising was Day 14 in the last 6 to 12 cycles, you would subtract 7 from that, and the result would give you Day 7 as the end of Phase 1.

Below are examples of the Doering Rule calculations.

| Earliest day of sustained thermal shift | minus 7 | = | End of Phase 1 |
|---|---------|---|----------------|
| 16 | -7 | = | 9 |
| 14 | -7 | = | 7 |
| 12 | -7 | = | 5 |

If your “earliest day” of temperature shift occurs even earlier, then you need to recalculate.

The **advantage** of the Doering rule compared to the 21-Day Rule is that it is not affected by the number of days of elevated temperatures before the next menstruation starts. It focuses on the first day of the upward temperature shift that starts right around ovulation. Therefore it is more realistic for women who have a relatively short luteal phase or consistently long luteal phases. (As indicated earlier, the luteal phase is the time of the cycle between ovulation and the next menstruation. We generally measure it by days of elevated temperatures.)

LAST DRY DAY RULE

The last dry day before the mucus starts is the last day of Phase 1.

Or:

The first day of cervical mucus discharge is the first day of Phase 2.

Requirements for the Last Dry Day Rule:

- You need six cycles of experience with mucus recordings.
- Two rules need to be followed: “Not in the morning” and “Not on consecutive days.” These two rules are explained on the next page.
- This rule is applied only after menstruation has ended.
- We recommend that you should have at least a 5-day mucus patch in your previous six cycles for the greatest effectiveness of the Last Dry Day Rule.
- Once the mucus starts, you are in Phase 2.

What is the effectiveness of the Last Dry Day rule?

We are not aware of mucus-only studies that distinguish Phase 1 and Phase 3 unplanned pregnancy rates. In the comparative study that we have quoted previously about the 100% perfect-use effectiveness of the cross-checking Sympto-Thermal Method, the rules-keepers in the Ovulation Method (mucus-only) part of the study had a 94.3% “perfect-use” effectiveness rate. The “total effectiveness” rates that include the “imperfect-use” pregnancies were 86.3% in the STM group and 60.3% in the OM group.⁴

Applying the Last Dry Day Rule

Make the external observations before or after each urination.

Make your internal observations once or twice a day.

What does the start of the cervical mucus tell you?

The start of the mucus discharge tells you that Phase 2, your fertile time, has started. If you want to postpone pregnancy, abstain from the marriage act from the first day of cervical mucus until you know you are in Phase 3.

Why use the other rules if the appearance of mucus is so important?

For many women, the appearance of mucus is obvious, but for others it is more ambiguous. Some couples who know all the signs and rules prefer to use a preset cutoff day based on their previous cycle experience.

General Questions about Phase 1

Is there any special rule for beginners?

Yes. We recommend that the beginner couple abstain during Phase 1 for the first two or three cycles so that the wife can gain experience in detecting the start of her mucus discharge without any interference from seminal residue or the vaginal mucus from sexual arousal. Or at least they should use only a Day 6 Rule (or shorter) until the wife gains experience.

What are the Standard Phase 1 Rules?

The Standard Phase 1 Rules are “not in the morning” and “not on consecutive days.”

What is the “not in the morning” rule?

“Don’t engage in the marriage act in the morning during Phase 1.” You know a “dry day” only by the sum of your observations during the day. The mucus can start at any time during the 24-hour day. If it starts in your nighttime sleeping hours, you may not notice it the very first thing in the morning especially if you rely only on the external observation. After you have been up and around for a few hours, any mucus coming from the cervix should be observable.

What is the “not on consecutive days” rule?

“Don’t engage in the marriage act on consecutive days during Phase 1.” This is also a matter of common sense. If you engage in the marriage act on Saturday night, you may notice seminal residue (SR) on Sunday. But it could also be the beginning of your mucus discharge or some combination of the two. (Seminal residue has some characteristics of more-fertile mucus.) If you tell yourself that what you notice is *only* SR, you might be mistaken. If you are mucus-dry on the next day, Monday in this example, you have good reason to presume that what you noticed the previous day was only SR and your mucus-dryness on Monday is an indication you are still in Phase 1.

If, on the other hand, the seminal residue has drained during the night and you feel mucus-dry all the next day, you would probably be in Phase 1. We would offer one word of speculation, however. In looking at a few unplanned pregnancy charts in which the apparent explanation was very long sperm life, we noticed that some of the pregnancies had this fact in common: the couple engaged in the marriage act on two or three consecutive days in Phase 1. Ordinarily, the environment of the vagina during Phase 1 and Phase 3 is unfriendly to sperm life. Our speculation is that the marriage act on consecutive days may change that environment to make it more hospitable for extended sperm life. This may offer another reason for the “not on consecutive days” rule in Phase 1.

Should couples who are using the rules based on past cycle history follow the observations used for the Last Dry Day Rule?

Yes. These observations will help you to observe early mucus in the rare case where it appears before the end of Phase 1 by the other rules—the Day 6 Rule, the 21-Day Rule, and the Doering Rule.

What if you notice mucus on Days 4, 5 or 6 or before the end of Phase 1 as defined by the 21-Day and Doering rules?

Regard such days as indicating that you are in Phase 2, the fertile time. This will be rare, but it's not impossible.

Are the days of menstruation infertile?

In a true menstruation preceded by a sustained thermal shift, the first few days of heavy flow may be regarded as highly infertile—practically an extension of Phase 3 of the last cycle.

On the other hand, if you did not record your temperatures in the last cycle, consider the bleeding episode as possibly fertile. It might be “breakthrough bleeding” that we describe later in Chapter 5.

After the days of heavy flow, the other rules—the Day 6 Rule, the 21-Day Rule, and the Doering Rule—apply during the rest of the menstrual flow, assuming the absence of cervical mucus. That is, you are in Phase 1 unless one of those rules says you have started Phase 2. The Last Dry Day Rule can't be applied until you experience post-menstruation dry days.

Right after menstruation, are days of merely tacky mucus fertile days?

Yes. Though these are days of a less-fertile mucus, a number of pregnancies have been observed from the marriage act on such days. The first appearance of mucus marks a positive start of Phase 2, the fertile time.

During very long cycles, sometimes mucus appears and disappears. How do you handle this?

See Chapter 5.

How often should you update your “shortest cycle” history?

Your most recent 12 cycles are the most relevant. Common sense suggests that using your cycle history of the last 24 months should be sufficient although we are not aware of published studies on this. The exception would be the long-term nursing mother. She should use the cycle lengths of her last 6 to 12 cycles before she became pregnant.

What if I have mucus patches less than 5 days?

When the mucus patch is less than 5 days, the last dry day would be closer to the time of ovulation. The Last Dry Day Rule may be more effective if used only when the previous six cycles had a mucus patch of at least five days in length.

Practice Chart: Apply the Phase 1 rules under the chart.

Month _____ Year _____ Phone _____
 Age 31 Ht 5'6" Wt 140
 City _____ State _____ ZIP _____
 Previous cycles: Short 28 Long 34 based on 6 recorded cycles
 Earliest first day of thermal shift 14 based on 6 recorded cycles
 Shortest mucus patch 5 based on 6 recorded cycles
 Length of this cycle 29 days

Day 6 reminder: monthly breast self-examination

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | | |
|-----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| ✓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interpretation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| External observations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internal observations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Practice Chart for End of Phase 1

Day 6 Rule (p. 61) _____

21-Day Rule (p. 62) _____

Doering Rule (p. 63) _____

Last Dry Day Rule (p. 64) _____

Pre-shift 6 _____ LTL _____ HTL _____ Peak Day _____

What are the two rules for the timing of the marriage act during Phase 1?

not _____ and not _____

Answers for End of Phase 1 Rules are at the bottom of page 69.

Rules for Phase 2, the Fertile Time

How do you know that you are in the fertile time?

The presence of cervical mucus is a positive sign that you are approaching ovulation and are therefore in the fertile time. Once you notice your cervical mucus, you are in the fertile time even if the mucus is the less-fertile type. The opening, raising, or softening of the cervix also indicates fertility.

The End of Phase 1 calculations based on the Day 6 Rule, the 21-Day Rule and the Doering Rule are excellent predictors of the beginning of the fertile time.

If you want to *avoid* pregnancy, abstain from the marriage act during Phase 2. The rest of this section pertains to those who are *seeking* pregnancy.

Are there any guidelines to maximize your mutual fertility?

There are two long-range guidelines. The first is to acknowledge that God is the Author of life and that the conception of a baby is an act of co-creation—God and you. So pray for the blessing of a baby, and pray that you will be good parents.

The second long-range guideline is to make sure you are both adequately nourished. Both male and female fertility can be adversely affected by inadequate nutrition. Make sure that you, the wife, are getting **sufficient folic acid** in your diet because sufficient folic acid reduces the risks of your unborn baby having neural tube defects such as spina bifida.

In any particular cycle, a couple of low fertility may increase their mutual fertility by the following practices.

- Abstain from the marriage act from the beginning of menstruation until you know that the *more*-fertile mucus has begun. That might increase sperm count.
- Once the more-fertile mucus has begun, engage in the marriage act every other day up through Peak Day + 1.
- If you do not become pregnant that cycle, in the next cycle try to engage in the marriage act each day during the more-fertile mucus days up through Peak Day + 1.
- Alternate between the daily and every-other-day frequency on alternate cycles. (There is debate about which is more likely to achieve pregnancy.)
- Engaging in the marriage act about twice a week during Phase 3 may help to maintain maximum sperm count.
- Some couples (where the husband has a form of reduced fertility) have achieved pregnancy by engaging in the marriage act again 45 minutes after the first marriage act.
- Some couples have achieved pregnancy when the woman has taken guaifenesin from the end of menstruation through Peak Day. Look for a cough syrup product in which guaifenesin is the only active ingredient and follow the directions on the container. (Guaifenesin thins bronchial and cervical mucus.)
- If your luteal phase is short (less than 9 days), your situation may be problematic. (The length of luteal phase is counted by the number of days of elevated temperatures.) It is commonly thought that it takes about nine days for the newly conceived baby to implant. Try to lengthen the luteal phase through better nutrition.
- If you are too thin or exercise heavily, try to improve your nutrition and your lifestyle. You need some body fat for normal fertility. Sometimes cutting back slightly

or moderately on exercise or a sport can help a couple to achieve normal fertility and pregnancy.

- If you are breastfeeding and having cycles, know that fertility probably will return soon. In a few cases, fertility may not return until after weaning.
- If pregnancy does not occur or if you have one or two miscarriages, read Marilyn Shannon's book, *Fertility, Cycles and Nutrition* and try to achieve better nutrition.

What are the indicators that ovulation may be very close?

1. You are nearing the end of your typical more-fertile mucus days.
 2. A temperature dip toward the end of the mucus pattern sometimes is close to ovulation.
 3. The first drying-up day is frequently the day of ovulation.
 4. The first elevated temperature reading may be within a few hours of ovulation.
- All of these are normally days of very high fertility.

After conception does the new baby actually do anything?

Yes. Within a few days of conception, the newly conceived human being sends out a hormone called human chorionic gonadotropin (hCG). This tells the mother, "I'm here." The baby's hCG tells the mother's corpus luteum to keep on producing progesterone. After about three months the baby's placenta takes over and produces progesterone for the rest of the pregnancy.

How do you know if you are pregnant?

Your elevated temperature pattern is the best non-medical indicator that you are pregnant. It will stay up, reflecting the high levels of progesterone during pregnancy. After 21 days of elevated temperatures, you have a 99% certainty that you are pregnant. So keep taking your temperatures when you are seeking pregnancy and for at least a month after you hope you have become pregnant.

How do you estimate the "due date"?

The typical physician uses a calculation called Naegele's Rule to determine the Estimated Date of Childbirth (EDC).

Naegele: $\text{EDC} = \text{First day of menstruation plus 7 days plus 9 months.}$

Naegele's Rule is a 19th century formula that works well if the woman becomes pregnant around Cycle Day 14. However, if she ovulates significantly later than that, Naegele's Rule is inaccurate. Thus Dr. Konald A. Prem, then a professor of Obstetrics and Gynecology at the University of Minnesota Medical School, developed a formula based on the temperature indication of ovulation. **Dr. Prem's rule:**

EDC = First day of upward thermal shift minus 7 days plus 9 months.

Practice Chart for End of Phase 1 on page 67: Day 6 Rule = 6; 21-Day Rule = 7;

Doering Rule = 7; Last Dry Day Rule = 8 (mucus is present internally on Day 9).

Rules for coitus during Phase 1 are "not in the mornings" and "not on consecutive days."

Pre-shift 6: Days 10-15; LTL = 97.7; HTL = 98.1; Peak Day = Day 15.

How accurate is that estimate?

Because of normal variations in the time of gestation, no formula can be 100% exact. We estimate that the Prem formula will have the following sort of accuracy:

| Actual date of delivery | Probability |
|---|-------------|
| Within one week before or after the EDC | 65% |
| Within 2 weeks before or after the EDC | 90% |
| Within 3 weeks before or after the EDC | 95% |
| Within 4 weeks before or after the EDC | 99% |

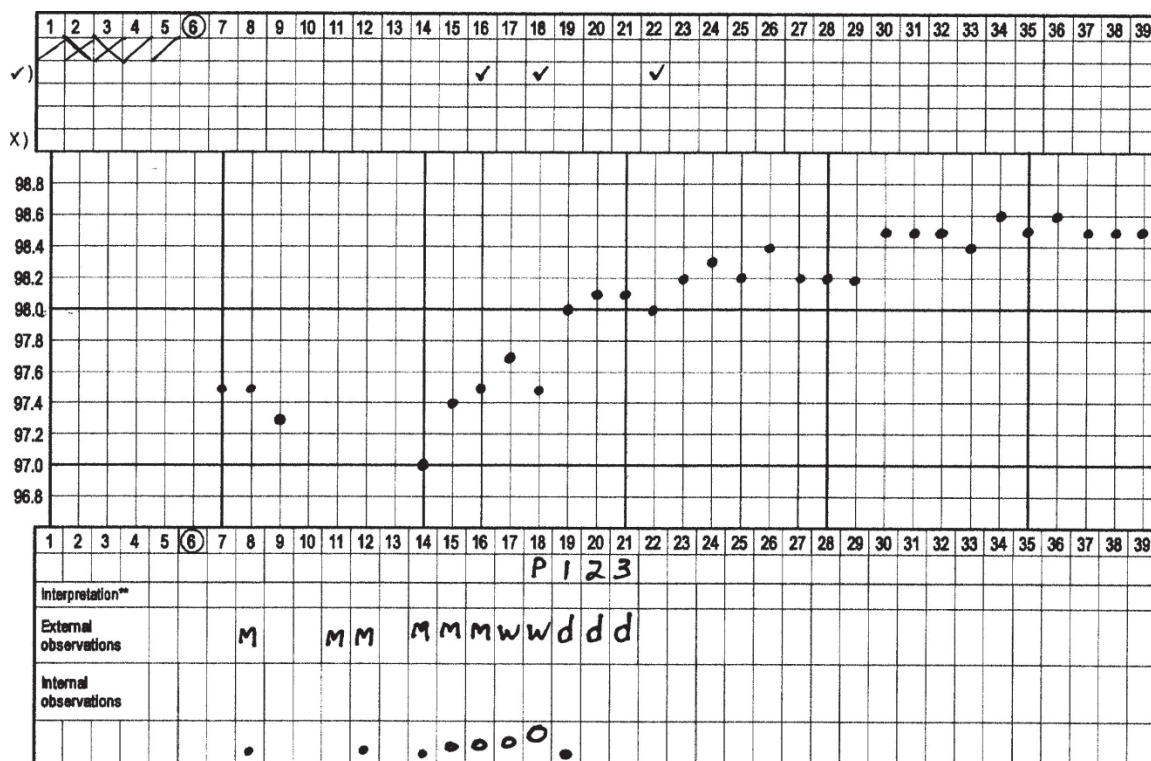
Despite these normal variations, the thermal shift provides the single most accurate way of dating the time of conception, gestational age, and the estimated date of childbirth. It is more accurate than much more elaborate and expensive procedures such as “estimation of uterine size by palpation or measurement, the dates of quickening and engagement of the fetal head and auscultation of the fetal heart tones with the head stethoscope...” or “biochemical and biophysical methods such as estriol, ultrasound and phospholipids...” (Konald A. Prem, “Assessment of Gestational Age,” *Minnesota Medicine*, September 1976, 623).

A very practical use of the Prem EDC.

We have given you this technical information and the reference because it can be very practical. In one case, expectant parents used it to persuade their physician to keep waiting. The baby’s head size was large for his gestational age, and the doctor wanted to induce immediately. The woman, however, had delivered other babies with large heads, and she trusted her temperature graph that indicated the baby wasn’t due for another six weeks. Faced with the above facts and the above article by an expert published in a medical magazine plus the possibility of inducing labor up to two months prematurely, the doctor decided to wait on a week by week basis. The baby came naturally within three days of the temperature-based EDC with no signs of being post-mature, a good six weeks after the time originally planned for induced labor.

In another case, we helped a couple win a battle with their insurance company. The husband was in a new job. The insurance company did not cover delivery expenses of babies conceived before employment. The couple waited patiently until they knew they were covered, but the baby was born prematurely and had additional medical expenses. Armed with their dated temperature graphs and the above information, they were able to persuade the insurance company that the baby was conceived on company time, so to speak. The dated temperature graph of their pregnancy cycle saved them thousands of dollars. Be sure to keep good records.

The following pregnancy-achieving chart is typical. The check marks on Days 16 and 18 indicate times of the marriage act during the fertile time. The achievement of pregnancy is indicated by the temperature pattern remaining elevated for 21 days.



Achieving Pregnancy Chart

Rules for Phase 3, Post-ovulation Infertility

How do you determine Phase 3 infertility?

To determine when you are in Phase 3, you keep making your observations of mucus, cervix, and temperatures. You will notice that the mucus dries up, the cervix closes and becomes lower and firmer, and the temperature shifts upward. You put these signs together in a cross-checking way and apply one of the various rules.

Why are there several Phase 3 rules?

We provide several Phase 3 rules because there are different temperature patterns. *In general, the stronger the temperature pattern, the fewer days of drying-up of the mucus are required.* We try to give you the earliest start of Phase 3 that is consistent with the evidence.

Waiting one more day frequently yields another Phase 3 rule; but when one spouse travels, sometimes waiting an extra day may mean waiting a week. That's why we want to help you determine the earliest start of Phase 3.

Do you have to learn all the rules?

No. We suspect that most couples use just one or two rules almost all of the time. But if they find an unusual pattern, they may find it helpful to check out the other rules.

Do all temperature shifts look the same?

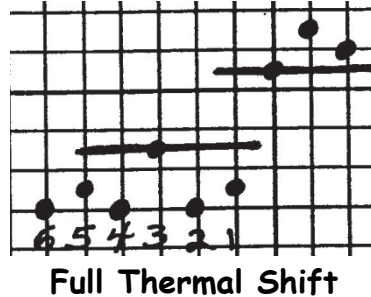
No. You will see different patterns of rising temperatures. We classify three types of rising patterns—*full* thermal shift, *strong* thermal shift, and *overall* thermal shift.

What is a full thermal shift?

A full thermal shift consists of three valid, *consecutive* elevated temperatures that are in this pattern:

1. All three temperatures are at or above the High Temperature Level (HTL).

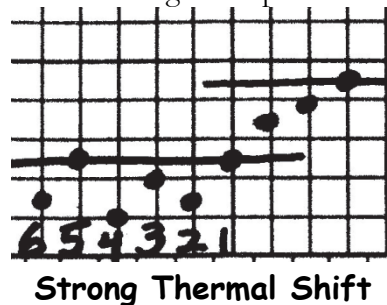
That is, all three temperatures are at least 4/10 of 1° F above the Low Temperature Level (LTL). See page 43 for review of the LTL and HTL.



What is a strong thermal shift?

A strong thermal shift consists of at least three valid, *consecutive* temperatures that are in this elevated or upward pattern:

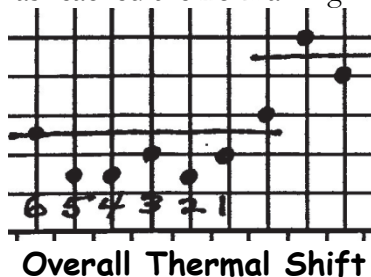
1. Each one is at least 2/10 of 1° F. above the Low Temperature Level (LTL).
2. The *last* one is at or above the High Temperature Level (HTL).



What is an overall thermal shift?

This is the weakest temperature shift. An overall thermal shift consists of at least three valid temperatures that are in this pattern:

1. Each one is at least 1/10 of 1° F. above the Low Temperature Level (LTL).
2. They are in an overall elevated or rising pattern.
3. At least one of them has reached the normal High Temperature Level (HTL).



Note: *The temperatures in the overall thermal shift do not have to be consecutive.* If there is a *disturbed* temperature in the overall thermal shift, a re-start is not required. However, if a *valid* temperature drops to or below the LTL, you need to restart the overall thermal shift count.

We recognize three different patterns—the *full* thermal shift, the *strong* thermal shift, and the *overall* thermal shift. Therefore, four cross-checking rules have been developed to fit the different ways the mucus and temperature signs work together. We also have several temperature-only rules for special situations.

What are the rules for determining the beginning of Phase 3?

Rule **C** is the most conservative rule. Compared to the other rules, it generally postpones the start of Phase 3 for a day, sometimes more. We recommend Rule C only for beginners and for the couple who have a *very serious* reason to avoid pregnancy.

The other three rules—**K**, **R**, and **B**—are based on the principle or logic stated previously: the stronger the temperature pattern, the fewer days of drying-up are needed for a cross-check.

Rule **C** requires a full thermal shift and 4 days of drying-up. (Pages 76-77)

Rule **K** requires a full thermal shift and only 2 or 3 days of drying-up. (78-79)

Rule **R** uses a strong thermal shift and 3 days of drying-up. (80-81)

Rule **B** uses an overall thermal shift and 4 days of drying-up. (82-83)

Adding one day to any of these rules—**K**, **R**, or **B**—should yield the same effectiveness as Rule **C**.

What rule would we use if we had a truly grave or serious reason to avoid pregnancy?

By “truly grave or serious” we mean what Pope Paul VI wrote about in section 10 of *Humanae Vitae*⁵ including the possibility of serious difficulties with pregnancy.

First, we recommend that couples with a very serious reason to avoid or postpone pregnancy should adopt a “Phase-3-only” practice. That is, practice chaste and loving abstinence in Phase 1 and Phase 2. Phase 1 starts on the first day of menstruation.

Second, **add one day to Rule C** to determine the start of Phase 3.

Adding **two days to Rules K, R, and B** probably will achieve the same effectiveness as adding one day to Rule C. In doing so, there will be five days of obvious thermal shift crosschecked by four to six days of drying-up past Peak Day. At that point, we think we would put the matter in the hands of the Lord and trust that we were beyond the fertile time of the cycle. We, the authors, never had a truly grave or serious type of reason, but we think we would have followed this practice if we did.

Do you have any confirmation of this practice?

Yes. Our associate in the Czech Republic, David Prentis, knew Dr. Jozef Roetzer personally and discussed the NFPI Rule R with him. (Rule R is our adaptation of Roetzer’s basic rule), and this is what he wrote about this situation.

“In our program in the Czech Republic (affiliated to NFP International) we teach the same system taught by NFP International. For women with absolutely contraindicated conception (a life and death reason for avoiding pregnancy) we teach Rule R with the following conditions stipulated by Dr. Rötzer: [German spelling]

1) No intercourse or genital contact in Phase 1[and Phase 2];

2) Complete charted observations for the whole cycle;

3) In Phase 3, use only Rule R + **1 day** before assuming infertility. With the onset of bleeding assume fertility. Also, if the temperature drops to the Low Temperature Level before menstruation starts, assume fertility.”⁶

The Roetzer text notes that in 300,000 charted cycles, their organization (INER) has not seen any pregnancies among couples using their standard Phase-3-only rules (that do not use the shaving principle which is explained below).⁷ They added an extra day simply because they recognize that couples can make interpretation mistakes. Roetzer notes that couples in this situation are very grateful for the possibility of being able to come together in the marriage act, even though limited.⁸

The practice we described in the previous question-answer is more conservative than what Dr. Roetzer's clients used so successfully. The choice is yours.

What is the one common requirement for all Phase 3 rules?

All the NFPI cross-checking rules for Phase 3 require at least three days of thermal shift temperatures. The same is true of the temperature-only rules.

When in the day does Phase 3 start?

Phase 3 always begins "on the evening" of a cycle day. To be specific, Phase 3 starts at 6:00 p.m. of the cycle day indicated as the start of Phase 3.

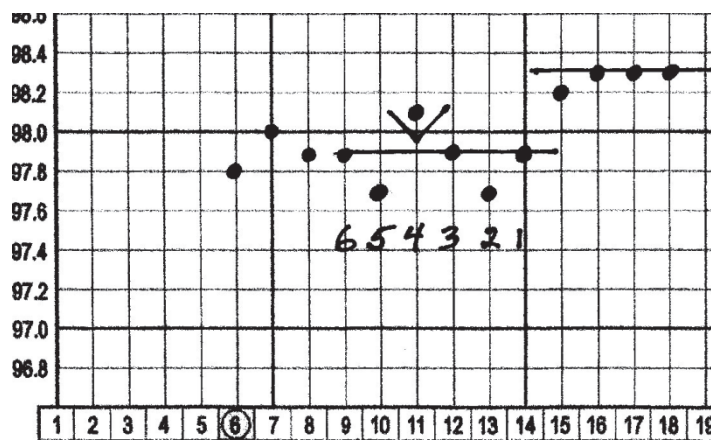
A Fine Point about Temperatures

Before we explain the Phase 3 rules, we want to explain something unusual about the interpretation of the temperature pattern. Experience has shown that sometimes the application of a rule can be held up by one or two out-of-line readings among the pre-shift six temperatures despite an otherwise obvious thermal shift pattern. What we call "shaving" is an effort to apply common sense to this situation.

If you so desire, you can skip these fine points about "shaving" temperatures. These situations occur just often enough that we do not want to ignore them, but you may never have to use this information.

What is meant by "shaving" temperatures among the pre-shift six?

Take a look at the following example, and you will see a problem in applying the normal rules for interpreting the temperatures. You have learned that you set the LTL at the level of the highest of the normal (undisturbed) temps among the pre-shift six. Then you set the HTL at 4/10 of 1° F. above the LTL.



Example of Shaving

In our “Example of Shaving”, you see that the temperature reading on Day 11 is higher than the other five in the pre-shift six. If you set the LTL at the level of the Day 11 temperature and then add 4/10 of 1 degree, you would have an HTL of 98.5. You see that none of the elevated temps are at or above the HTL. You also see that there has been an obvious upward thermal shift. You can see that a higher level of temps has been clearly established. The “shaving principle” was developed for this situation.

What is the shaving principle?

The principle is this: When the interpretation of an otherwise obvious shift in temperature levels is held up by one or two out-of-line temperatures among the pre-shift six, these higher, out-of-line temperatures may be “shaved” slightly in order to get a standard application of the basic rules.

What are the rules for shaving out-of-line temps?

1. Don’t shave unless it’s necessary. That is, don’t shave unless it’s the only way you can get one of the rules to fit on a particular day using the rules below.
2. Shave only when there is an obvious thermal shift above the rest of the pre-shift six temperatures.
3. You may shave only one or two out-of-line higher temperatures.
4. If you shave only **one** temperature, you shave that one temperature down to the highest temp among the remaining pre-shift six temperatures. In the example above, we shaved the temperature on Day 11 down to the level of the next highest temperatures in the pre-shift six, and the shaved LTL was thus established at 97.9°. We interpreted the temperature on Day 15 as the first day of an elevated temperature pattern.
5. If you have to shave **two** out-of-line temperatures, never set the LTL below the **arithmetic average** of the pre-shift six temperatures. Here’s what to do:
 - a) Calculate the arithmetic average: add the values of all six pre-shift temperatures, divide by 6, and round to the nearest tenth. For example, 97.55 and 97.58 round up to 97.6, while 97.54 and 97.52 round down to 97.5.
 - b) Compare that with the level of the highest temperature among the four remaining lower “pre-shift six” temps. Which is higher—the highest temperature among the remaining four “pre-shift 6” temperatures or the arithmetic average?
 - c) Set the LTL at whichever is highest.

Can the shaving principle be used with all the rules?

Strictly speaking, no. The couples who attained the high effectiveness in the studies of Dr. Josef Roetzer did not use the shaving principle. See our comment in connection with that rule, Rule R.

What about the cervix sign?

We have omitted the cervix sign from the rules because it gets too complicated and too wordy to include it. Some experienced women may find that the cervix sign is so much clearer to them than the mucus sign that they will substitute the cervix for the mucus in this and other rules. The woman who finds that both the cervix and the mucus signs are helpful will gain added confidence when at least three or four days of cervix closing or lowering or firmness cross-check the drying-up requirements of the other rules.

RULE C

The "C" stands for Cautious and Conservative. It is the most conservative rule, and it requires at least three days of **full** thermal shift **and** at least **four** days of drying-up past Peak Day. According to Rule C,

Phase 3 starts on the evening of

- 1) the 3rd day (or more) of **full** thermal shift
- 2) cross-checked by 4 or more days of drying-up,
whichever comes later.

Another way of saying the same thing is to state the mucus dry-up first. Thus,

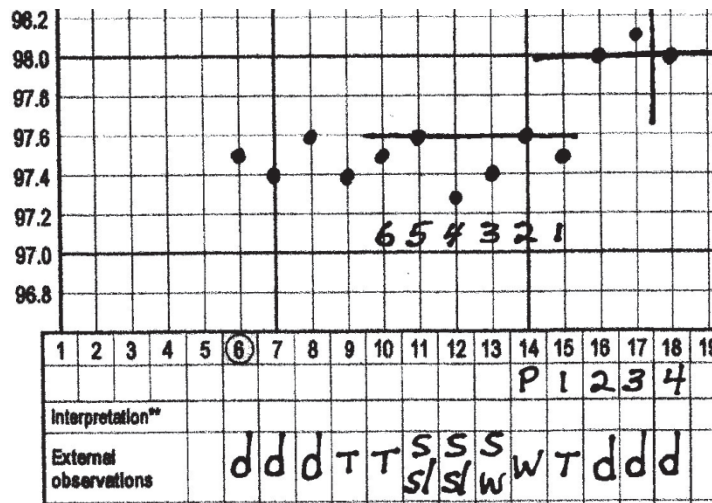
Phase 3 starts on the evening of

- 1) the 4th day (or more) of drying-up
- 2) cross-checked by 3 or more days of full thermal shift,
whichever comes later.

Again, what is a full thermal shift?

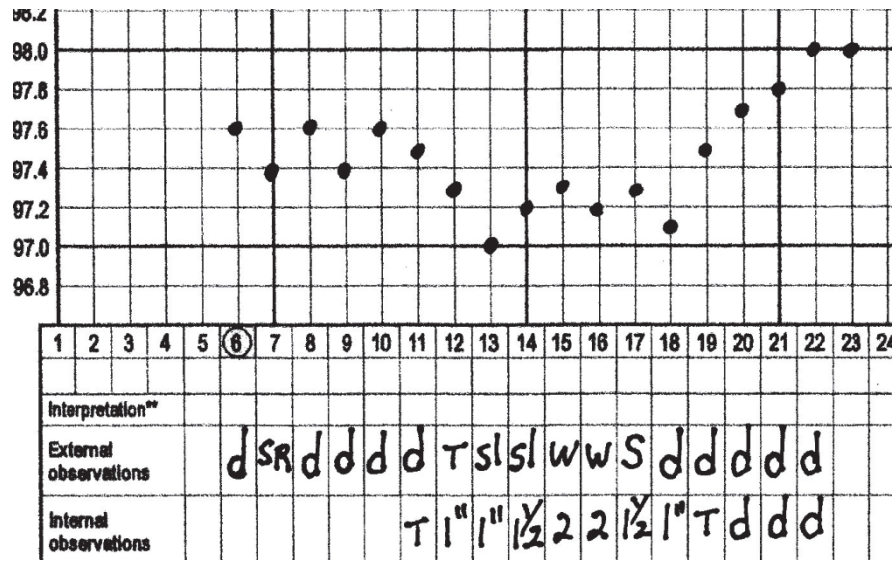
A full thermal shift consists of three valid temperatures **consecutively** at or above the High Temperature Level (HTL).

In the following example, Phase 3 starts on the evening of Day 18 by Rule C using the crosschecking temperature and mucus signs. The phase-division line separating Phase 2 and Phase 3 is drawn between Days 17 and 18.

**Rule C: Evening of Day 18**

Four dry-up days; Three Days of Full thermal shift

Apply Rule C below:



Rule C Practice Chart

Peak Day _____ Pre-shift 6 _____ LTL _____ HTL _____

Rule C: Evening of Day _____
(Answers, bottom of page 80)

Is there an earlier start of Phase 3? Yes. See Rule R on page 80.

RULE K

According to Rule K,

Phase 3 starts on the evening of

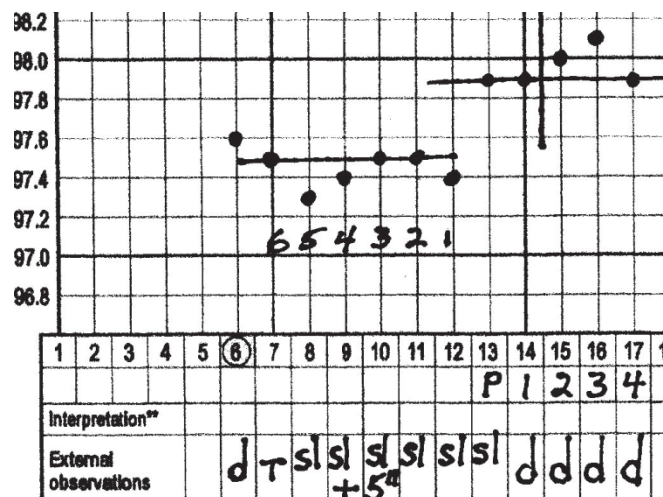
- 1) the 3rd day (or more) of *full* thermal shift
- 2) simultaneously cross-checked by 2 (or 3) days of drying-up past the Peak Day.

The full thermal shift must be maintained during the days of drying-up.

Why does this rule require only two days of drying-up?

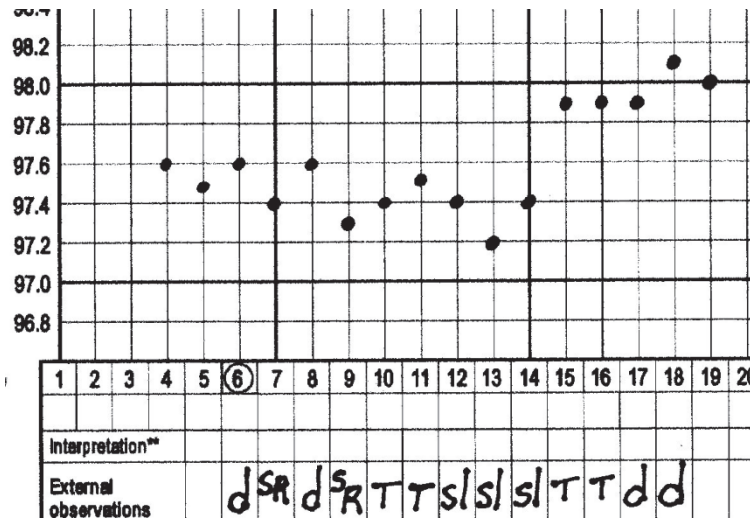
This rule relies on temperature-only studies that reported excellent results with a three-day full thermal shift without any cross-check from the mucus sign. The question is this: If 99% levels of effectiveness can be achieved with a three-day thermal shift, is it necessary to wait for three or four days of drying-up?

In making it a cross-checking rule, Doctor Prem and the Kippleys added two days of drying-up in order to make sure that the temperature rise wasn't caused by invalid or disturbed temperatures. With this rule, three days of full thermal shift need to be cross-checked by two or three days of drying-up.



Rule K: Evening of Day 15

Strongest temperature pattern; Minimum dry-up required

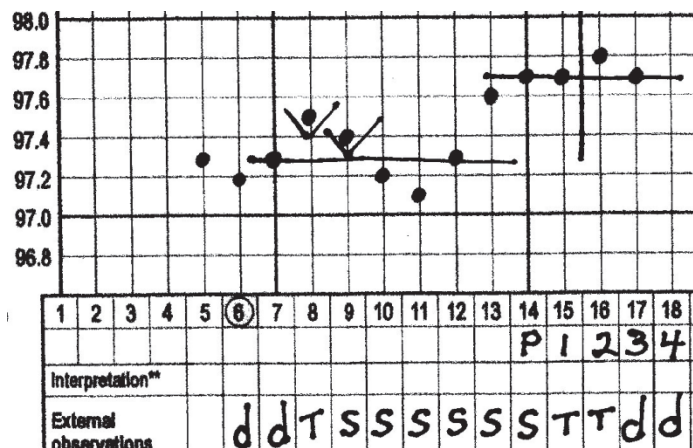
Apply Rule K below:**Rule K Practice Chart**

Peak Day _____ Pre-shift 6 _____ LTL _____ HTL _____

Rule K: Evening of Day _____
(Answers, bottom of page 81)

Can we use shaving with Rule K?

Yes, but shaving slightly weakens the temperature sign, at least theoretically. So, if you have to shave, you should have a stronger combination of temperature rise and mucus drying-up. If you shave with only two days of drying-up, you need four days of thermal shift, with the last three at the High Temperature Level. (This example is shown below.) If you have three days of drying-up, you can be satisfied with three days at the High Temperature Level.

**Rule K: Evening of Day 16**

With shaving, Rule K needs stronger combination:
3 dry-up days or 4 days of thermal shift with the last three days at the HTL

RULE R

According to Rule R,

Phase 3 begins on the evening of

- 1) the 3rd day of drying-up past Peak Day
- 2) cross-checked by 3 or more consecutive days of *strong* thermal shift past Peak Day.

What is the basis for Rule R?

Rule R is based on the work of the Austrian researcher Dr. Josef Roetzer, who used the Celsius scale; our Rule R uses a Fahrenheit translation of that measurement scale.

Again, what is a *strong* thermal shift?

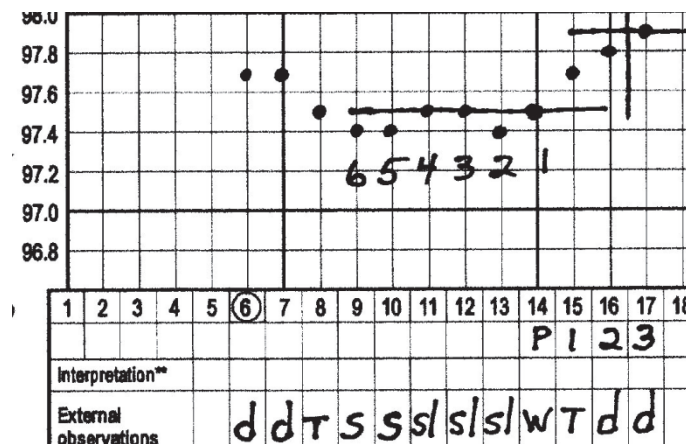
A strong thermal shift consists of at least three valid, consecutive temperatures that are in this elevated or upward pattern:

1. Each one is at least 2/10 of 1° F. above the Low Temperature Level (LTL).
2. The last one is at or above the High Temperature Level (HTL).

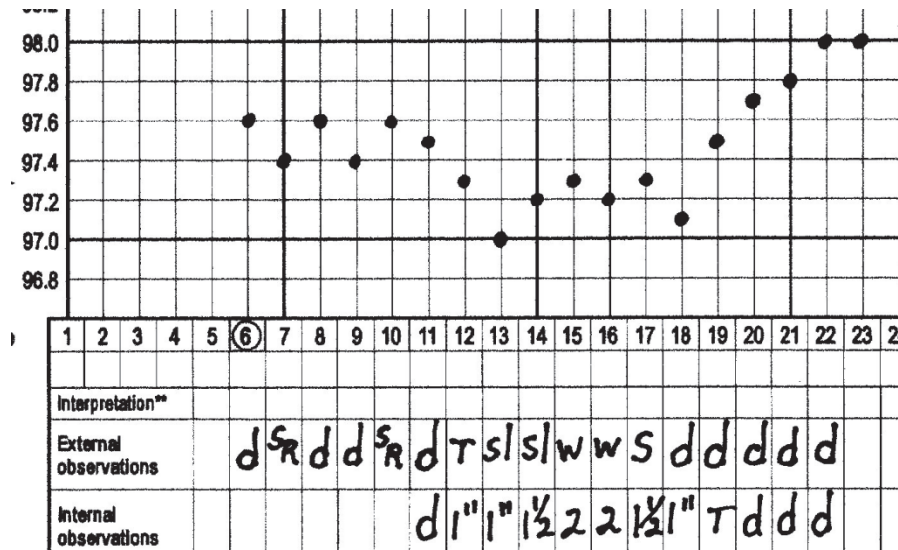
When would you use Rule R? How can you remember it?

You are three days past Peak Day. On P + 3, your temperature pattern does not fulfill the requirements of a *full* thermal shift, but it does meet the requirements of a *strong* thermal shift. That's when you use Rule R.

Remember that it's a “*three and three*” rule. Three days after Peak Day are cross-checked by three days of strong thermal shift after Peak Day. When you get to P + 3, ask yourself if you also have three days of an upward strong thermal shift on your 3 dry days.



Rule C Practice Chart on page 77: Peak Day = Day 18; Pre-shift 6: Days 13-18;
LTL = 97.3; HTL = 97.7; Rule C = Evening of Day 22.

Apply Rule R below:**Rule R Practice Chart**

Peak Day _____ Pre-shift 6 _____ LTL _____ HTL _____

Rule R: Evening of Day _____

(Answers, bottom of page 83)

Can we use "shaving" with Rule R?

The couples in Dr. Roetzer's studies did not use the shaving principle in achieving their very high effectiveness rates. On the other hand, we think that a minor bit of shaving is okay by common sense. Our suggestion: Do not shave more than one temperature by more than 1/10 of 1° F.

Rule K Practice Chart on page 79: Peak Day = Day 14; Pre-shift 6: Days 9-14;
LTL = 97.5; HTL = 97.9; Rule K = Evening of Day 17.

RULE B

According to Rule B,

Phase 3 begins on the evening of

- 1) the 4th day of drying-up past Peak Day
- 2) cross-checked by 3 (or more) days of
overall thermal shift past the Peak Day.

What is the basis for Rule B?

Drs. John and Lynn Billings of Australia began to advocate in 1971 that couples can use the mucus sign by itself without any cross-check from the temperature sign. They state that Phase 3 begins at 12:01 a.m. on the fourth day past Peak Day, but it has been common to use a P + 4 rule that says that Phase 3 begins on the evening of fourth day past Peak Day. Our Rule B uses the latter rule and adds a temperature cross-check.

Again, what is an overall thermal shift?

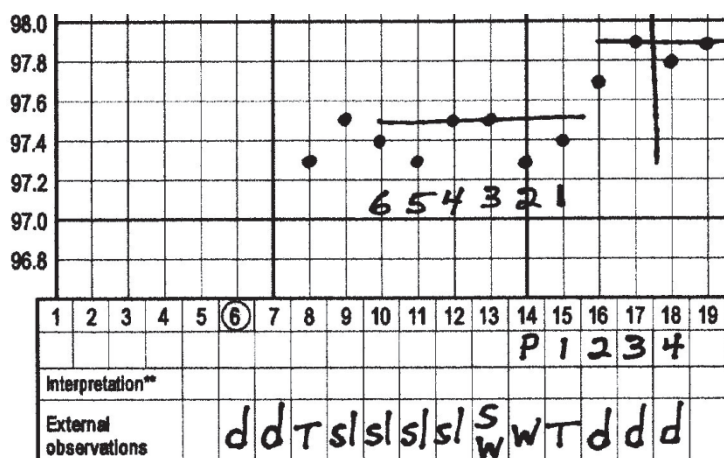
An overall thermal shift consists of at least three valid temperatures that are in this pattern:

1. Each one is at least 1/10 of 1° F. above the Low Temperature Level (LTL).
2. They are in an overall elevated or rising pattern, but not necessarily consecutive. That is, a missed or disturbed temperature would not count as part of the shift, and it would not require you to restart the thermal shift count.
3. At least one of them has reached the normal HTL of 4/10 of 1° F. above the Low Temperature Level.

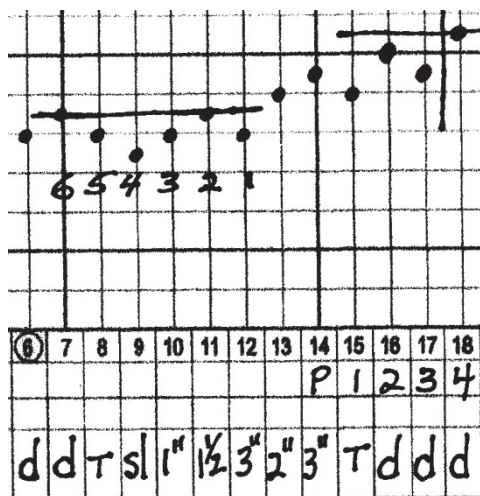
Only the temperatures *after* Peak Day are counted among those necessary to cross-check the drying-up of the mucus.

When would you use Rule B?

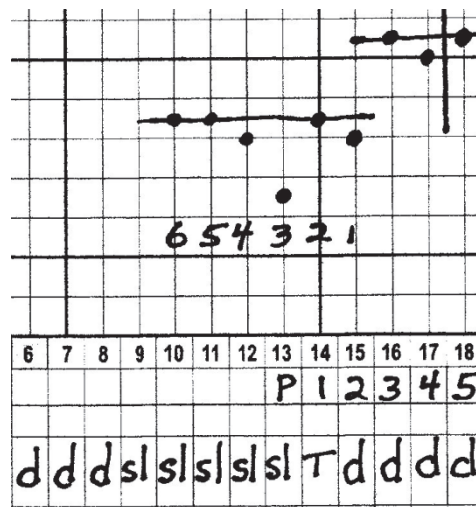
Your temperature pattern is weaker than the *full* and/or *strong* thermal shift patterns. You have a good drying-up pattern. On Peak Day plus 4, you see that your temperature pattern fulfills the weaker requirements for an overall thermal shift.

**Example B-1**

In Example B-1, the third day of *overall* thermal shift coincides with the fourth day of drying-up to indicate the evening of Day 18 as the start of Phase 3.



Example B-2

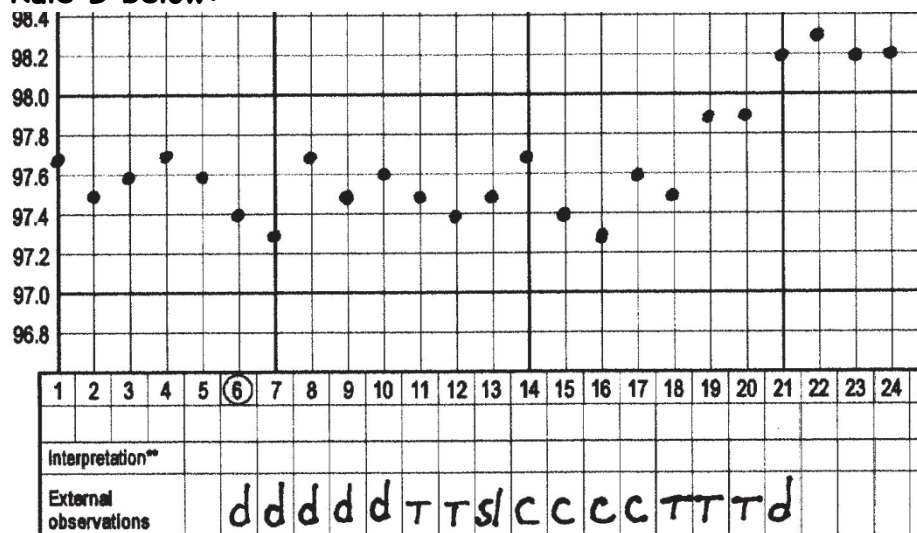


Example B-3

In Example B-2, the temperatures start to rise before Peak Day, but only those *after* Peak Day are counted. Rule B begins the evening of Day 18.

Example B-3 illustrates that sometimes more than four days of drying-up are required while waiting for the cross-check of three days of thermal shift. Rule B begins the evening of Day 18.

Apply Rule B below:



Rule B Practice Chart

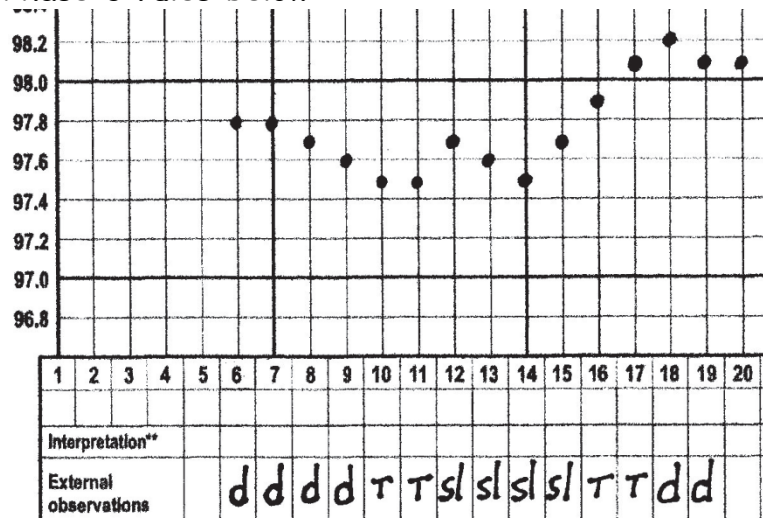
Peak Day _____ Pre-shift 6 _____ LTL _____ HTL _____

Rule B: Evening of Day _____

(Answers, bottom of page 85)

Rule R Practice Chart on page 81: Peak Day = Day 18; Pre-shift 6: Days 13-18;
LTL = 97.3; HTL = 97.7; Rule R = Evening of Day 21.

Apply two Phase 3 rules below:



Phase 3 Practice Chart

Peak Day _____ Pre-shift 6 _____ LTL _____ HTL _____

Rule _____ = Evening of Day _____ Rule _____ = Evening of Day _____
(Answers, bottom of page 85)

Can you use the cervix sign cross-checked with the temperature sign?

Probably, but no research has been published on this particular combination. We would recommend at least three days of a well-elevated temperature pattern to cross-check the four days of cervix closing and/or four days of descent and firmness of the cervix.

Do all the Sympto-Thermal rules and the temperature-only rules require at least 3 days of thermal shift?

Yes. All the rules require *at least* three days of thermal shift. The start of Phase 3 does not come until the evening of the *third* day of the thermal shift, or later in some temperature-only rules.

What are the Temperature-only Rules?

There are three temperature-only rules. The first two deal with ordinary cycles. The third deals with the first few cycles just off the Pill.

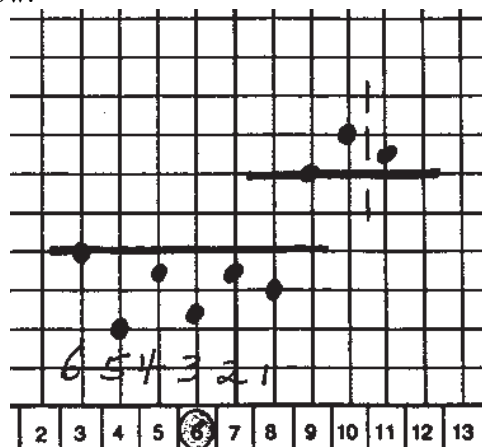
1. Phase 3 begins on the evening of the third day of full thermal shift.

This is the rule that has been described in some of the temperature-only literature such as that done in the 1960s by Vincent, Doering, and others. They found it to be highly effective. See an example of the Three-Day Temperature-Only Rule in the left graph on the following page.

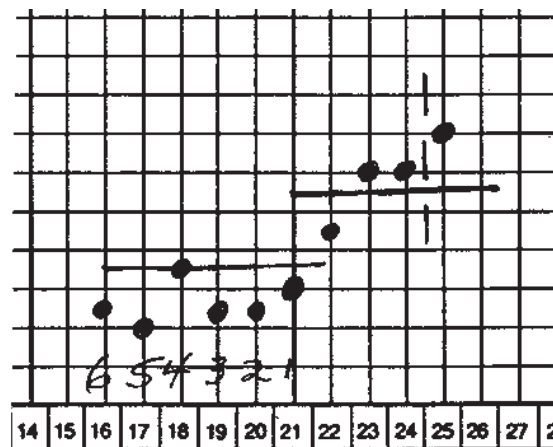
2. Phase 3 begins on the evening of the fourth day of an upward thermal shift in which the last three days are consecutively at the HTL.

This rule reflects our conservative, sympto-thermal, cross-checking bias. Our cross-checking rules call for at least two days of mucus drying-up to cross-check an upward full thermal shift. In our opinion, the *only* reason to use a Temperature-only (T.O.) rule

is that you are unable to find a usable mucus pattern. So, to make up for the lack of a mucus cross-check, we have added a fourth day of elevated temperatures. In this four-day pattern, the first temperature does not have to be at the full HTL. It can be anything above the LTL—1/10, 2/10, or 3/10s above it. The last three days have to be at the HTL level. See an example of the Four-Day Temperature-Only Rule in the right graph below.



Three-Day T.O. Rule



Four-Day T.O. Rule

3. In the first few cycles coming off the Pill, Phase 3 begins on the evening of the fifth day (or more) of an upward thermal shift in which the last three days are consecutively at the HTL and in which the last day is a mucus-dry or drying-up day. See Chapter 5 for coming off the Pill.

General Questions about the Phase 3 Rules

What is the relative effectiveness of the different STM rules?

There are no scientifically controlled studies that compare one rule with another. However, independent research indicates that each Phase 3 rule has a perfect-use effectiveness at the 99% level. (“Perfect use” means that the couples followed the rules correctly all the time.) In addition to the Roetzer, Wade and Doering studies already referenced, the most recent affirmation of the 99% level of effectiveness for the Sympto-Thermal Method was demonstrated in 2007 by Petra Frank-Herrmann and others.⁹

The effectiveness of all the rules depends upon valid observations. If the first day of upward thermal shift is a disturbed temperature, it shouldn’t be counted as part of the thermal shift. If a woman isn’t sure about the first day of drying-up, she shouldn’t count that day as a drying-up day. If there is a disturbed temperature in the thermal shift, don’t count it; wait another day and try to apply Rule B or wait for another three elevated temperatures.

Rule B Practice Chart on page 83: Peak Day = Day 17; Pre-shift 6: Days 13-18; LTL = 97.7; HTL = 98.1; Rule B = Evening of Day 21.

Phase 3 Practice Chart on page 84: Peak Day = Day 15; Pre-shift 6: 10-15; LTL = 97.7; HTL = 98.1; Rule C = Evening of Day 19; Rule R = Evening of Day 18.

Will strict adherence to the rules guarantee a 100% level of effectiveness?

No. The available evidence shows that a 99% level of effectiveness can be attained (one surprise pregnancy per 100 woman-years of use). We think that the effectiveness of the Phase 3 rules can be raised closer to the level of 100 percent effectiveness by following the Phase-3-only rules for “grave or serious reason” reasons on pages 73-74, but in absolute terms there are only three 100% “methods” of conception regulation:

- 100% abstinence from the marriage act;**
- Castration of both testicles (*not* vasectomy);**
- Removal of both ovaries (*not* tubal ligation).**

Special Situations

Certain situations are either fairly universal or are more or less one-time events in a couple’s reproductive history. These include coming-off-the Pill, premenopause, breakthrough bleeding, and some other events relevant to natural family planning. For these, see Chapter 5.

How do we get started?

Read Chapter 7 on “Witness” and Chapter 8 on “Getting Started.”

How can I learn more about NFP?

To learn more about natural family planning, you can take the Home Study Course which is available at the NFPI website, www.NFPandmore.org. Additional information and support is also available through articles, blogs and research at the NFPI website.

In some areas, NFP International offers classroom courses and we hope to expand this service.

If you and your spouse are interested in promoting and/or teaching for NFPI, contact us at the NFPI website given above.

Endnotes

¹ Josef Roetzer, “The Sympto-Thermal Method: Ten Years of Change,” *Linacre Quarterly* 45:4 (November, 1978) 368-370. In this study, couples used Day 6 as the end of Phase 1. The overall user pregnancy rate in this study was 0.8 per 100 woman years; the pregnancy rate of the first six days of the cycle was 0.2 per 100 woman-years based on one pregnancy in 8,532 cycles.

² Maclyn E. Wade, Phyllis McCarthy, et al., “A Randomized Prospective Study of the Use-Effectiveness of Two Methods of Natural Family Planning,” *Am J. Ob. And Gyn* 141-4 (Oct 15, 1981) 368-376.

³ G. K. Doering, “The reliability of temperature records as a method of contraception,” *Deutsche medizinische wochenschrift* 92:23 (June 9, 1967) 1055-1061. Abstracted in 1968 *Yearbook of Obstetrics and Gynecology*, 354. Available at www.nfpandmore.org, NFP Resources, NFP Articles, 1967.

⁴ Wade, op cit.

⁵ Pope Paul VI, “In relation to physical, economic, psychological and social conditions, responsible parenthood is exercised, either by the deliberate and generous decision to raise a numerous family, or by the decision, made for grave motives and with due respect for the moral law, to avoid...a new birth.”

⁶ David Prentis, comment posted to NFPI blog dated 30 April 2017; at www.nfpandmore.org, Blogs.

⁷ Josef Rötzer, M.D., with Elisabeth Rötzer, *Natural Conception Regulation: The Way of Partnership—The Sympto-Thermal Method*, translated by David Prentis, Inst. Nat. Regln of Cncptn, 2009, 99 and 112.

⁸ Prentis, blog comment above.

⁹ Petra Frank-Herrmann et al., “The effectiveness of a fertility awareness based method to avoid pregnancy in relation to a couple’s sexual behavior during the fertile time: a prospective longitudinal study,” *Human Reproduction* (February 20, 2007) 1-10.

God is faithful and will not permit you to be tempted beyond your strength, but with the temptation will also give you a way out so that you may be able to bear it. — 1 Corinthians 10:13

Chapter 5

Special Situations

What is a special situation?

A special situation can occur when:

- you have something unusual occurring during a cycle, such as breakthrough bleeding or irregular shedding;
- you are not cycling, such as during extended breastfeeding;
- you are having very long cycles, such as during premenopause;
- you observe no thermal shift between menstruations;
- you are in transition, such as coming off the Pill or the hormonal shot.

A common element

What most, but not all, special situations have in common is a delayed ovulation. The days or weeks before you are close to ovulation fall into four categories.

1. Complete mucus-dryness.
2. A continuous less-fertile type of mucus.
3. Patches of mucus—of any type—separated by dry days.
4. Patches of more-fertile mucus separated by days of less-fertile mucus.

What is a mucus patch?

We repeat our definition as stated in the mucus-related section of Chapter 3, “Interpreting the Signs of Fertility,” page 48.

A mucus patch is the group of days on which you notice cervical mucus. It begins with the first day of mucus and ends on Peak Day. We do not count the days of less-fertile mucus after Peak Day. Thus, if you have four days of mucus *before* Peak Day, you have a 5-Day mucus patch including Peak Day.

What is an “ovulation mucus patch”?

This is the mucus patch associated with ovulation. In some cycles there may be more than one mucus patch, but only one of them is associated with ovulation. This is the one that is followed by an upward thermal shift.

What are “on and off” patches?

In some cycles, a woman will experience more than one mucus patch. Some patches will have only less-fertile mucus; others will also have one or more days of more-fertile mucus.

Does this happen very often? When does it occur?

On-and-off mucus patches are rare during normal fertile cycles. They are normally associated only with longer cycles in which ovulation is delayed. It is more common when fertility is returning after childbirth, in cycles off the Pill or the Shot, and during premenopause.

What do you do when you are not sure what is happening during a long cycle without any thermal shift?

If pregnancy is desired, the couple looks for signs of fertility to achieve pregnancy. If pregnancy is not desired, we provide a regimen that we and others have followed during very long cycles. We call them *the Basic Rules of Extended Phase 1* to be used during these times when you do not have normal cycles.

The Basic Rules of Extended Phase 1

These guidelines assume that the wife normally has an ovulation mucus patch of at least 5 days including Peak Day in recent cycles. The exception to the 5-day mucus patch recommendation is during premenopause when less mucus occurs.

The “*Standard Phase 1 Rules*” are “not in the morning” and “not on consecutive days” as explained in Chapter 4. Once Phase 2 starts, abstain until the start of Phase 3.

1. Continuous dry days

Apply the *Standard Phase 1 Rules* of “not in the morning” and “not on consecutive days.”

2. Continuous less-fertile mucus days

If you can clearly distinguish the start of the more-fertile mucus *at least 5 days* before Peak Day, then you can apply the *Standard Phase 1 Rules*. This assumes at least a 6-day more-fertile mucus patch as explained in the next paragraph.

If you develop a pattern of continuous less-fertile mucus, we suggest waiting it out during the first one or two cycles to make sure you can detect the change to the more-fertile mucus sufficiently before ovulation. If your own experience shows that you are able to detect the onset of the more-fertile type mucus or the opening or elevation or softening of the cervix *at least five days* before Peak Day, then you run only a very small chance of a surprise pregnancy from the marriage act during the time of the definitely less-fertile mucus. This assumes, of course, that you abstain from the marriage act after the first show of more-fertile mucus or the opening or rising of the cervix.

On the other hand, if you can detect the change to the more-fertile mucus *only four days* before Peak Day, there is a slightly increased chance of pregnancy, but we think it is still a small risk. Remember, this advice is for the woman who has all-the-time less-fertile mucus.

If you are able to detect the change to the more-fertile mucus *only three days to one day* before Peak Day, we believe there is a significant risk of pregnancy from the marriage act on a day of less-fertile mucus that close to Peak Day.

The above comments are not based on any published research because we are not aware of any such research. Rather, they are estimates based on the research showing that ovulation *frequently* occurs on Peak Day and on the days just before and after Peak Day but may occasionally—and very rarely—occur as early as three days before Peak Day. In addition, on the basis of charts from women in their normal fertile years, we believe that even the less-fertile mucus may modify the vaginal environment sufficiently to allow sperm to live for 72 hours—or even longer in some cases.

3. Patches of mucus separated by dry days

We would consider the mucus patch as possibly a fertile time and abstain. We would check the cervix daily and record temperatures daily. We would count the last day of the mucus patch as a Peak Day and count 4 dry days (P+4). Then if the temperatures remained low and the cervix was closed, firm and low, and the mucus absent, we would consider ourselves back into Phase 1 infertility on the evening of P+4, and we would apply the ***Standard Phase 1 Rules***.

4. Patches of more-fertile mucus separated by days of less-fertile mucus

The question here is whether you can consider the days of less-fertile mucus as if they were dry and infertile. Experience is very helpful here. After you have been through several of these on-and-off patches, you can see by hindsight that the days of less-fertile mucus between the more-fertile patches were infertile days. If you have enough experience so you can notice the change from less-fertile to more-fertile mucus at least 5 days before Peak Day of an ovulation-related mucus patch, then you can be more confident in treating the less-fertile mucus days as if they were dry days and thus infertile. It is also very helpful to have good experience with the cervix sign.

With that sort of experience, we would treat the less-fertile mucus days as dry days and treat the situation as “Patches of mucus separated by dry days” above. That is, we would consider the more-fertile mucus patch as a fertile time and abstain. We would check the cervix daily and record temperatures daily. We would count the last day as a Peak Day and count 4 dry days (P+4). Then, if the temperatures remained low and the cervix was closed, firm and low, and the more-fertile mucus was absent, we would consider ourselves back into Phase 1 infertility the evening of P+4, and we would apply the ***Standard Phase 1 Rules***.

The *advantage* of this pattern of interpretation is that it can reduce abstinence. Its success depends on getting an indication of fertility from the cervix and more-fertile mucus signs sufficiently before ovulation and abstaining accordingly.

What if the temperature rises after Peak Day?

If the temperatures start to rise near or after Peak Day, we would abstain until the start of Phase 3 by a cross-checking rule.

What if more than usual abstinence is required during these times?

In what we say about abstinence, we are assuming that you are a married couple who have decided to live a chaste married life and not to use contraceptive behaviors. If you are unmarried, you should not be engaging in premarital sex because it fails to be a marriage act and is therefore dishonest.

If more than usual abstinence is required at some time, offer it up in reparation for sins against chastity—your own sins and those of your family and extended families, your friends, your local congregation and your community. Transform any difficulties you encounter into redemptive suffering by uniting your difficulties with the suffering of the Lord Jesus who suffered and died for our sins. You may also find support by reading the witnesses in Chapter 7.

In this chapter of the manual we will cover some common special situations. When we say “Follow the *Basic Rules of Extended Phase 1*, we are referring to the rules given on the previous two pages.

What are the special situations covered in this section?

The special situations covered in this chapter are these:

1. Coming off the Pill and other non-injectables
2. Coming off the hormonal shot
3. Breakthrough bleeding
4. Irregular shedding
5. Miscarriage
6. Anovulatory cycles
7. Premenopause

1. Coming off the Pill and the other non-injectables

Will your first cycles off the Pill be normal?

Probably not—at least in the sense of being typical of what you will experience once your system gets rid of the Pill’s synthetic hormones.

Will your first cycle off the Pill be fertile?

That’s impossible to predict. Several factors come into play—what kind of Pill you used, how long you used it, and the effects it had on your body.

Should you try to become pregnant right away?

In our opinion you should wait at least three months before you seek pregnancy. By that time, most of the residues from the Pill have probably left your body.

Are mucus and temperature signs equally helpful at this time?

While the temperature readings may be erratic at first, they tend to stabilize before ovulation. Ovulation may be delayed during your first cycles off the Pill. If you ovulate, you will most likely be able to discern clearly an upward thermal shift. Further, there is some indication that the Pill damages the glands in the cervix that secrete mucus. The bottom line is that daily temperature readings are usually very helpful in your first two or three cycles off the Pill while your mucus sign may be less helpful.

What rules should you use when coming off the Pill?

- Begin to abstain and to chart as soon as you decide to stop using the Pill.
- Abstain during Phase 1 in your first cycle. Don't go beyond Day 6 in your second and third cycles.
- Abstain during Phase 2 for at least the first three cycles, even if you are seeking pregnancy.
- Use the five-day Temperature-only Rule described below for the start of Phase 3.

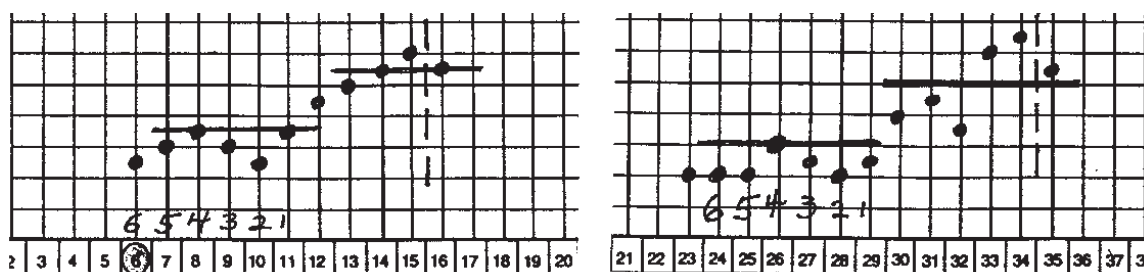
What is the Temperature-only Rule for coming off the Pill?

Phase 3 begins on the evening of

- 1) the fifth day of an upward thermal shift in which the last three days make a full thermal shift and
- 2) in which the last day is a mucus-dry or drying-up day.

We developed this variation for women coming off the Pill. It starts with the three-day full thermal shift (see Chapter 4 for its definition). Then it adds one day to make up for the lack of a two-day cross-check from the mucus dry-up pattern. It adds another day to help make up for the lack of experience. In other words, it adds a "just-for-beginners" day.

We think that by the fifth day of well-elevated temperatures the mucus should be drying up even though the hormonal residues from the Pill may still be around. So if there is not even one day of drying-up, we are uncertain about what is happening. That's why we have added the provision that at least the last day of the elevated temperature pattern should be a mucus drying-up day. Note that in the right hand graph below, the overall rising pattern was six days before the start of Phase 3. The last three days have to be at the full thermal shift level.



Five-Day Temperature-Only Post-Pill Rule

In our opinion, couples coming off the birth control pill ought to be conservative in their interpretation. The makers of the Pill have generally advised waiting a few months to seek pregnancy. Perhaps they fear a lawsuit in the event of any birth defects that might be blamed on their products still in your system. It makes sense to us to wait for your system to cleanse itself of the artificial hormones in the Pill.

For how many cycles off-the Pill should couples use this rule?

Judging from off-the-Pill charts we have seen, we think that by the third or fourth cycle, your system is controlled by your own natural hormones. We are not, however, aware of any scientific research that has attempted to demonstrate when the Pill residues are completely out of your body.

What can you expect when coming off the Patch, a non-injectable hormonal device or drug as well as the Pill?

Non-injectable hormonal birth control drugs and devices include the Patch, implants, the vaginal ring, and hormone-secreting IUDs in addition to the Pill. What they all have in common is that when you stop using them, the source of the drug is removed. The chemical effort to suppress ovulation and/or to prevent implantation wears down, and your body soon starts its usual effort to be fertile. You may ovulate before your first menstruation.

What rules should apply to those coming off any non-injectable?

Follow the rules for coming off the Pill and the Five-Day Temperature-Only Post-Pill Rule.

2. Coming off the hormonal Shot

What can you expect when coming off the Shot?

The Shot, whenever it was injected, controls your reproductive system until it is cleared from your system. Menstrual cycles can be delayed for three to four months or even longer, and the ability to conceive and maintain a pregnancy may be delayed even further.

Unfortunately, it continues to act as a contraceptive and/or abortifacient, as indicated in Chapter 1. That is why we are obliged to say that you should begin a time of chaste abstinence as soon as you make the decision to live a chaste marriage and get off the Shot.

The moral question: how long do you need to abstain?

When coming off the non-injectable drugs, fertility returns relatively soon, and thus the time of abstinence is generally only a few weeks. When coming off the Shot, the return of fertility is much more delayed. After all, that's the whole purpose of the injection.

The moral question is this: After stopping the Shot, is abstinence morally required until you have scientific certainty that your fertility has returned? Or is there a time at

which the contraceptive and abortifacient actions of the Shot give way to natural pre-ovulation infertility? And if so, how could you tell when that began? And might it offer possible times of natural infertility before ovulation occurs?

How can you be certain that your fertility has returned?

The only way that you can be scientifically certain from your ordinary signs that your fertility has returned is the combined mucus and temperature indication that you have ovulated—a mucus patch followed by drying-up and an upward temperature shift. A mucus patch by itself does not necessarily indicate you have ovulated or are very near ovulation, especially when coming off the Shot or the Pill. In this situation, you *may* have several off-and-on mucus patches before ovulation finally occurs as shown by elevated temperatures.

Is there a time when the effects of the Shot give way to natural pre-ovulation infertility?

It sounds reasonable that after the effects of the Shot wear off it may take a while for your normal fertility cycle to become established once again. It seems reasonable that once your own hormones start to control your cycle, you may have patches of mucus. The days between patches may be infertile, perhaps naturally infertile and available for the marriage act as in an Extended Phase 1. The trouble is, we don't know with certainty. That is why we find this entire subject troubling. Nevertheless, we offer a possible solution below.

A possible solution

The following steps may provide a path that is reasonably certain not to be taking advantage of the birth control effects of the Shot.

- Abstain as soon as you make the decision for marital chastity.
- Mark the date when the next injection was scheduled. Presumably, this is the time when the old shot would start wearing off considerably.
- Abstain for another four weeks beyond that date.
- Consider any cervical mucus after those four weeks as a sign that normal fertility is trying to return and abstain. Consider that this means that the contraceptive and abortifacient power of the Shot is no longer operative.
- If you have on-and-off mucus patches, consider the mucus patches as Phase 2 and abstain.
- If you have sufficient dry days between the patches, apply the *Basic Rules for Extended Phase 1 Rules* between the patches (as described earlier in this chapter).
- Continue this until you are in Phase 3 according to a Sympto-Thermal rule or the 5-Day Temperature-only rule for coming off the Pill.
- Wait for at least two more complete cycles before seeking pregnancy.

3. Breakthrough Bleeding

What is breakthrough bleeding and what causes it?

This is a bleeding episode that may resemble menstruation, but it is not. The lining of the uterus builds up to such a degree that the very top layers cannot be sustained and are sloughed off. It tends to occur when ovulation is delayed in that cycle. The temperature sign is very helpful at this time.

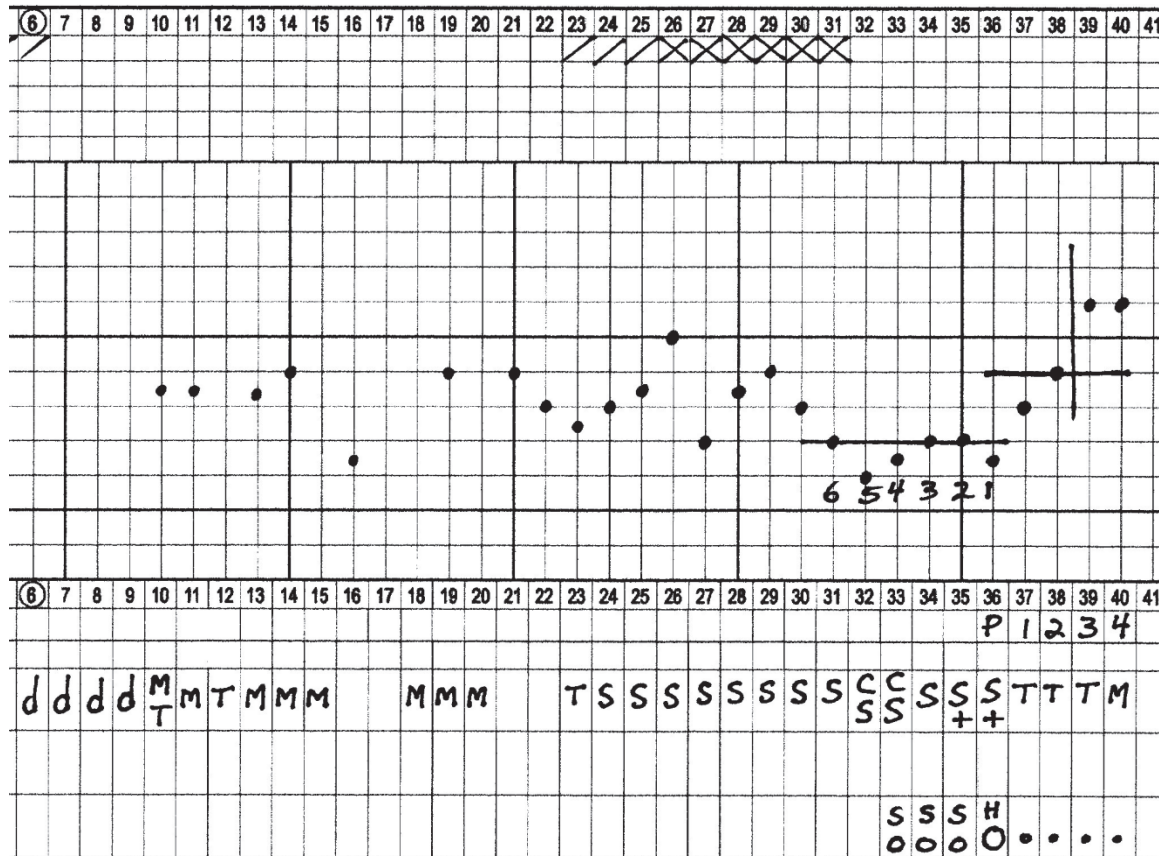
What might you experience with breakthrough bleeding?

The bleeding may be spotting or may look like regular menstruation. You may notice lots of mucus during and after the bleeding. With breakthrough bleeding, three things occur:

- 1) You have bleeding prior to the shift in temperatures.
- 2) More-fertile mucus is present during the bleeding and after the bleeding stops.
- 3) An upward temperature shift occurs shortly after the bleeding stops.

Is this a fertile time?

Yes. If you engage in the marriage act during breakthrough bleeding, pregnancy might occur since ovulation soon follows. When you look at the following chart, keep in mind that ovulation sometimes occurs one or two days before or after Peak Day, and even as much as three days before or after Peak Day in a few cases.



Breakthrough Bleeding

How do you distinguish breakthrough bleeding from a true menstruation?

The key is that breakthrough bleeding is **not** preceded by a sustained thermal shift. On the other hand, a true menstruation at the end of an ovulatory cycle **is** preceded by a sustained upward thermal shift.

In the example we present on the previous page, you would know by the low temperatures before Day 23 that this bleeding might be breakthrough bleeding, especially when you notice lots of mucus present at this time.

This chart shows breakthrough bleeding on Days 23 through 31. Her temperatures remained low and on Day 24 she began to notice stretchy mucus. The woman told us that the “mucus was very stretchy on Days 35 and 36,” and that from Day 41 to Day 47 all her temperatures stayed above 98.0°. She began to chart her cervix sign on Day 33. She observed a very open cervix on Day 36 and said her cervix was “nearly closed” on Day 37. Her menstruation began on Day 48. Thus this was a 47-day cycle. Phase 3 began the evening of Day 39 by Rule R and Day 40 by Rule C and Rule B.

What is the practical meaning of breakthrough bleeding?

It provides a good reason to use the temperature sign along with the other signs. Only an elevated temperature sign gives you a positive assurance that a bleeding episode is a true menstruation coming at the end of an ovulatory cycle.

4. Irregular Shedding

What is irregular shedding?

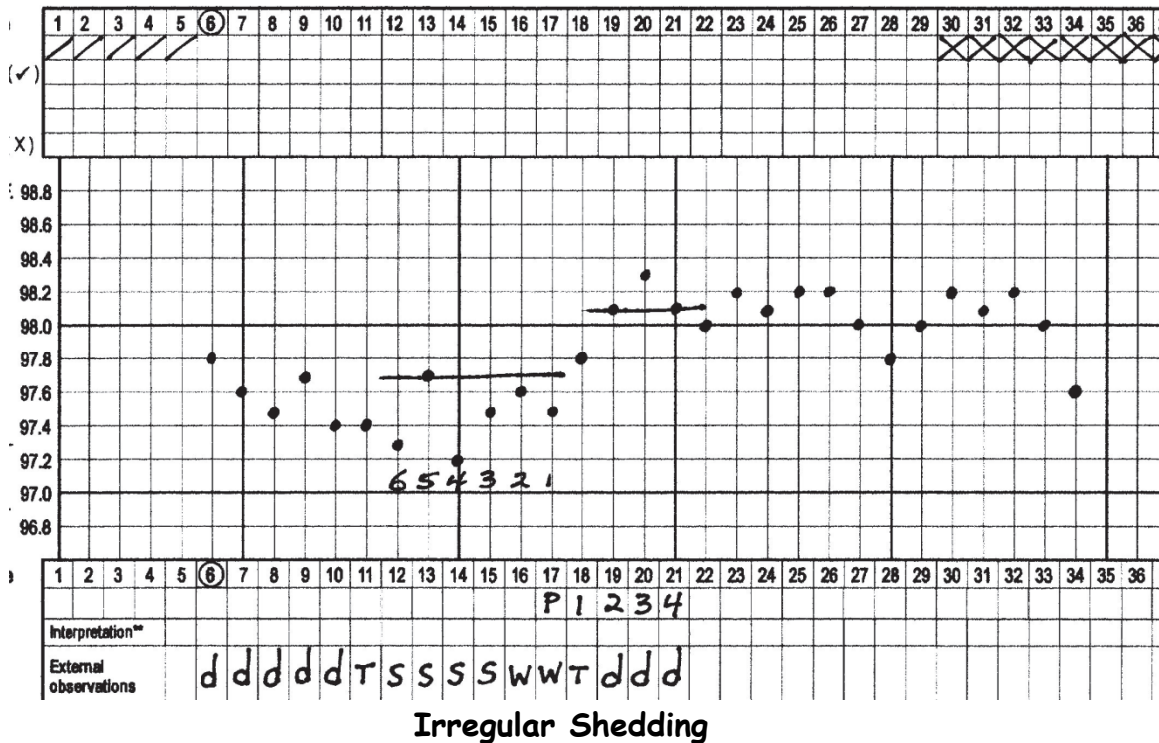
Irregular shedding is a combination of a few days of bleeding or spotting and continued elevated temperatures just before the start of full menstruation. Irregular shedding always develops into a menstrual period; it does not leave only to have a menstrual flow appear sometime later. Sometimes better nutrition helps to eliminate this situation.

Can irregular shedding cause a problem?

Irregular shedding can cause a problem for couples using the 21-Day Rule or the Day 6 Rule to determine the end of Phase 1. It can make the cycle just ending appear to be shorter than it really is, and that might erroneously change the “shortest cycle” basis for the 21-Day Rule. Also, if you think that the new cycle started several days before it actually did, your application of the Day 6, Day 5, or Day 3 Rules would be excessively conservative.

How do you deal with irregular shedding?

When this situation occurs, the first day of the new cycle is the first day of the temperature drop to or below the pre-shift LTL in that cycle rather than the first day of bleeding or spotting. In our Irregular Shedding example on the next page, Day 34 was the first day of a drop in temperatures and was therefore the first day of the next cycle.



This chart shows irregular shedding on Days 30 through 33. Her temperature dropped on Day 34. Therefore, this was a 33-day cycle, not a 29-day cycle as it appears at first glance. By way of review, when did Phase 3 start in this cycle?

Phase 3 began the evening of Day 21 by Rule C and Rule B. If the temperature on Day 13 was shaved 1/10 of 1° F., Phase 3 would begin the evening of Day 20 by Rule R.

Again this situation shows the value of the temperature sign. The temperature indicates when the cycle ended and the next cycle began.

5. Miscarriage

What is a miscarriage?

A miscarriage is the delivery of an unborn baby that has died within the womb. Health care professionals sometimes use the term “spontaneous abortion” in which the emphasis is on the “spontaneous” because it has nothing to do with the moral crime of induced abortion.

When and how often do miscarriages occur?

We don’t know, but we have seen estimates that between 12% and 15% of all conceptions end in a miscarriage. That counts those new lives that were conceived but failed to implant, and it includes those who die in the uterus in late pregnancy. From anecdotal reports, it seems that most miscarriages occur in the first 13 weeks of pregnancy.

Can anything be done to prevent or reduce the number of miscarriages?

Probably yes, at least in some cases. In the case of a woman who has had previous miscarriages, sometimes medical intervention by way of natural progesterone or other therapies can help. See an NFP-only physician for such assistance. In other cases, improved nutrition may help. Smoking, alcohol, and excessive weight are all associated with miscarriages.¹ If you have repeated miscarriages, we recommend Marilyn Shannon's book, *Fertility, Cycles and Nutrition* where this topic is covered.

Is the time after a miscarriage fertile?

Yes. The time between a miscarriage and the next menstruation is almost always fertile. We recommend that you start (or continue) temperature recordings immediately after the miscarriage. In some cases, the temperature will remain high for some time (as it was during pregnancy) before it drops to the usual low pre-ovulation levels. A thermal shift usually occurs before the return of the first menstruation. Couples who want to postpone a pregnancy should refrain from the marriage act until post-ovulation infertility has been confirmed by the cross-checking signs.

Should couples seek pregnancy right away?

Couples may seek pregnancy during the first post-miscarriage cycle, according to some doctors. Others will say to wait for one to three cycles.

6. Anovulatory cycles

What is an anovulatory cycle? When do they occur?

The anovulatory cycle is a cycle in which ovulation does not occur.

Such cycles may occur occasionally—but rarely—during the fertile years of any woman. They occur more frequently in the premenopausal years and with some frequency in the first few postpartum cycles. They also occur among women with certain endocrine disorders.

When do you know it's an anovulatory cycle?

You know you didn't ovulate in a cycle only after the cycle is over. For example, let's say you experience a bleeding episode that has not been preceded by a thermal shift. The bleeding episode is not accompanied by cervical mucus and is followed by normal dryness and low temperatures. In other words, it is not the "Breakthrough Bleeding" described earlier in this chapter. Then you know that the bleeding episode was menstruation at the end of an anovulatory cycle and that you are now in your next cycle.

What days can you consider to be infertile in such a cycle?

With hindsight, you know that all the days were infertile, but you don't know that at the time. If you are waiting for a thermal shift, you will not find one because there was no ovulation.

This is when it is especially helpful to be well experienced with your mucus and cervix observations. If you know you are mucus-dry and that your cervix is closed, low and firm, and the temperature remains low, you are in Phase 1 infertility. Under those circumstances, you should follow the ***Standard Phase 1 Rules*** such as “not in the morning” and “not on consecutive days.” Review again the ***Basic Rules of Extended Phase 1*** starting on page 88.

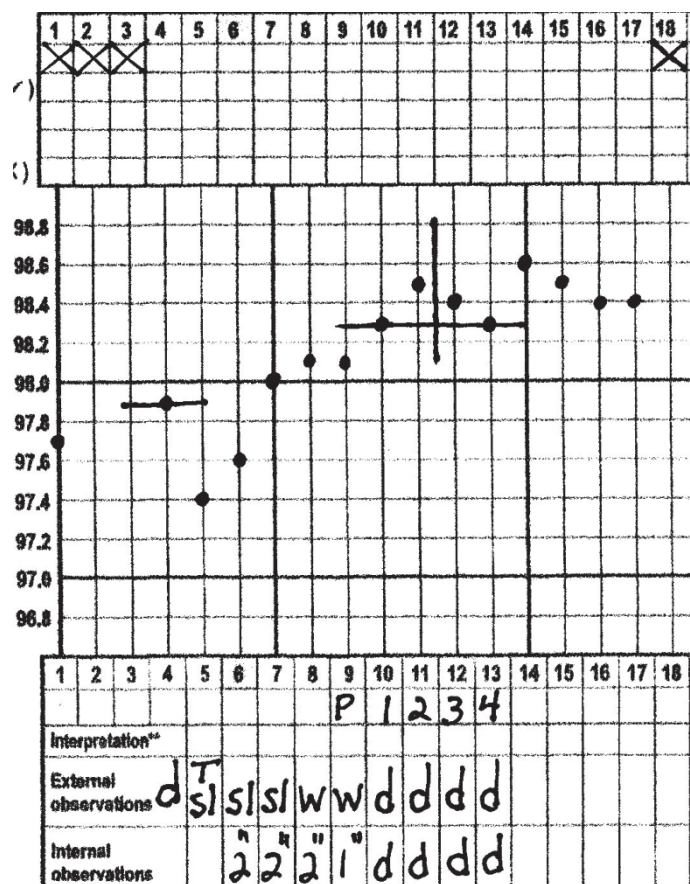
7. Premenopause

What is menopause? When does it occur?

Menopause refers to the end of female fertility. The woman has had her last ovulation and her last menstruation. The average age of menopause is about 50. How do you know if you have reached menopausal infertility? Researcher Rudolph Vollman, M.D., found that if a woman had gone for 12 months without a period, she didn't have any more periods. On the other hand, he found that after only six months of amenorrhea (the absence of periods), 22% in his study group had another period.²

What is premenopause?

Premenopause refers to the half-dozen or so years before menopause starts. The premenopausal years are a time for good charting of all the fertility signs. You know, for example, that a bleeding episode is a true menstruation if an upward thermal shift has occurred prior to that bleeding. During this time of transition you may have a very short cycle or a very long cycle. Sometimes a short menstruation is a sign that you will have an early ovulation as in the following chart.



A Very Short Cycle with Early Ovulation

Sheila: This is one of my premenopausal charts. I was 49 and had a cycle variation of 25-34 days. This was an unexpectedly short cycle of 17 days. Note that menstruation was very short. (I also had two other short cycles with short menstruations.) We didn't take temperatures on Days 2 and 3. Thus there were only four temperatures for determining the LTL, but all the readings starting with Day 7 were above those four earlier temperatures. Mucus appeared on Day 5 and Peak Day was Day 9. Phase 3 began the evening of Day 12 by Rule K and Rule R.

What if you experience long cycles?

Long cycles are usually caused by delayed ovulation; during premenopausal cycles, delayed ovulation is not uncommon. Follow the *Basic Rules of Extended Phase 1*.

Is nutrition important during premenopause?

We believe it is important for you and your family to eat well, exercise well, and take dietary supplements when you need them. Good nutrition is especially important for the woman in her premenopausal and menopausal years.

Are there any general guidelines for the premenopausal years?

Our suggestions are of two types.

First, don't be dismayed by all our talk about the possibilities of difficulties you may encounter—and that you may never encounter. We thought it best to let you know what some couples experience so that if you have similar experiences you won't think you are unique. On the other hand, many thousands of couples have gone through this time of transition with very little difficulty.

Above all, if you do experience some difficulties, don't feel sorry for yourselves and don't give up. Don't get sterilized. Tubal ligations and vasectomies, surgeries which result in sterilized intercourse, are forms of mutilation and the grave matter of mortal sin. After sterilization, acts of intercourse during the fertile time become acts of contraceptively sterilized intercourse. We believe that sterilized couples are morally required to abstain during the fertile time. The reason for this are spelled out in Chapter 12 of *Sex and the Marriage Covenant*. To read that chapter at www.nfpandmore.org, go to NFP Resources, NFP Articles and select "The Repentant Sterilized Couple, 2005."

Our second set of guidelines for the premenopausal years encompasses much of the previous material in this chapter on "Special Situations." They start below.

Guidelines for the Premenopausal Years

1. Review the preceding section on **breakthrough bleeding**. Don't engage in the marriage act during a bleeding episode not immediately preceded by an elevated thermal shift pattern.

2. Use a **Day 3 or Day 4 cutoff for Phase 1** even if more days are allowed by the 21-Day Rule or the Doering rule. The reason for this recommendation is that there is a greater possibility of an unusually short cycle with very early ovulation during premenopause as we ourselves experienced.

3. After menstruation, follow the **Standard Phase 1 Rules** of "not in the morning" and "not on consecutive days." We recommend the **internal observations** for your mucus signs. Some women find that the **cervix observation** is particularly helpful during premenopause.

4. As soon as any mucus appears, consider yourselves in Phase 2.

5. If you experience a **patch of mucus** not followed by rising temperatures, review the **Basic Rules for Extended Phase 1** (pages 88-90).

6. If you experience **continuous** mucus, review pages 88-89.

7. If you experience long and **unexplained bleeding**, be sure to consult with your physician, and be sure to bring in your charts.

8. Make sure your nutrition is all that it should be, and don't be afraid to use appropriate dietary supplements.

9. Keep taking your **waking temperatures** on a daily basis during premenopause. In long cycles, the continuation of low temperatures provides an assurance of non-ovulation and non-pregnancy.

10. Become well experienced with the cervix observation and the internal mucus observations **well before** entering premenopause. These observations may provide you with the most accurate information about your state of infertility or fertility.

Are premenopausal experiences pretty much the same?

No. Some women stop cycling around age 40, and others cycle past age 50. We had a neighbor who breastfed each of her children for several years, and she never cycled after her last child. That is, she went from lactational amenorrhea to menopause. We have known of some couples who prayed for another baby during this time, but most couples choose to avoid a pregnancy in their later fertile years. Such couples, like ourselves, have followed the Basic Rules for Extended Phase 1 with success.

Is there an age at which pregnancy becomes extremely rare?

Yes. After age 48, pregnancies are so rare that Dr. Konald Prem would tell couples they no longer needed to chart and practice periodic abstinence even though the wife was still menstruating. On the other hand, we know women, including Sheila, whose signs of ovulation were so clear that they continued to chart until menopause.

Why is there so much fear of pregnancy during premenopause?

We don't know, and some couples have no fear whatsoever. Some couples in their premenopausal years seek pregnancy and look forward to additional years of active parenting, while others do not share such a perspective. In some cases, such anticipation of parenting joys or difficulties may be related to their experiences with their other children. Some couples may be physically and psychologically energetic in their premenopausal years, while others may be tired. Overall, our experience has been that among couples who have been married for a number of years and have several children, not many are hoping to conceive during their premenopausal years.

When couples hope to avoid pregnancy during these years, two reasons are typical—age and fear of increased risks of birth defects. Our last child was born when we were almost 40 and 49 (John) respectively. An advantage of having a child at those ages is that it puts you in touch with younger parents and helps to keep you young. On the other hand, when fertility returned for us, age was a factor in not seeking to expand our family further. We cite that as disclosure, not as an example one way or the other.

Another fear is the possibility of increased risks of birth defects, especially Down Syndrome. Some emphasize that the latter risk doubles when the wife is over 35. Others point out that the risk increases from less than 1% to slightly over 1% and that there is still better than a 98% chance of having a normal baby. They also note that children with birth defects can draw whole families together, and parents of Down Syndrome children have told us of the blessings the child has brought to their families.

In addition, the late and famed geneticist Jerome Lejeune questioned the current “risk categories,” noting that it may simply not be true that older women have a greater

chance of bearing a child with Down Syndrome. Recent science offers some support for the opinion that the cause is not strictly age-related. Marilyn Shannon reports on recent research in the 2009 edition of her *Fertility, Cycles and Nutrition*.³ Some women do not properly metabolize folic acid, regardless of age. Such a deficiency may help to explain why women of all ages can have babies with this syndrome. This NFP manual is not a nutrition book; we simply want to make you aware that sufficient and balanced folic acid supplementation taken before conception can be very helpful in reducing neural tube defects such as spina bifida. It *might* also help to reduce other infant health problems, but the research results are not in yet.

There is no question that many couples and families have been rejuvenated and found great blessings and joys in a premenopausal child whether expected or unexpected. We encourage you to pray that your decisions will be guided by the Lord. We also encourage every couple to become nutritionally aware so as to give your babies—whether conceived in your twenties or in your forties—the best start in life.

Recommended Reading

Fertility, Cycles and Nutrition by Marilyn Shannon. Available at nfpandmore.org, **And More**, Books/Thermometer.

Sex and the Marriage Covenant: A Basis for Morality by John F. Kippley. Available at nfpandmore.org, **And More**, Books/Thermometer. This book explains why the Church teaches that the use of unnatural forms of birth control is immoral; it provides sound, practical moral guidance for all; and it explains why the repentant sterilized couple needs to abstain from the marriage act during the fertile time.

Endnotes

¹ Jorge E. Chavarro, MD, ScD, Walter C. Willett, MD, DrPH, Patrick J. Skerrett, *The Fertility Diet: Groundbreaking Research Reveals Natural Ways to Boost Ovulation & Improve Your Chances of Getting Pregnant* (New York: McGraw Hill: 2008).

² Rudolph F. Vollman, MD, *The Menstrual Cycle* (Philadelphia: W. B. Saunders Co., 1977) 24.

³ Marilyn Shannon, *Fertility, Cycles and Nutrition*, 4th edition (Cincinnati: CCL, 2009).

Attention should be given to the positive benefits of breastfeeding for nourishment and disease prevention in infants as well as for maternal bonding and birth spacing.

—John Paul II, Address to International Conference on Population and Development, March 18, 1994.

Chapter 6

Ecological Breastfeeding

1. Benefits of Breastfeeding

Why is breastfeeding best for babies?

Breastfeeding provides many health benefits for a baby, and, most importantly, a baby thrives emotionally with the repeated close contact with his mother that breastfeeding provides. Of course breastfed babies get sick occasionally, but statistically there is no debate: breastfed babies are healthier. The American Academy of Pediatrics (aap.org), The American Academy of Family Physicians (aafp.org), and the United States Breastfeeding Committee (usbreastfeeding.org) report specific health benefits for breastfed children. The lists below are compiled from the websites of these three organizations. Breastfeeding reduces the incidence of the following diseases for babies and children.

- allergies
- asthma
- autoimmune thyroid disease
- bacterial meningitis
- botulism
- Crohn's disease
- diarrhea
- ear infections
- eczema
- gastroenteritis
- inflammatory bowel disease
- leukemia
- lymphoma
- multiple sclerosis
- necrotizing enterocolitis
- obesity
- respiratory tract infections
- sudden infant death syndrome
- type 1 and type 2 diabetes
- ulcerative colitis
- urinary tract infections

Compared to those who are not breastfed, breastfed children

- stay in the hospital fewer days as premature infants,
- have a more mature infant intestinal tract,
- have a better immune system and a better response to vaccinations,
- have fewer sick days,
- score higher on visual acuity tests, and
- score higher on cognitive and IQ tests at school age.

How does breastfeeding provide all these health benefits?

The mother is the baby's primary immune system in the early months. A baby is born with a weak immune system. So, when baby has a "bug," he transmits it to his mother while breastfeeding. She produces antibodies and transmits them to her baby in subsequent suckling sessions. As research doctor Stephan Buescher has said, from the perspective of science, breastfeeding is a *system* of nutrition, information, and protection.¹ Here we can easily see all three elements at work. The "bugs" inform the mother of the need for antibodies, she makes them, and then transmits them as she nourishes her baby at her breasts. We can also say that from the perspective of faith, breastfeeding is truly a divinely designed mother-baby ecology.

Are the benefits of breastfeeding dose-related?

Yes. According to the American Academy of Family Physicians,

1. "The strongest evidence indicates that these positive [health] effects of breastfeeding are most significant with six months of exclusive breastfeeding," and
2. "the effects are dose-related, with improved outcomes being associated with longer breastfeeding." (AAP Position Paper on "Breastfeeding.")

What are the risks for the mother who does not breastfeed?

The mother who does not breastfeed may have an increased risk for the following diseases:

- breast cancer
- endometrial cancer
- ovarian cancer
- thyroid cancer
- anemia
- lupus
- rheumatoid arthritis
- osteoporosis (increased chance of a hip fracture)

Should a mother feel guilty if she is unable to breastfeed?

No. Any mother who made every reasonable effort to breastfeed and was unsuccessful should never feel guilty. She gave it her best try.

We hope that mothers who want to breastfeed will receive the support and correct information needed so that there will be minimal problems in getting started. One of the benefits of doing ecological breastfeeding (EBF) is that the milk supply is usually ample due to the frequent and unrestricted suckling.

What are the advantages for the mother if she breastfeeds?

The American Academy of Pediatrics (AAP) lists eight benefits for the breastfeeding mother:

1. decreased postpartum bleeding
2. more rapid uterine involution attributable to increased concentrations of oxytocin, (that is, it helps the uterus to shrink to its normal size)
3. decreased menstrual blood loss
4. increased child spacing attributable to lactational amenorrhea (the absence of menstrual periods due to breastfeeding)

5. earlier return to pre-pregnancy weight
6. decreased risk of breast cancer
7. decreased risk of ovarian cancer and
8. possibly decreased risk of osteoporosis and hip fracture in the postmenopausal period (AAP Policy Statement on Breastfeeding, Feb. 2005).

One benefit mentioned in the AAP Policy Statement on Breastfeeding in 1997 and again in 2005 is breastfeeding infertility. We will now take a closer look at this topic.

2. BREASTFEEDING INFERTILITY

What is breastfeeding infertility?

Breastfeeding infertility is a time when a nursing mother cannot become pregnant because her breastfeeding is naturally suppressing ovulation. The absence of periods is called amenorrhea. The absence of periods while breastfeeding is called breastfeeding amenorrhea, and it is usually a very strong indication that ovulation is suppressed. That is, when a mother is breastfeeding frequently enough day and night, her reproductive system is at rest and she has no periods. Eventually fertility returns—usually when the mother is still breastfeeding but generally not before her first postpartum menstruation. (Postpartum is the common scientific term for “after childbirth.”)

How does a nursing mother know when she is naturally infertile?

The most common way that a nursing mother knows she is infertile is that she does not have any menstrual periods. Once she has her first menstrual period, she knows that fertility will return fairly soon or has already returned. Some nursing mothers are fertile before the return of menstruation.

What causes breastfeeding infertility?

It is the **frequent** and **unrestricted suckling** of the baby at the mother’s breasts **day** and **night** that provides natural infertility for some time after childbirth.

How long does breastfeeding infertility last?

It depends on the type of breastfeeding. There are basically three types of breastfeeding:

1. Cultural breastfeeding. This refers to Westernized cultures.
2. Exclusive breastfeeding
3. Ecological breastfeeding.

For the majority of mothers:

Cultural breastfeeding is not associated with natural infertility after childbirth.

Exclusive breastfeeding can be associated with natural infertility during the first 6 months postpartum under certain conditions.

Ecological breastfeeding is definitely associated with natural infertility after childbirth, and on average this normal infertility lasts over a year.

How soon does fertility return after weaning?

Fertility usually returns about two weeks after the last nursing, regardless of the type of nursing. In a few cases, however, menstruation may not return for two or three months after the last nursing.

What is *cultural* breastfeeding?

Cultural breastfeeding is the restricted nursing common in Western culture. Nursing is restricted in both the frequency and the duration of suckling episodes. The mother usually follows a strict schedule and often uses bottles and/or pacifiers. She may have a goal of getting her baby to sleep through the night. She may leave her baby in the care of others. All of these practices usually reduce the frequency, the length of nursing sessions and the total months of breastfeeding.

How does cultural breastfeeding affect breastfeeding infertility?

Common cultural practices interfere with the frequency and duration of nursing episodes needed for breastfeeding infertility; so with cultural breastfeeding, mothers usually have an early return of fertility and menstruation. A few such mothers may experience several months or even a year without menstruation, but they are the exception. For charting, read Section 4 in this chapter and the first 4 pages of Chapter 5.

What is *exclusive* breastfeeding?

Exclusive breastfeeding means that the baby's only food and drink is his mother's milk suckled directly from her breasts. That means no pumps and bottles. The baby does not receive any other food or liquid when exclusively breastfed.

Is exclusive breastfeeding better for your baby?

Yes. Many national and international medical organizations now recommend exclusive breastfeeding for almost all babies for the first 6 months of life. This is better for your baby than bottle-feeding or cultural breastfeeding.

Who recommends exclusive breastfeeding for the first six months of life?

The American Academy of Pediatrics, the World Health Organization, UNICEF, and the American Academy of Family Physicians are some of the groups that strongly encourage all mothers to nurse their babies exclusively for the first 6 months of life. This is the best feeding plan for your baby's health. While this is not a medical textbook, it is safe to say that the current medical "Standard of Care" for almost all babies is exclusive breastfeeding for the first six months of life.

Do all exclusively breastfed babies accept supplementary foods at six months of age?

No. Some exclusively breastfed babies will not accept other foods until a month or two later. The American Academy of Pediatrics says that some babies "may not be ready to accept other foods until approximately 8 months of age" (AAP Policy Statement, February 2005).

This statement by the AAP may eliminate worry for a new mother who finds her baby won't accept any solid food at 6 or 8 months of age. The authors of this manual had four babies who did not accept any supplementary food until eight months of age, so we were happy to see this addition to the AAP "Policy Statement on Breastfeeding" in 2005. We know of some babies who would not accept supplementary foods for 12 months.

How does exclusive breastfeeding affect infertility?

A consensus of international breastfeeding experts (the Bellagio Consensus) stated that:

1. Exclusive breastfeeding provides infertility during the first 8 weeks postpartum (56 days), and any vaginal bleeding during this time can be ignored.
2. Exclusive breastfeeding provides at least a 98% natural infertility rate if the baby is younger than six months old and the mother has not yet menstruated.²

The infertility of the exclusively breastfeeding mother during the first 8 weeks postpartum has been researched and proven to be valid. The exclusive breastfeeding rule has also been well researched and proven to be highly effective during the first six months postpartum provided that menstruation has not returned. International doctors have defined this method as the Lactational Amenorrhea Method (LAM).

It has been called the exclusive breastfeeding rule since the 1960s, and for simplicity we will continue to call it "the exclusive breastfeeding rule."

What are the requirements for the "exclusive breastfeeding rule"?

The exclusive breastfeeding rule has three requirements:

1. The baby is **exclusively** breastfed. The baby receives **only** his mother's milk **directly from her breasts** for his nourishment. He does not receive any other food or liquid. His mother's milk is his only food and liquid.
2. The mother has no menstrual bleeding **after** the first 8 weeks postpartum.
3. The baby must be younger than 6 months of age.

Do all exclusively breastfeeding mothers experience six months of breastfeeding infertility?

No. Only about half of the mothers doing exclusive breastfeeding will experience natural infertility for the first 6 months postpartum. The other half will experience a return of menstruation **before** their babies are 6 months old because many exclusive breastfeeding mothers do not nurse frequently enough. Regardless of this fact, the exclusive breastfeeding rule still has a 98% infertility rate prior to the first menses provided the baby is not yet six months old. For charting, see Section 4, "Postpartum Charting," later in this chapter and also the first four pages of Chapter 5.

How long does the exclusive breastfeeding rule apply?

The exclusive breastfeeding rule applies **only** until **any** one of three events occurs:

1. The baby reaches 6 months of age.
2. The mother has menstrual bleeding after 8 weeks postpartum.
3. The baby is no longer exclusively breastfeeding directly from his mother's breasts. That is, the infant is receiving foods and liquids other than mother's milk or is receiving breast milk via pumping and bottles.

Who might benefit from the exclusive breastfeeding rule?

Many mothers will find this rule helpful, especially those working mothers with a lengthy maternity leave after childbirth.

To summarize, with exclusive breastfeeding, the first 8 weeks postpartum are so infertile that, according to the Bellagio Consensus, the exclusively breastfeeding mother can ignore vaginal bleeding as a sign of potential fertility during that time.

After the initial 8 weeks (the first 56 days) postpartum, the exclusive breastfeeding rule applies until her baby is six months old, or the mother has a period, or she is no longer doing exclusive breastfeeding—whichever comes first.

3. Ecological Breastfeeding

What is ecological breastfeeding?

Ecological breastfeeding is that form of nursing in which the mother fulfills her baby's needs for frequent suckling and her full-time presence and in which the child's frequent suckling postpones the return of the mother's fertility. Ecological breastfeeding, or eco-breastfeeding, involves frequent and unrestricted nursing day and night and is characterized in practice by the Seven Standards.

When a mother does eco-breastfeeding, she uses her breasts both to nourish and comfort her baby. She does not use bottles or pacifiers. She keeps her baby with her and sleeps with her baby. She follows the natural cues from her baby and nurses frequently. She exclusively breastfeeds for the first 6 months, and then (within a month or two) gradually offers other appropriate foods while continuing to nurse frequently.

What is the difference between exclusive breastfeeding and ecological breastfeeding in the first six months?

The biggest difference is the frequency of nursing. Exclusive breastfeeding does not exclude pacifiers and some other aspects of cultural nursing. As you will see below, eco-breastfeeding involves frequent nursing day and night.

Many mothers who exclusively breastfeed have an early return of menstruation because they do not nurse frequently enough to inhibit the menstrual cycle. Most breastfeeding mothers need frequent nursing day and night to keep the reproductive cycle at rest. Ecological breastfeeding usually provides the amount of nursing necessary to inhibit the menstrual cycles and normally provides an average of more than a year of natural infertility.

How does ecological breastfeeding compare with exclusive breastfeeding for maintaining natural infertility?

Think of ecological breastfeeding as a pie. This pie has 7 pieces that are needed for extended breastfeeding infertility. Exclusive breastfeeding is one piece of the pie, but you also need the other six pieces for extended natural infertility. Each piece is important for the frequent suckling that keeps the reproductive cycle at rest.

Is ecological breastfeeding associated with extended breastfeeding infertility?

Yes. Ecological breastfeeding is the *only* pattern of breastfeeding that is associated with *extended* natural infertility. American mothers who do *ecological* breastfeeding experience 14 to 15 months of amenorrhea (absence of periods) on the average. The vast majority of American mothers (70%) who do *ecological* breastfeeding will have their first postpartum period between 9 and 20 months postpartum. Some breastfeeding mothers will go two or three years without any menstruation, and this is a normal, healthy situation for them.

Why do mothers practice ecological breastfeeding?

The primary reason is that eco-breastfeeding normally gives babies and mothers alike more of the dose-related blessings of breastfeeding. It does this by maintaining the milk supply for an extended time and by suppressing ovulation and menstruation.

A second reason is the conviction that God Himself created woman and baby in such a way as to enjoy these benefits. Many who share this conviction practice ecological breastfeeding because they believe it is God's own plan for baby care and baby spacing that He has "revealed" in the Book of Nature.

A third reason to practice eco-breastfeeding is to accept the natural infertility that God has built into this natural form of baby care. In the rest of this chapter you will be reading so much about the extended infertility of eco-breastfeeding that it may seem that we are making that the primary reason for this kind of baby care. Not so.

In summary, we see three reasons why mothers do eco-breastfeeding: practical health and emotional benefits for both mother and baby, religious conviction, and natural infertility.

How does breastfeeding postpone the return of fertility?

Frequent and **unrestricted nursing** by the baby day and night usually keeps the mother's reproductive cycle at rest for a considerable time after childbirth. As breastfeeding decreases, eventually the mother's fertility returns.

Why do some people say that breastfeeding doesn't space babies?

Ignorance and fear play a significant role in negative talk about breastfeeding as a baby spacer. Most people in the elite circles of education, medicine and politics are uninformed about breastfeeding as a natural baby spacer. Among those who are familiar with natural child spacing via breastfeeding, many remain silent when an opportunity presents itself. Some persons may believe that breastfeeding is not politically correct—

even in Church circles. Also, breast milk is not a product which produces immediate money for someone.

God's way of baby spacing through breastfeeding needs advocates. The benefits of breastfeeding have been researched and researched and new benefits are added each year. With regard to breastfeeding being a natural baby spacer, there is no scientific doubt on this issue.

Why do many nursing mothers have an early return of fertility?

The primary reason is that they do not follow the frequent nursing pattern of ecological breastfeeding. Many breastfeeding mothers offer early supplements and use pacifiers or bottles and strict schedules; these practices have long been associated with an early return of fertility.³

On the other hand, natural child spacing has been demonstrated in certain areas of the world where mothers at one time breastfed for an extended length of time. Among the Canadian Eskimos, traditional breastfeeding kept the Eskimo family small—three or four children.⁴ Conception occurred among the traditional breastfeeding Eskimo mothers at 20 to 30 months after childbirth. The use of the bottle among breastfeeding Eskimo mothers, however, reduced the frequency and duration of breastfeeding, and these mothers were conceiving 2 to 4 months after childbirth.⁵

Mother-baby togetherness is important for natural child spacing. In a Rwanda study, breastfeeding mothers had different conception rates depending on their lifestyles, but the bottle-feeding mothers' conception rates were the same, whether the mothers lived in the city or in the country. Why the difference in conception rates among the breastfeeding mothers? Seventy-five percent (75%) of the city breastfeeding mothers conceived between 6 and 15 months after childbirth, while 75% of the rural breastfeeding mothers conceived between 24 and 29 months after childbirth. According to the researchers, the reason the country mothers conceived much later was due to the amount of physical contact these mothers had with their babies. The country mothers remained with their babies while the city mothers were leaving their babies with others.⁶

The frequency of breastfeeding,^{7,8} short intervals between feedings,⁹ and night feedings^{10,11} — all these factors have been proven to be extremely important for natural child spacing.

Because the research is so substantial, we believe that those involved with natural family planning, the family, the health of our nation, and the Church should teach the important health and baby-spacing benefits of ecological breastfeeding. Breastfeeding for all these reasons should especially be promoted among the poor. As Dr. Ruth Lawrence says:

Breastfeeding is the most precious gift a mother can give her infant.
If there is illness or infection, it may be a life-saving gift.
If there is poverty, it may be the only gift.¹²

What is the ecological breastfeeding rule?

The ecological breastfeeding rule is this: Satisfy your baby's needs for frequent suckling and your full-time presence by following the Seven Standards of ecological

breastfeeding. Each Standard is important and should be followed. Each Standard helps to provide the **frequent** and **unrestricted nursing** day and night that is needed for long-term natural infertility.

What are the SEVEN STANDARDS of ecological breastfeeding?

1. Breastfeed exclusively for the first six months of life; don't offer your baby other liquids and solids, not even water.
2. Pacify or comfort your baby at your breasts.
3. Don't use bottles and don't use pacifiers.
4. Sleep with your baby for night feedings.
5. Sleep with your baby for a daily-nap feeding.
6. Nurse frequently day and night and avoid schedules.
7. Avoid any practice that restricts nursing or separates you from your baby.

What are the two keys to breastfeeding's natural infertility?

The two keys are mother-baby togetherness and frequent suckling.

How does ecological breastfeeding affect fertility during the first three months after childbirth?

There is an almost zero chance of pregnancy if—

- the baby is not yet three months old
- the mother is following the Seven Standards of ecological breastfeeding
- the mother has no vaginal bleeding after the first 8 weeks postpartum. (She can ignore any bleeding during the first 56 days after childbirth.)

We have been teaching ecological breastfeeding for over 40 years. In that time we have not seen a charted fertile ovulation or pregnancy during the first three months when the mother followed the Seven Standards.

How does ecological breastfeeding affect fertility during the 4th, 5th, and 6th months after childbirth?

There is less than a 1% chance of pregnancy when these three conditions are present:

- the baby is not yet six months old
- the mother is following the Seven Standards of ecological breastfeeding
- the mother has had no vaginal bleeding after the first eight weeks.

When a mother provides 1) all of her baby's nourishment at the breast and 2) the greater part of his other suckling needs at her breast, the mother will usually experience the side effect of natural infertility and breastfeeding amenorrhea *during the first 6 months*.

Can breastfeeding infertility continue once solids are gradually introduced after the baby turns 6 months of age?

Yes. The baby usually begins other foods between 6 and 8 months of age, but this does not mean that breastfeeding decreases. The baby is bigger and will continue to nurse often. Frequent and unrestricted nursing usually continues to provide natural infertility for the mother even though the baby has begun taking some other foods. At first, solids are only a supplement to breastfeeding, not a replacement.

Once other foods are introduced after six months, aren't there only Six Standards of ecological breastfeeding?

Yes. The First Standard of “exclusive breastfeeding” no longer applies once the baby is taking other foods.

Do the Six Standards still provide natural infertility after six months postpartum?

Yes. The type of mothering and breastfeeding provided by ecological breastfeeding can continue to provide natural infertility even though solids are given to an older baby. An older baby of increasing size and appetite will begin to take other food and may still continue to nurse at the breast just as much as before.

If you had 100 American mothers doing long-term ecological breastfeeding, this group would average 14.5 months without any periods. Obviously, on the average these mothers have another 8 months of amenorrhea with the Six Standards in addition to the first 6 months of amenorrhea with the Seven Standards.

How long do amenorrhea and natural infertility last for the ecological breastfeeding mother?

The length of natural infertility varies among mothers doing ecological breastfeeding. It is normal for a breastfeeding mother to go one or two years without any menstruation if she is doing ecological breastfeeding. Some even go for three years or more. In the research done by Sheila Kippley, three mothers reported they experienced 41, 41, and 42 postpartum months without menstruation. These mothers were not included in her published research. There are also a few (about 7%) who experience menstruation or spotting prior to six months postpartum.

Our two studies showed that eco-breastfeeding mothers averaged 14.5 months without any menstrual periods.¹³ We also found that 93% of the mothers doing eco-breastfeeding were without menstruation at 6 months, 56% were without menstruation at 12 months and 34% were still without menstruation at 18 months. This is why ecological breastfeeding is known to be a natural baby spacer.

Can a nursing mother become pregnant during amenorrhea?

Yes. Some mothers ovulate before their first postpartum period, but only about 6% become pregnant before they menstruate.¹⁴ This assumes they ignore the normal signs of fertility and do not abstain during the fertile time before the first postpartum menstrual period.

Can a couple use breastfeeding alone to space their babies?

Yes. Many couples can use ecological breastfeeding alone to space their babies. If a couple needs further spacing between babies, they can switch to systematic NFP to determine the return of fertility and the fertile time during each cycle.

What are some common cultural practices that shorten breastfeeding or the time of natural infertility?

Some of the following practices of baby care can reduce or eliminate breastfeeding's normal side effect of natural infertility.

- Offering solids to a baby less than six months of age.
- Offering other liquids as a substitute for breast milk during the early months of life.
- Using bottles.
- Using pacifiers. Pacifiers can shorten the time of mother's infertility.
- Not taking a nap once during the day when nursing the baby to sleep. A short nap gives the mother a better disposition during the remainder of the day. The natural spacing mechanism seems to work best when the mother is relaxed and at rest.
- Not sleeping with the baby during the night. Babies who sleep next to their mother at night nurse three times more than babies who sleep separately from their mother.
- Encouraging the baby to sleep through the night. Going a long time without nursing during the night may end the mother's infertility.
- Encouraging the baby to go a long time between feedings or having the baby on a nursing schedule.
- Not providing opportunities for non-nutritive suckling.
- Leaving the baby at home when mother goes out.
- Relying on other equipment or gadgets or family members to keep the baby occupied so the mother can delay nursing the baby. Or the mother walks, rocks, or tries to distract the baby to avoid nursing her baby at that time.

Some mothers claim they did ecological breastfeeding, but their menstruation returned early. Can you explain this?

First, we did a study of the few mothers who wrote saying they did eco-breastfeeding but their menstrual cycles returned quite early. All said their menstrual cycles returned at about three months postpartum. None of these mothers followed Standard Five for ecological breastfeeding. Standard Five requires the mother to take a nap with her baby and nurse her baby while doing so. So at least one of the Standards was omitted. Since we started to give more emphasis to each of the Seven Standards, these comments from nursing mothers have been almost non-existent.

Secondly, perhaps some mothers do not nurse their babies frequently enough. At a breastfeeding conference, a group of breastfeeding leaders all agreed that the mothers who claimed eco-breastfeeding did not produce natural infertility probably did not nurse often enough. The early-return mothers were observed to not nurse their babies in situations where most nursing moms would put the baby to breast. They would walk their babies or do other things to delay nursing them.

How long should a mother nurse her baby?

The World Health Organization, UNICEF, and Pope John Paul II have encouraged mothers to nurse their babies for at least two years. If that goal is unappealing to some couples or mothers, they should consider the recommendation by the American Academy of Pediatrics (AAP). The AAP encourages American mothers to nurse for *at least one year* or longer if desired.

What if a mother cannot nurse exclusively for a full six months?

Any amount of exclusive breastfeeding is better than partial breastfeeding. Likewise, continued partial breastfeeding is better than no breastfeeding. Nursing mothers find themselves in different situations. Our society should support any kind of breastfeeding that the mother is able to do. Unfortunately our culture does very little to support and encourage breastfeeding, especially exclusive and ecological breastfeeding.

How does one wean a breastfed baby?

Gradually and at the baby's timing and pace. Many mothers enjoy the nursing relationship they have with their baby and continue to breastfeed for a year or more after solids foods are gradually introduced. However, there are exceptions. There are a few situations where the nursing is not going very well for the mother of an older baby, say a two-year-old, and the mother will find breastfeeding is no longer peaceful and will decide to gradually wean. A few mothers may not enjoy breastfeeding and will aim to breastfeed for only a certain amount of time. We know and admire a mother who did not enjoy breastfeeding but nursed each child for 18 months for their health. Every breastfeeding situation is different.

Can I sleep with my baby safely?

Yes, but you need to follow safe-sleep practices. Go to "links" at the home page of NFPandmore.org and scroll down to "Safe Bedsharing for Mother and Baby" for ample guidelines and brochures on this topic.

How can a mother learn how to practice eco-breastfeeding?

The primary source book is *The Seven Standards of Ecological Breastfeeding: The Frequency Factor* by Sheila Kippley. This text provides information to show how the Seven Standards space babies. See additional resources in Recommended Reading.

4. Postpartum Charting

Bottlefeeding Mothers

Fertility returns quite soon after childbirth for the mother who is bottlefeeding her baby. When menstruation occurs at six weeks postpartum, in about 5% of cases menstruation is already preceded by fertility.

During the first three weeks postpartum, there is almost no possibility of conception. By the beginning of the fourth week, we are already within the range of recorded fertility. Thus the following advice is for the bottlefeeding mother who wants to postpone another pregnancy:

- Begin taking basal temperatures at least by Day 14 after childbirth.
- Begin external mucus observations when possible, but do not make the cervix exam or the internal mucus exam until all vaginal tissues are healed.
- After the lochia (early postpartum bloody discharge) has disappeared, and if the woman has no mucus or cervix signs of fertility and no menstruation, the couple may consider themselves in Phase 1. If she is well healed and they come together for the marriage act at this time, they should follow the Phase 1 guidelines of “not in the morning” and “not on consecutive days.”
- If a mother is not experienced with the mucus or cervix exams, or if the woman is in doubt, then abstinence is recommended. Phase 3 by the Sympto-Thermal Method or by the Temperature-only rule will not be delayed for long.
- If a couple decides to engage in the marriage act once dry days are established, the wife should make external mucus observations diligently, and the couple should regard themselves in Phase 2 as soon as any cervical mucus appears. The internal mucus exam and the cervix exam are recommended only if all her tissues are healed.
- Beginning with the first menstruation, the couple should regard themselves back into regular fertility cycles. Sometimes the second menstruation will occur without a preceding ovulation, but this would be relatively uncommon in the bottlefeeding mother. After the first menstruation, the couple should use the regular rules of natural family planning. The use of the 21-Day Rule or the Doering Rule for determining the end of Phase 1 should be based on **pre-pregnancy** cycles.
- The bottlefeeding mother should avoid hormone pills or shots to suppress her milk production; these drugs may interfere with accurate observations. Engorgement can be relieved by hand expression until each breast is comfortable, and milk production will cease in a few days naturally.

Cultural Breastfeeding

The mother who supplements breastfeeding with formula, baby foods, and liquids during the first six months should follow the advice given above for the bottlefeeding mother. The same is true for the nursing mother who uses pacifiers and follows a strict

schedule, including getting the baby to sleep through the night. A mother who nurses in a cultural, restricted manner will usually experience an early return of fertility, most likely within the first three months, but sometimes much later. The greatest difference in the return of fertility between bottlefeeding and cultural nursing is that the latter has a wider range. Due to big differences in 1) the frequency and amount of nursing and 2) the bodily differences among women, the return of fertility with cultural breastfeeding may range from four weeks postpartum until after weaning. Please refer to Chapter 5.

Exclusive breastfeeding

The mother who is doing *only* exclusive breastfeeding can wait until her first period to start charting as long as:

1. She does not have any vaginal bleeding after the 56th postpartum day.
2. Her baby is not yet six months old.
3. She is giving her baby only breast milk directly from her breasts.

With those conditions, she has a 98-99% probability of being infertile before her first menstruation or until her baby reaches six months of age. Once her baby is six months old or she has her first menstruation—whichever comes first, she and her husband should begin charting and practice appropriate abstinence if they want to postpone pregnancy. See the first four pages of Chapter 5.

Ecological breastfeeding

Mothers may choose to chart early in the postpartum months just to gain some experience with the mucus and cervix signs and to chart before the return of menstruation. Or they may choose to wait and start charting at 6 months postpartum when the baby starts other foods or at 9 months postpartum when the return of menstruation is more common. This advice would be for a mother who wants to avoid an immediate pregnancy.

Some couples will rely exclusively upon ecological breastfeeding to space their babies. In this situation we would suggest charting mucus and temperature during the potentially fertile times, that is, once she starts to notice more-fertile cervical mucus. In this way they can identify when ovulation and pregnancy occurred. Sometimes a chart showing the true conception time by the temperature shift helps a doctor to refrain from inducing the birth prematurely. His estimate of the “due date” based on the last menstrual period or based only on a mucus patch might be earlier than the due date by the temperature shift. Good charting can protect a baby from being delivered too early.

For a better understanding of systematic NFP and charting, we encourage you to read Chapters 2, 3, 4, and 5 of this manual. For a review of eco-breastfeeding, study Section 3 in this chapter.

Is there a one-page summary of the Seven Standards?

Yes. On the next page, at “Recommended Reading at www.nfpandmore.org,” you will see directions to find “The Seven Standards Summary”

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Breastfeeding Survey

Mothers doing a pattern of ecological breastfeeding are invited to fill out a survey concerning their breastfeeding and natural infertility experiences. See “Breastfeeding Survey” directions below in Recommended Reading at www.nfpandmore.org.

Recommended Reading

Breastfeeding and Catholic Motherhood (2005) offers spiritual motivation and support to breastfeed for at least one year or more.

The Seven Standards of Ecological Breastfeeding: The Frequency Factor (2008) focuses on the maternal behaviors needed for breastfeeding’s baby spacing.

Breastfeeding and Natural Child Spacing (Harper & Row 1974 classic edition, (2008) offers support for natural mothering with emphasis on the mother-baby ecology and how to overcome obstacles in a bottlefeeding culture.

All books are available at www.nfpandmore.org.

Recommended Reading at www.nfpandmore.org

At **NFP Resources** on the Home Page,

Click **Breastfeeding Infertility Research** to read more articles on this subject. “The Seven Standards Summary” sheet is available here and can be copied for teaching purposes. The “Breastfeeding Survey” is available here.

Click **Breastfeeding Articles** to read more on the spiritual aspects of breastfeeding, especially the talks by Popes John Paul II (1995) and Pius XII (1941).

Endnotes

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Ask and it shall be given to you; seek and you shall find; knock and it shall be opened to you.
—Matthew 7:7

Chapter 7

Witness

Mrs. A: a former atheist

I was fortunate enough to have had terrible side effects on hormonal contraception, so I jumped at the chance to learn and use NFP, even as an atheist. In fact, it was reading the Church's teachings about the evil of contraception in *The Art of Natural Family Planning* by the Kipleys that led my husband and me into the Catholic Church and not into a Protestant denomination. We believed in objective truth, even as an atheist and an agnostic, and the fact that the Catholic Church from its beginning had consistently declared contraception evil was strong evidence to us that it had divine authority and was protected by the Holy Spirit.

Like many couples, NFP became difficult to use during the postpartum period after our second child was born. Pain caused me to stop nursing at five weeks, and it would take months for my body to regulate and my cycle to return. Because I was self-taught, we faced prolonged periods of abstinence. We were terrified to get pregnant again so soon with a newborn and 18-month-old.

After about three months of abstinence, I asked my very compassionate Ob/Gyn if there was anything I could do to jumpstart my cycle because it was against my faith to use contraception. I had tried natural and homeopathic remedies to no avail. In the end we consulted our priest and agreed that I would try one cycle of the Pill. Not knowing any better then, I hoped it would at least start me cycling again so we would have a better idea of what was going on with my fertility.

I filled the prescription. That evening I sat and looked at the circular compact containing the birth control pills. It seemed to represent exactly how far I'd come as a secular atheist turned practicing Catholic. I found myself completely disgusted by those pills and cried as I swallowed the first one. Even though I knew we planned to abstain and not contracept, they still made me feel sullied. The pills brought up all the years I had thoughtlessly swallowed them to make it easier to use and be used by men. All the times I had offended God by objectifying another person or degrading myself. Even I was surprised by how much emotional resistance I had to taking that pill, and I wasn't sure I could get through a whole month if I felt so badly the first night.

God gave me a great gift, because the very next day, I started my period and began cycling again. I have never been so relieved to throw a bunch of pills away. At the time I was postpartum and it was admittedly harder for my husband than it was for me to abstain. I was exhausted and was still carrying an extra 50 pounds; intimacy was about the last thing on my mind. One day I realized I couldn't remember the last time we'd been intimate. I jokingly mentioned this to my husband, who said, "I remember the exact day six months ago." I was shocked and asked if he was serious. As it turns out, he was. He went on to tell me that I had been so obviously uncomfortable and tired during the last trimester that he'd made a decision not to initiate intimacy, just to give me massages and let me sleep as much as possible.

After childbirth, he knew that we didn't have a good handle on when I was fertile, so he didn't bring it up then, either, because he didn't want me to feel guilty that we had to abstain and be tempted to acquiesce, which could bring about another pregnancy before we were ready. He told me he probably couldn't have turned down my advances, but *out of love for me* he had decided to put his own desires aside to make sure my physical and emotional needs were met first. He had abstained almost half a year and he had done so out of pure, unconditional love for me. My husband has given me beautiful jewelry, a book signed by my favorite author, and a brand-new kitchen that's the envy of my friends. But nothing will ever compare to that gift of self-sacrifice. It was then that I knew that our marriage could survive anything, because I was married to a man who was willing to make any sacrifice necessary to serve me and our family. I still get teary thinking about it five years later.

I won't pretend that this was the easiest time in our marriage. There was tons of stress on both of us. My husband, who had been Catholic for less than two years, had to have several discussions with our priest about abstinence and temptation. (I wish more priests realized how much they could help married men this way.) He learned to train his imagination as a way to control his physical desires and reactions. He might have fallen, I don't know. I don't want to know. Even if he did, I know that "love covers a multitude of sins" and that Jesus probably loved lavishing mercy on him in the confessional because he was trying to put the needs of his wife above his own desires. He's said the experience helped him grow closer to Christ, because he was often praying for the necessary grace to stay strong and pure. It helped him better understand the struggles of our celibate priests in a way he hadn't before and gave him a great appreciation for their sacrifice. It strengthened our marriage. It was probably one of the most spiritually fruitful periods of our entire marriage. I don't think either of us would trade the spiritual richness we gained, as well as the love that grew between us as a result of his sacrifice for me, for anything in the world, including the opportunity to be intimate occasionally.

Looking back at my own charts, I realized that at least half of our abstinence could probably have been eliminated if we'd worked with an NFP provider. "Do-it-yourself" NFP is terrifying and unnecessary when there are trained people anxious to help you through those times when fertility is returning. If your car was acting up and you were afraid it would break down, wouldn't you take it to a mechanic to assess its problems or would you stop driving it altogether? I'm amazed that people would give up NFP

without at least seeking professional help first. In our case, working with a provider would have probably eliminated much of the abstinence.

A lapsed Catholic friend recently told me she doesn't understand the Church's teaching on contraception. She has a hard time understanding why using the Pill is a mortal sin. All I could think is that she's missed the point of Catholicism entirely. Catholicism isn't about the rules, and perhaps that's one of the temptations that many theologians succumb to. It's about loving God and being loved by Him. We don't use NFP because it's easy or convenient or more effective than condoms. We use it because we love Jesus. Through the Church, Jesus has told us that He made us a certain way and that He designed the marriage act a certain *way* to benefit us. He wants us to use our bodies and engage in marital relations in a certain way (*chastely*) not because He's being arbitrary or wants to impose *penance* but because it is best for us. He knows if we do, we'll grow in love and other virtues.

I have three young children and I expect them to practice certain behaviors and virtues. I have these expectations because I know what is best for them, and I want them to do or not do certain things because I want them to reach their fullest potential as a human person. They don't always like what I make them do and sometimes they refuse. But when they cooperate with me, they learn and grow and are able to become more responsible and loving children. Likewise, when we respect God's design for sexuality and the marriage act, we are able to grow spiritually and move toward the perfection he desires for us. When I think about all the things that come from *uncontracepted intimacy*—an awe of God's ability to create new life; knowing we are "one flesh" with nothing between us; knowing we are accepting the other and being accepted in our fullness as persons, a true sense of "purity" in an act that our culture has degraded—when I think about these gains, contracepted sex has nothing to offer. Before we are together, I always pray and ask God to bring us closer and to be with us. For me personally, it would utterly destroy the experience to tell God I don't want Him there through contraception. How can you "make love" by telling the very author of love that He's not invited to the party?

I use NFP out of love for God. He made me with this amazing gift of fertility. Nothing in my life can compare to the incredible, transcendent *privilege* of cooperating with God to create a new, immortal life. I look at my children and am in awe that I was allowed to participate in their creation. I consider my fertility absolutely sacred, because God could have chosen to continue humanity any way He wanted, but He allowed me—*me!*—to touch the divine and enter the stream of eternity in creating a new person with my husband. The idea of shutting God out of the marital act would seem to be the ultimate betrayal of my Lord when I consider the love He has shown in designing me the way I am and in allowing me to share the creation of my children with him.

I've noticed that there seem to be two kinds of practicing Catholics. Those who follow the Church's teachings because they are afraid they'll go to hell if they don't, and those who love Jesus and believe he speaks to us through the Church's teachings. If you truly love Jesus, you *want* to follow the Church because to do so is showing love for Jesus and his plan for you. If you're struggling with the abstinence (and some do more

than others), Jesus has given us many tools to help us through those times. He's given us practical help through trained NFP instructors; we now have more information about how to remedy cycle irregularities than ever before. And more importantly, He's given us spiritual help through the sacraments. If a person refuses to avail himself of Christ's help, of course temptation will probably win.

None of us are guaranteed a constantly active sex life, and I question whether that expectation isn't culturally induced more than anything. There seems to be this idea that it's biologically necessary to climax regularly or your head will explode. Yet history is surprisingly absent of even a single death caused by abstinence. If my husband had an accident and could not perform or went into a coma or even died, I would have to be chaste. I would trust God to give me the grace and strength necessary to be chaste and if I fell, I'd seek his mercy through confession. It's really that simple.

I really don't find it too difficult to believe that a couple who, with full consent and knowledge, contracepts has offended God so gravely that they'd go to hell if they didn't repent. Of all people, a theologian ought to know that the Church's teachings about sexuality and the marriage act are tied to our very nature as a human person, our unique nature as a man or woman, and our ability to cooperate with God in the creation of new life. This is not just about having some fun for a little while, *Cosmo*-style. "Faithful" Catholics who want to believe contraception isn't a mortal sin seem to want to have it both ways. When they want children, they're perfectly willing to concede that fertility is a sacred gift from God and that we're given the awesome privilege of cooperating with Him in creating new life. But then when they don't want children, they want to be able to suppress or destroy that same fertility and treat it as an incidental part of their body. Either fertility is sacred and must be treated as such all the time, or it's not and we can do whatever we want with it. It's the same with human life. To insist that contraception should be licit if one finds abstinence too hard seems, in my opinion, a rather spiritually immature and self-serving position to take. If hell is for people who tell God they don't want to be with Him, then I don't have trouble understanding why a couple who tells God to take a hike during one of the most spiritually significant acts of their lives (the marriage act) wouldn't have their request honored if they don't repent. Where you end up isn't about how much you know, but about how much you love.

Mr. B: used "NFP" wrongly

We have been married for 18 years and have 5 children. We were introduced to NFP at a pre-Cana class in 1990 by a teaching couple. It sounded good, so we bought the book, *The Art of Natural Family Planning*, by the Kippleys. We just started reading the book as an instruction guide, but skipped the chapters on the moral aspects and what made NFP different from contraceptive methods.

As a result of lack of instruction, we conceived within 30 days of our marriage. Following the birth of our first child, we used masturbation during the fertile time. The marital embrace was easily replaced with the selfish act of masturbation. We never thought of this as being a contraceptive behavior. We used this method in this manner to space our next two children.

Then in 1999 I attended a men's retreat at Franciscan University in Steubenville, Ohio. One of the men at this retreat attended a session on marital chastity. He considered himself pro-life, but learned about the abortion-causing potential of the pill; his wife was on the pill at that time. He was determined to start NFP immediately. I shared our experience with NFP and later loaned him our book. He was concerned about the periodic abstinence NFP would take. I told him you can always use masturbation. He challenged me on the point of using masturbation in place of the marital embrace and that this was not marital chastity. Interesting how God brought us together.

Back home after the retreat, we had a decision to make. Was my friend correct about masturbation? A tape from Fr. Larry Richard on the sacrament of Reconciliation verified the truth (along with the *Catechism of the Catholic Church*). Now we had to work together during abstinence. Through the experience of contraceptive use during the fertile time, and then using NFP so that we were fully open to life, the true beauty shined forth. We started growing closer to each other and were blessed with two more children. We also became certified NFP teachers.

NFP has been a great blessing. Understanding marital chastity has also helped us teach our older children the importance of chastity and abstinence before marriage.

Mrs. C: spacing with ecological breastfeeding

I am a Christian mother of 3 boys: 8, 4, and 2. When we attended the Natural Family Planning classes, I read information about ecological breastfeeding. It made sense so I applied it. Sometimes it was frustrating not to use any bottles or a pacifier but it was worth it. I nursed my first son until he was 21 months old. My cycle returned when he was 22 months old. We wanted to get pregnant soon so our children would be spaced nicely but we didn't get pregnant for almost a year. I nursed the second boy until he was 2 years old and likewise my cycle did not return until 20 months after he was born. When my 3rd child was born I again used the exclusive breastfeeding for 6 months. My cycle returned at 18 months this time. I am a believer that it works! Not only does it work but it is rewarding and fulfilling to completely give yourself to this helpless little baby.

Mr. D: challenged by *Sex and the Marriage Covenant*

I wish I could say I enjoyed reading John Kippley's book, *Sex and the Marriage Covenant*, the first time I read it. Instead, I found it painful to read, because I became aware that I had not been following the teaching of the Church for at least ten years of my own marital life. While we rejected artificial contraception after the second year of our marriage, I was not aware, or maybe I was culpably ignorant, that "withdrawal" was also considered an immoral practice. This was a humbling, indeed humiliating, discovery and it marked a turning point in our marriage.

The discovery of the fullness of the Catholic teaching on sexual matters, I can honestly say, has increased the pleasure of marriage (which in our case has produced six children). It has deepened the love between my wife and me. Self restraint increases the

pleasure of the marital act and it deepens love. Kippely's book can be summarized in a single word: rationality.

I have referred to *Sex and the Marriage Covenant* in my teaching and writing. The author is learned, and his discussions of birth control in the New and Old Testaments are extremely valuable. Moreover, the anecdotes he offers from his engagement with modern Catholic exegetes, who are not too supportive of the Church's teaching, offer to me final proof that exegesis without presuppositions is an impossibility. Modern exegetes simply ignore or misinterpret the Scriptural evidence for the immorality of contraception.

I strongly endorse this book and thank God for it.

Mrs. E: the doctor laughed

John and I were married on December 29, 1990. We were close friends in high school, became "a couple" about halfway through college at the University of Virginia, and married about one year after college. We were the youngest members of our set to marry, but, being absorbed in education and job planning, we had no immediate plans at that time for children.

Like most college students of the 1980s, we had been introduced to contraception almost immediately upon arriving at the U, and we never even considered the possibility of not using it. Even though we were married early in our 20s, the prospect of having children was dim. My husband enjoyed children and hoped to become a father at some point. He was willing at any time to have them. I, on the other hand, was completely ambivalent, and we seriously questioned whether I would ever desire children at all. I had never enjoyed babysitting, I didn't really like most OTHER peoples' children, and I was, frankly, afraid of pregnancy and birth and all that they entailed. And I thought breastfeeding was, well, gross.

For the first 7 years of our marriage, we plugged along. I completed my law degree at the University of Virginia School of Law and worked in Washington, D.C. and Philadelphia. John worked his way up the ladder at a bank and then left to pursue his M.B.A. at the University of Michigan. Far from being an example of the kind of mutually-self-giving spouses the Church envisions, we pretty much went our separate ways, conducting an interstate commuter marriage, and doing what we needed to do for our careers. Contraception was important to us at that time because our lives simply did not have room for children, and at this low point in our marriage, we both at times wondered whether even the marriage itself was a great fit.

Toward the end of 1996, as my husband's MBA studies drew to a close, we had the opportunity to re-evaluate what our marriage meant to us. Neither of us being Catholic at the time, we did not have the rich teachings of the Church on the true nature of marriage as a sacrament to draw on. But through God's grace, we did see that we were truly in love and that our friendship, though battle-scarred, was intact. We chose, as John accepted a job in Dearborn, Michigan, to re-commit to our marriage and start, as best we could, all over again. We took a long second honeymoon and moved together to Michigan.

At the time, we still were not particularly open to children. But a change had taken place in my family's life that made me re-think my commitment to hormonal contraception. In early 1996, my mother had been diagnosed with estrogen-receptor-positive breast cancer. It appeared that the hormone replacement therapy (HRT) she had been using at the time had accelerated the growth of the tumor.

As I read and studied more about breast cancer, both to understand what was happening to my mother and to understand how to reduce my own risk, I became increasingly uncomfortable with the idea of using artificial hormones to mask or replace my own natural menstrual cycles. Though I had been told that no research at that time had conclusively confirmed a link between oral contraceptive use and breast cancer, my instinct was that the unnecessary use of artificial hormones might not be completely healthy.

John and I discussed this, and we decided that I would go off the Pill and we would use some other kind of barrier contraception. Because the possibility of becoming pregnant and having children was still a disastrous prospect in my mind (by this time I had started a new job at the University of Michigan), the idea of not using any contraception was still completely off the table. For the next several months, we tried a variety of less-effective barrier methods—diaphragms and condoms—but none were especially appealing. I began to develop a painful condition called vaginismus, possibly from pain associated with an ill-fitting diaphragm, and I ended up in the Ob/Gyn clinic of the University of Michigan completely frustrated with my options for non-hormonal birth control. I asked the physician there about natural family planning.

The doctor laughed. "You mean the rhythm method?! Everyone knows that doesn't work. If you really want to know, here's a (U.S.government published) pamphlet on 'Periodic Abstinence', but I'm telling you. It's useless." She then proceeded to write me a new prescription for the Pill.

"Won't this increase my risk of breast cancer?" I asked.

"There's no evidence that it will do that." She replied.

"But if I were to develop a tumor, isn't it possible that this pill could make it grow faster?" I pressed.

The doctor responded that this was a possibility but she quickly reassured me of the Pill's safety. She also indicated that my vaginismus pain would require an anti-depressant medication that was incompatible with pregnancy and in order to take it, I really NEEDED to be on the Pill. Discouraged, I took both prescriptions and left the office.

On the way out, I checked in at the Health Resources Center about natural family planning. Though they too were skeptical, one staff member suggested on my way out, "Why don't you call the Catholic Church?"

Driving home, I thought to myself, "Well, the Catholic Church does teach that artificial contraception is immoral. So they must have some interest in making sure that couples who use NFP can do it effectively." When I got home, I called my local Catholic church for information about natural family planning.

I decided to check it out at my local library. The library had an old edition of the Kippley's book, *The Art of Natural Family Planning*. I sat down to read it and as I did, I

became slowly aware of all that I had never known about my body, my fertility, my marriage, and even my faith.

I learned from this (pretty outdated-looking) little book, that my fertility is a sign of health. I learned that by simply observing and charting my fertility signals – a process that takes just a minute each day – I could tell whether or not I was in a fertile phase of my cycle. My husband and I could identify the fertile and infertile phases and time our marital relations accordingly. I could be free of possibly-unsafe artificial hormones, including their unwanted side effects like weight gain and irritability. I could enjoy our sex life free of unaesthetic and inconvenient barrier methods. And I could grow to appreciate my body the way God made it – with the blessing of fertility, not the “curse”.

Most importantly, I learned that marriage is actually a sacrament, and that children are a blessing of marriage. (Moreover I learned that breastfeeding is, in fact, NOT gross...but that’s a different story.) And I became impressed by the guidance and support the Catholic Church offers to spouses and to parents. In short, I was hooked.

I sent away immediately for a home study course, and John and I started following the advice. Three broken mercury-laden thermometers later, we took a live NFP class at our local Catholic Church. Not only did we learn about systematic NFP (fertility awareness) but we also learned about ecological breastfeeding—a way to space babies about two years apart through frequent nursing and constant mother-baby togetherness. Slowly, my objection to babies and motherhood began to erode and, at the age of 30, I became open to the possibility of motherhood. In 1998, we were blessed with our first son, and I was able to put all I had learned about eco-breastfeeding into practice. It worked beautifully (we have been able to space our three children about three years apart using only this method), and the attachment-promoting practices of this method of child spacing, including the safe use of the family bed, drew all of us closer together—my husband, my baby and me!

Though I had been inexplicably drawn to Catholicism since I was young, my interest in joining the Church was also solidified and encouraged by my growing involvement in the natural family planning community. After several years of discernment, I was received into the Catholic Church when I was five months pregnant with my first son. My husband followed four years later, so that our family is now unified in the Faith.

Since our discovery of NFP, John and I have realized myriad benefits, and not just the benefit of being open to our wonderful children. Through the practice of NFP, I have become more comfortable with my own body and have grown to appreciate its healthy processes. We have been able to grow in our ability to communicate with each other about fertility and sexuality and have been able to overcome shame and embarrassment related to these subjects that had troubled me earlier on. Natural family planning has enhanced our health, our marriage, our family and our faith.

Mrs. F: respecting baby's needs

I believe ecological breastfeeding is God’s plan for mothers, babies, and families. Our loving Creator made our bodies this way and “revealed” this way of natural baby spacing inherent in His way of baby care and nurturing.

Breastfeeding and Natural Child Spacing was affirming, very informative, and very encouraging to me when I was a new mother. Many things stood out to me, but one thing I would like to share is something I read in the very first edition: “Lucky indeed is the child who is nursed for several years, for his mother will probably have a close relationship with him that will remain even after the breastfeeding days are gone. He will be loved, and his mother will have learned easily how to respect his needs and his person during the years to come.” How beautiful this is! This goes far beyond the child-raising “techniques.” What a gift for a mother to learn how to respect a child’s needs and his person! How can this be “taught” via a course? In the loving way from this natural mothering experience many, many mothers learn this from WITHIN.

In a subsequent edition of this book, I quote: “Values, too, are important. If the two partners differ on values, the marriage will not be a good one even with lots of communication. If one partner does all the taking, and the other all the giving, communication does not help until the selfish partner begins to see he or she is self-centered.” When I first read this, it struck me that all the marital enrichment advice regarding communication techniques and sharing one’s “needs” could easily be just selfishness and self-centeredness, and that there was no emphasis on a personal maturing and giving to the other in the marital relationship in all these seminars and forums that couples can attend. I thought of the flow of respecting baby’s needs and his person to truly respecting my husband’s needs and his person. What I am trying to say is that I see eco-breastfeeding as a way of loving that has ramifications in all areas of one’s life.

We’re not practicing eco-breastfeeding JUST to have the natural infertility that comes with this form of baby care. Our loving God made our bodies this way and the natural infertility is built into this form of mothering, but it’s not the primary reason for doing so. For me, it’s a loving way of mothering, living, and giving that influences all our family relationships and extends outwards to others.

Beyond birth control: other opportunities for growth

We are very grateful for the personal witnesses given above and for many other expressions of thanks over the years. It is certainly a privilege to have the opportunity to help couples in this important area of life.

The Church offers its faithful regular opportunities to walk more closely with the Lord. What follows is not a personal witness but simply a reminder of two special times when we can use abstinence from the marriage act as a form of prayer and penance.

There is no question that the Church calls us to penance and self-denial as part of our walk with Jesus. Here are three paragraphs from the current *Code of Canon Law* (1983) and a paragraph from *The Catechism of the Catholic Church* (CCC).

Canon 1249. The divine law binds all the Christian faithful to do penance each in his or her own way. In order for all to be united among themselves by some common observance of penance, however, penitential days are prescribed on which the Christian faithful devote themselves in a special way to prayer, perform works of piety and charity, and deny themselves by fulfilling their own obligations more faithfully and especially by observing fast and abstinence, according to the norm of the following canons.

Canon 1250. The penitential days and times in the universal Church are every Friday of the whole year and the season of Lent.

Canon 1251. Abstinence from meat, or from some other food as determined by the Episcopal Conference, is to be observed on all Fridays, unless a solemnity should fall on a Friday. Abstinence and fasting are to be observed on Ash Wednesday and Good Friday.

CCC 1438. *The seasons and days of penance* in the course of the liturgical year (Lent, and each Friday in memory of the death of the Lord) are intense moments of the Church's penitential practice. These times are particularly appropriate for spiritual exercises, penitential liturgies, pilgrimages as signs of penance, voluntary self-denial such as fasting and almsgiving, and fraternal sharing (charitable and missionary works).

Let's start with **Friday abstinence**. You may be surprised by the text of Canon 1251 because this discipline has not been widely preached in the Church in recent years. Friday abstinence from meat, however, has a long history. What started as devotion in honor of the Good Friday suffering of the Lord Jesus became codified into a matter of Church law and obedience for many centuries. In the immediate aftermath of Vatican II (1962-1965) the Church changed the law of obedience regarding Friday abstinence, but the Church continues to urge us to practice Friday abstinence as part of personal devotion and penance. Canon 1251 uses the language of obligation—"is to be observed," but it is no longer a sin of disobedience if we do not fulfill that obligation. The Fathers of the Council were trying to get us to develop a personal relationship with the Lord Jesus, one in which we will empathize so much with his Good Friday sufferings that we will want to join with his sufferings in some small way each Friday.

A form of self-denial that may be especially appropriate in our culture is abstinence from the marriage act on Fridays for these same reasons. The Church and the entire world are in great need of prayers and sacrifices for a rebirth of chastity, for a stop to contraception, and for a culture of life. Friday abstinence from the marriage act can be such an act of prayer and sacrifice.

The primary text for **Lenten abstinence** comes from the prophet Joel who was calling his people to fasting and repentance: "Let the bridegroom go forth from his bed, and the bride out of her bride chamber" (2:16). This call to penance is read each year at Mass on Ash Wednesday. The fact that the Church proclaims this call to penance each Ash Wednesday is a good indication that it is something to be taken to heart by all of us in some way or other.

If you practice this form of penance, don't be surprised if you find abstinence for spiritual reasons a bit more difficult than abstinence for the practical reason of avoiding pregnancy. The latter form of abstinence can and should be offered up as a living prayer and penance, but you might find there is something even richer in abstaining for purely spiritual reasons. Some couples abstain from Ash Wednesday through Holy Saturday. Others may break the fast on Laetare Sunday or on other Lenten Sundays, but still trying to do penitential abstinence in the overall spirit of Lent. Couples seeking pregnancy may want to use the fertile time or times of Lent to seek pregnancy, more consciously giving

of themselves and accepting all that having another child entails. These are personal decisions.

The decision to abstain from the marriage act as a form of prayer and penance must be a mutual decision. Spouses have a right to engage in the normal marriage act, and one spouse should not decide unilaterally that he or she is going to be more spiritual and thus refuse the rightful request of the other spouse.

“The divine law binds all the Christian faithful to do penance each in his or her own way”—Canon 1249. We don’t ordinarily tend to think in these terms. The purpose of these paragraphs simply has been to remind us of the opportunities the Church’s penitential days and seasons provide for us to offer abstinence from the marriage act as a form of prayer and penance.

John and Sheila Kippley

Note: The references by Mrs. A, Mr. B, and Mrs. E were to the 4th, 3rd, and 2nd or 3rd editions respectively of *The Art of Natural Family Planning* by John and Sheila Kippley. That book is no longer available new at ordinary prices as contrasted with collectors’ pricing, but used copies may be found on the Internet. A book by the same title published in 2007 by the Couple to Couple League is significantly different from the editions written by the Kipleys.

Be subject to one another out of reverence for Christ. Let wives be subject to their husbands as to the Lord . . . Husbands, love your wives just as Christ also loved the Church and delivered himself up for her.
—Ephesians 5: 21-22; 25

Chapter 8

Getting Started

How do we get started?

Whether you are engaged or married, be chaste according to your state in life. You will never regret imposing sexual self-control on yourself, but if you refuse to do so, you may well have long lasting regrets. The ultimate purpose of human relationships is to help the other person on the path to heaven, and this is particularly true of couples who are dating, who are engaged, and who are married. If you have been living less than a full Christian life, make your resolution now to be a help and not a hindrance to anyone, especially the person you love.

If you are married, the process of getting started is the same whether you are seeking to achieve or avoid pregnancy. We suggest that you abstain until you know you are in Phase 3, the time of post-ovulation infertility. We explain the reasons on the next page. If you are engaged, resolve to abstain until you are married.

What is the first step?

1. Download several NFPI charts from the Home Page of www.nfpandmore.org and you can start charting. (Using 3-hole paper makes it convenient for saving in a binder.)

2. To the woman: figure out where you are in your cycle, that is, how many days it has been since the start of your last period. If it's been 10 days, start your temperature recordings on Day 10 on the NFPI daily observation chart. Start making your mucus observations today after each urination, at least externally. If you are ready to start the cervix observations, then record them too. If you do that, you might as well try the internal mucus observation.

If you are engaged, take your temperatures and observe the external mucus sign daily to complete your chart. You can learn the internal exams after your marriage.

3. To the married man: prepare the thermometer in the evening to give to your wife in the morning. When she's done, take it back and record the reading on the temperature graph.

What's important?

1. Keep loving each other regardless of whether you are engaging in the marriage act or not. Periods of sexual restraint can be times of special care and consideration. They do not need to be times of restraint from all physical embracing. Keep up your marital courtship and enjoy the honeymoon later on.
2. Keep your attitudes positive and work together as a team. With the proper attitudes, prayer, and sufficiently serious reasons for avoiding pregnancy, you can go for extended periods without the marriage act, and your marriage will grow rather than weaken.
3. Keep good records on a daily basis. Incomplete records greatly complicate the process of interpretation.
4. Feel free to seek help from your local NFP teachers or from others who use NFP faithfully.

Should we review?

We strongly suggest reviewing Chapter 2 on the signs of fertility and charting, Chapter 3 on interpreting your fertility signs, Chapter 4 on the rules, and Chapter 5 on special situations if that applies.

What if we start charting on Day 1?

We suggest following our recommendations about Phase 1 and Phase 3 below for your first one to three cycles. Some women will easily discern the mucus or the cervix pattern in the first cycle; others will require one or two more cycles.

What if we start charting after Day 1?

This applies to women who are already beyond the start of menstruation when they learn about NFP and start charting. If you start the STM charting early enough in your cycle to establish a pre-shift six and a thermal shift, you should be able to determine clearly the start of Phase 3 by one of the rules in Chapter 4. If you start charting too late to establish a pre-shift six and a thermal shift, we recommend abstinence until you can establish the start of Phase 3 in the next cycle.

How should we use Phase 1 at first?

We strongly suggest that you abstain from all genital contact during Phase 1 for the first one or two cycles when you are first starting NFP even if you want to become pregnant right away. In this way you, the wife, will become familiar with the onset of your mucus pattern without any interference with seminal residue or vaginal mucus from sexual excitement. Review the General Questions about Phase 1 in Chapter 4 as well as the ***Standard Phase 1 Rules*** of “not in the morning” and “not on consecutive days.”

How should we use Phase 3 at first?

We suggest being conservative when you start the Sympto-Thermal Method. We suggest using Rule C for the first one or two cycles. That means waiting for the third day of full thermal shift and the fourth day of drying up, whichever comes later.

Another option is to add an extra day to Rules B, K, or R for the start of Phase 3 for the first few cycles while learning. This conservatism helps to counter any mistakes you might make in the interpretation of the fertility signs due to inexperience.

If your mucus or cervix sign is of little or no help but your temperature pattern is clear, you may want to use the 4-day temperature-only rule in Chapter 4 to determine the start of Phase 3.

If you are coming off the Pill or any other hormonal drug or device, be sure to review the special 5-day temperature-only Post-Pill rule for these situations in Chapter 5.

If you have a clear indication of being in Phase 3 by one of the above rules, it is not necessary to abstain during Phase 3 during your first complete cycle.

We are now in our fourth charted cycle...

Phase 1: If your cycles have not been shorter than 26 days in the last year, you can consider yourselves to have a 99% probability of being in Phase 1 up through Day 6, assuming the absence of cervical mucus.

Phase 3: Depending upon the strength of your temperature shift and the clarity of the drying-up of the mucus, you can use any applicable Phase 3 rule. We do not suggest the extended use of Rule C or adding an extra day to the other rules unless you have a very serious reason to avoid pregnancy.

We have now completed six charted cycles...

Six cycles of experience should be sufficient for most couples to use all the Phase 1 rules to determine the end of Phase 1. Be sure to review the details in Chapter 4.

How do we deal with temptations?

There are two entirely different kinds of temptations connected with systematic natural family planning. The first kind deals with sexuality. Sexual abstinence is not easy for married couples, so they will be tempted to engage in contraceptive behaviors during the fertile time, especially if the fertile time—or the time that appears to be fertile because of continuing fertility signs—is longer than 8 to 10 days. Here is where it is important to have recourse to prayer and the sacraments. You are not alone in the struggle to be chaste.

We can all learn something from the experience of the various 12-Step programs. We are not going to list the 12 Steps of AA or any other program, but we can make a few observations. First, we have to be honest with ourselves and admit that we are weak. Second, we have to overcome the additional temptation to feel sorry for ourselves. Do yourself a favor; read or re-read the witnesses in Chapter 7. Third, we have to admit that without the help of God we cannot overcome our attraction to whatever it is that tempts us. Fourth, we need to avoid the occasions of increased temptations, and that includes custody of our eyes. What passes for clothing in the visual media is all too often designed to tempt men to have lustful desires. The same can be said for many of the story lines. Fifth, if we do give into sin, we need to admit it to ourselves first, not give into discouragement, resolve to keep up the fight, and get reconciled through the Sacrament of Reconciliation.

As Pope Paul VI taught in *Humanae Vitae*:

And if sin should still keep its hold over them, let them not be discouraged, but rather have recourse with humble perseverance to the mercy of God, which is poured forth in the sacrament of Penance (n. 25).

And to priests he wrote:

Teach married couples the indispensable way of prayer; prepare them to have recourse often and with faith to the sacraments of the Eucharist and of Penance without ever allowing themselves to become discouraged by their own weakness (n.29).

What's the other kind of temptation with NFP?

The second kind of temptation is to use NFP selfishly or at least without generosity. We aren't talking about something as obviously selfish as saying, "We can't afford both a baby and two new cars so we're going to keep postponing pregnancy." Nor are we talking about couples who have serious medical reasons not to seek pregnancy, or those whose economic situation is truly serious.

We understand that almost everyone has economic problems of one sort or another when they marry. We understand that almost everyone can think of ways to spend or invest more money if they had it. We understand that it is simply difficult to be generous with God in having children beyond the culturally correct number of two, or three at the most. And we understand that it is not our business to try to tell any individual couple how many children they should have.

On the other hand we believe that Pope John Paul II was on to something when he said that the greatest gift you can give your children is another sibling. We know with certainty that if every married couple has only two children, their countries' traditional culture will die or be radically changed. We know we are called to generosity in having children. We know the Catholic teaching that we need a sufficiently serious reason to avoid pregnancy, and we know how easy it is to rationalize the very small family.

The 12-Step approach can help us here as well. We need to admit to ourselves that we are subject to the materialism of the secular culture in which we live. We need to avoid feeling sorry for ourselves. We can safely assume that God is not calling us to the most comfortable life. We need to recognize that we cannot make the right decisions without his help. We need to pray for his help in discerning his call.

We're newlyweds. How long should we postpone seeking pregnancy?

Marriage is for family. The honeymoon is a wonderful time to become pregnant. Based on what we have seen, heard, and know, we would urge you not to postpone seeking pregnancy too long, no matter what your debts. Two hard-working and scrimping college grads can pay off a lot of debt in 18 to 24 months. A priest with much experience with divorced couples has warned against lengthy postponement of pregnancy on very practical grounds. It's not just a matter of getting drawn into materialism. As this priest put it, it's also that when two people are just staring at each other's good looks for too long, after a while they start to see only the pimples. Marriage is a joint project for helping each other on the way to heaven and for sharing the gift of

life with children whom you will bring up in the ways of the Lord. Lastly, if you have a fertility problem, the sooner you discover it, the better.

How can I gain experience in learning the rules for NFP?

The following practice charts will help you gain experience in the rules. You can also refer to the manual as often as needed.

1. Practice charts

Couples can gain experience with systematic NFP by interpreting charts. A few charts are included here for this learning experience. The one common requirement for Phase 3 rules is that all Phase 3 rules must have at least 3 days of elevated temperatures.

While doing the practice charts, you may find the “Brief Review” sheet on the rules useful. The review sheet is on page 143. The answers to the practice charts start on page 141. A completed chart is provided on page 144.

Use a pencil, have an eraser nearby, and don’t peek at the answers until you have finished interpreting the chart.

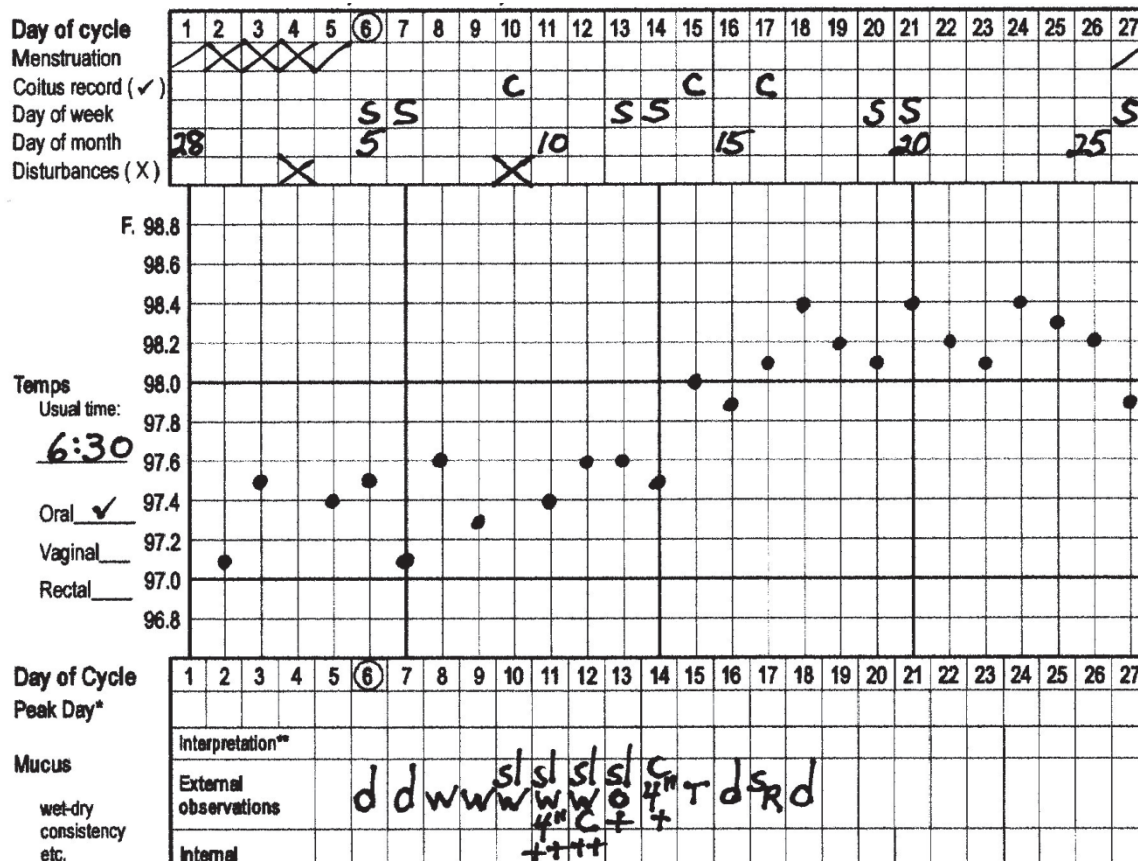
Chart information for **Practice Chart 1:**

Her chart #29

Previous cycles: Short 24 Long 31 based on 28 recorded cycles

Earliest first day of thermal shift: 14 based on last 12 recorded cycles.

Days 4 and 10: No temps taken



Practice Chart 1

First Cycle Trying to Achieve Pregnancy

Peak Day _____ Length of mucus patch _____ days

Pre-shift 6 temperatures _____ LTL _____ HTL _____

Length of luteal phase _____ days Length of cycle _____ days

Last day of Phase 1: Days 3-6 Rules _____ 21/20 Day Rule _____

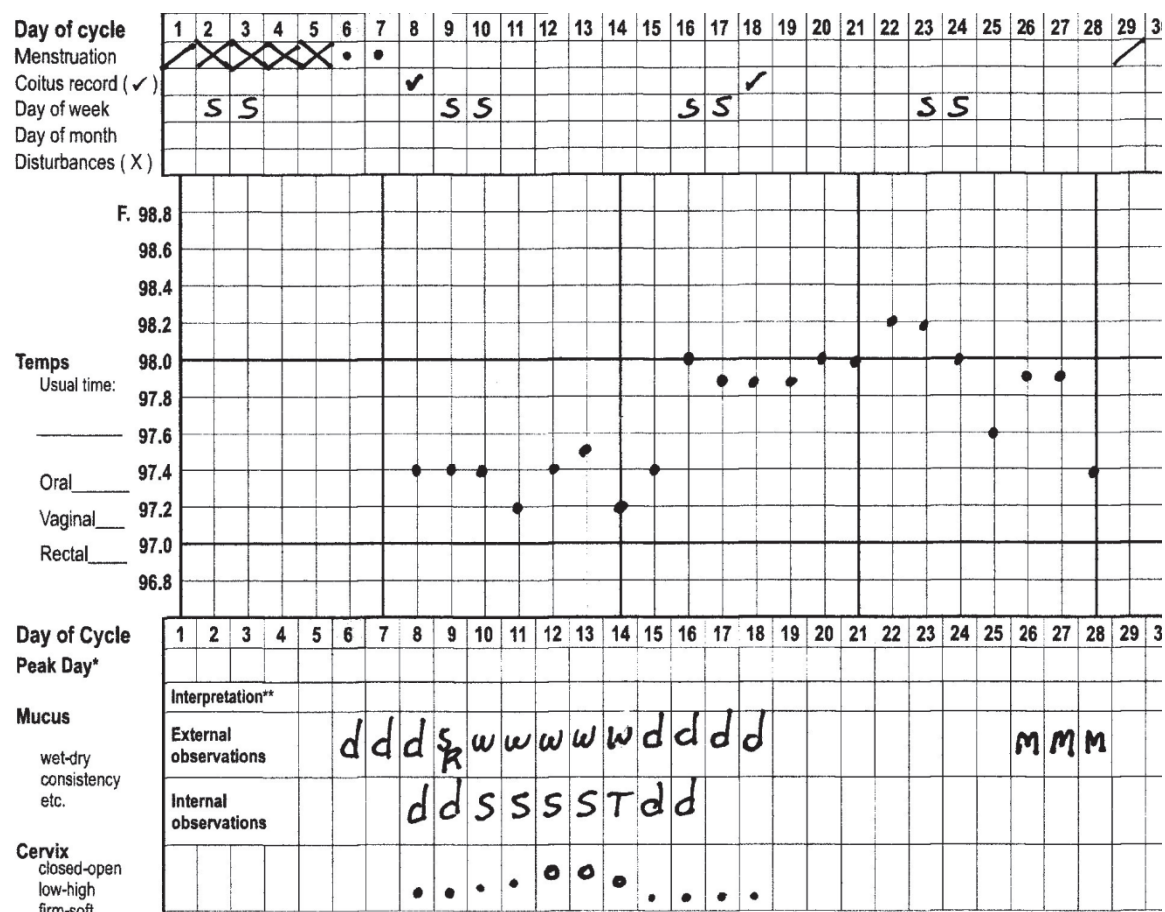
Doering Rule _____ Last Dry Day Rule _____

If Day 17 was a dry day, the start of Phase 3 is on the evening of Day ____ by Rule ____.

Was pregnancy achieved? _____

Chart information for **Practice Chart 2:**

Her chart #40

Previous cycles: Short 25 Long 33 based on 39 recorded cyclesEarliest first day of thermal shift: 15 based on 12 recorded cycles.

Practice Chart 2

Peak Day _____ Length of mucus patch _____ days

Pre-shift 6 temperatures _____ LTL _____ HTL _____

Length of luteal phase _____ days Length of cycle _____ days

Last day of Phase 1 Days 3-6 Rules _____ 21/20 Day Rule _____

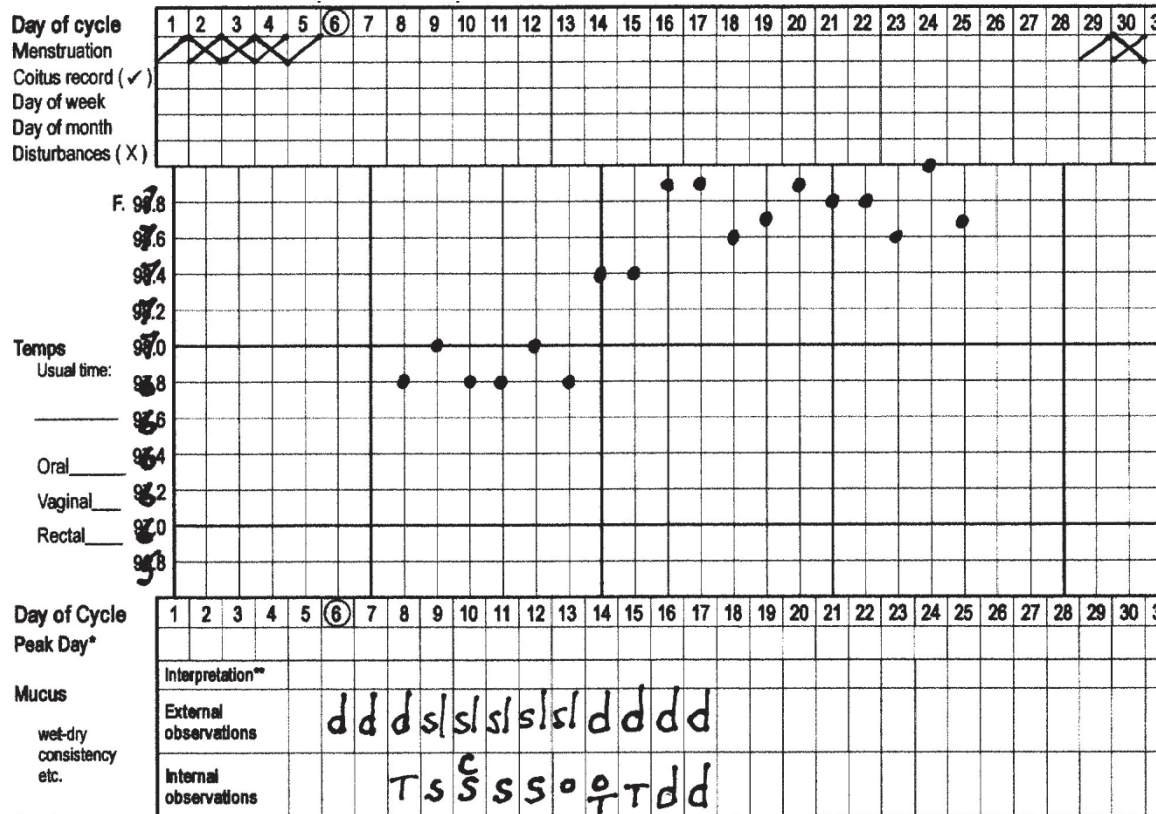
Doering Rule _____ Last Dry Day Rule _____

What are the Standard Phase 1 Rules?

The start of Phase 3 is on the evening of Day _____ by Rule _____

Chart information for **Practice Chart 3:**

Her chart #3

Previous cycles: Short 28 Long 29 based on 2 recorded cyclesEarliest first day of thermal shift: 14 based on 2 recorded cycles.

Practice Chart 3

Note the changed temperature scale on the side of this chart.

Peak Day _____

Length of mucus patch _____ days

Pre-shift 6 temperatures _____ LTL _____ HTL _____

Length of luteal phase _____ days

Length of cycle _____ days

Last day of Phase 1: Days 3-6 Rules _____ 21/20 Day Rule _____

Doering Rule _____ Last Dry Day Rule _____

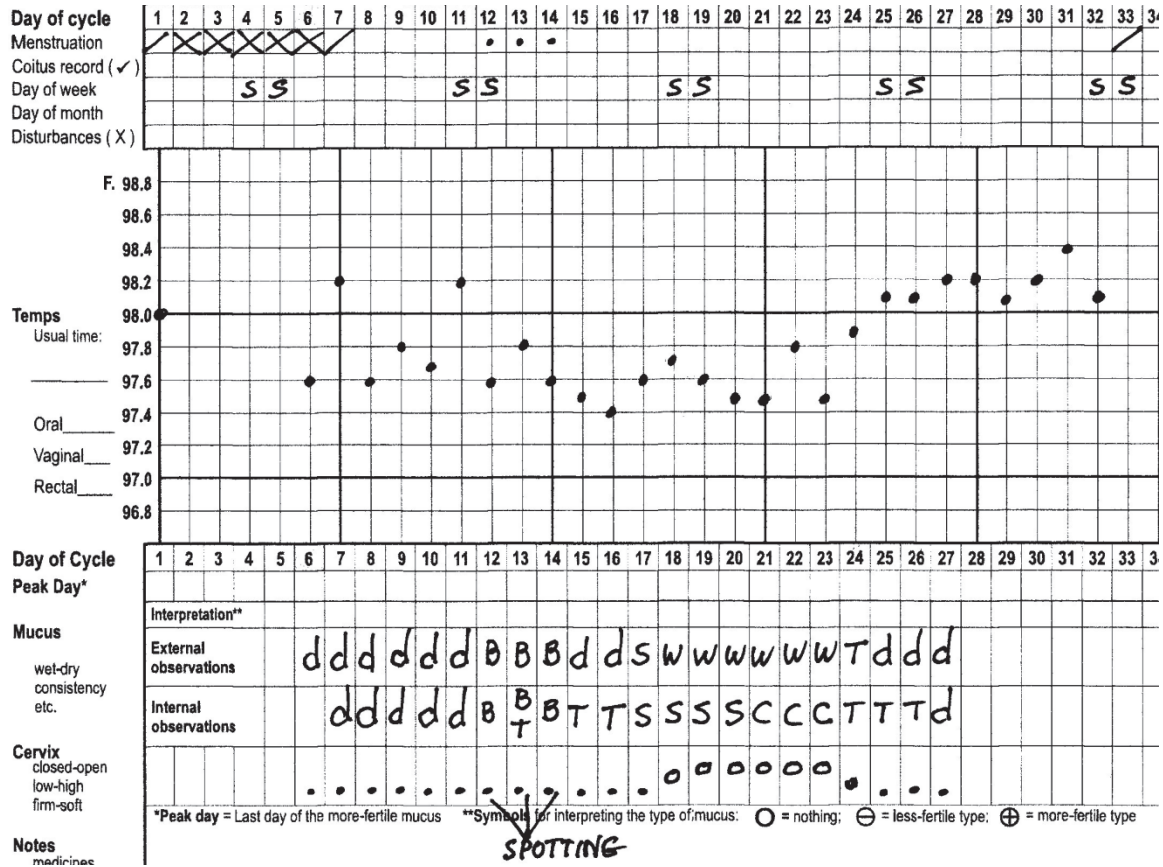
The start of Phase 3 is on the evening of Day _____ by Rule _____

Chart information for **Practice Chart 4:**

Her chart #15

Previous cycles: Short 29 Long 40 based on 12 recorded cycles

Earliest first day of thermal shift: _____ based on _____ recorded cycles.



Practice Chart 4

Peak Day _____

Length of mucus patch _____ days

Pre-shift 6 temperatures _____ LTL _____ HTL _____

Length of luteal phase _____ days Length of cycle _____ days

Last day of Phase 1: Days 3-6 Rules _____ 21/20 Day Rule _____

Doering Rule _____ Last Dry Day Rule _____

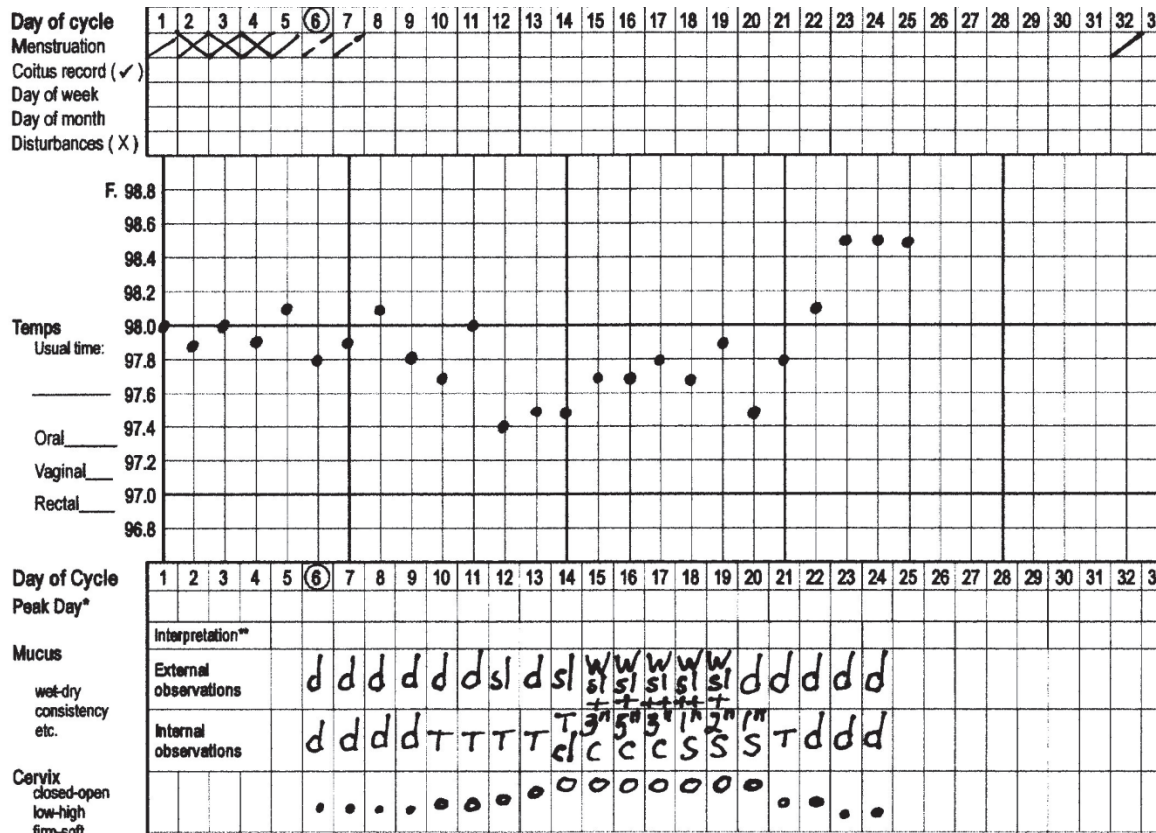
The start of Phase 3 is on the evening of Day _____ by Rule _____

Can you shave and have an earlier start to Phase 3? If you shave the temperature on

Day _____ to _____, then Phase 3 begins the evening of Day _____ by Rule _____.

Chart information for **Practice Chart 5:**

Her postpartum chart #1

Previous cycles: Short 27 Long 32 based on 8 pre-pregnancy recorded cyclesEarliest first day of thermal shift: 14 based on 8 recorded cycles.**Practice Chart 5****Breastfeeding mother; Baby 15 months old on Day 13**

Peak Day _____

Length of mucus patch _____ days

Pre-shift 6 temperatures _____ LTL _____ HTL _____

Length of luteal phase _____ days Length of cycle _____ days

Last day of Phase 1: Days 3-6 Rules _____ 21/20 Day Rule _____

Doering Rule _____ Last Dry Day Rule _____

The start of Phase 3 is on the evening of Day _____ by Rule _____

Practice Chart Answers

Practice Chart 1:

| | | |
|----------------------------------|----------|------------------------|
| Peak Day = 14 | Phase 1: | Days 3-6 Rules = Day 5 |
| Mucus patch = 7 days | | 20 Day Rule = 4 |
| Pre-shift 6 = 8-14 | | Doering = 7 |
| LTL = 97.6 | | LDD = 7 |
| HTL = 98.0 | | |
| Length of luteal phase = 12 days | Phase 3: | Rule R = 17 |
| Length of cycle = 26 days | | Rule B = 18 |

Discussion:

Due to the disturbance on Day 10, we did not count Day 10 among the pre-shift 6 temperatures. We skipped Day 10 and used Day 8 in the count.

Pregnancy was not achieved in this cycle. The chart does not show 21 days of elevated temperatures and her period began on Day 27 with a drop in temperature to begin a new cycle. This couple did achieve pregnancy two cycles later.

On the chart, the “SS” in the “Day of Week” row stands for Saturday and Sunday. The “c” indicates coitus. The plus signs for mucus recordings indicate a large quantity of mucus. On Day 17 the “SR” means seminal residue.

Practice Chart 2:

| | | |
|----------------------------------|----------|------------------------|
| Peak Day = 14 | Phase 1: | Days 3-6 Rules = Day 5 |
| Mucus patch = 5 days | | 20 Day Rule = 5 |
| Pre-shift 6 = 10-15 | | Doering = 8 |
| LTL = 97.5 | | LDD = 8 |
| HTL = 97.9 | | |
| Length of luteal phase = 13 days | Phase 3: | Rule C = 18 |
| Length of cycle = 28 days | | |

Discussion:

This lady records all her signs well. The “M” on Days 26, 27 and 28 is mucus she observes prior to menstruation. The dots on Days 6 and 7 for menstruation means she spotted on those days.

Wetness is a more-fertile mucus. Thus the last day of more-fertile mucus on this chart would be Day 14. This chart shows that the cervix sign is helpful and that she meets the Phase 1 recommendation of having at least a 5-day mucus patch.

The Standard Phase 1 Rules are “not in the morning” and “not on consecutive days.”

Practice Chart 3:

| | | |
|----------------------------------|----------|------------------------|
| Peak Day = 13 | Phase 1: | Days 3-6 Rules = Day 6 |
| Mucus patch = 6 days | | 21 Day Rule = 7/NA |
| Pre-shift 6 = 8-13 | | Doering = 7/NA |
| LTL = 97.0 | | LDD = 7/NA |
| HTL = 97.4 | | |
| Length of luteal phase = 15 days | Phase 3: | Rules K and R = 16 |
| Length of cycle = 28 days | | |

Discussion of Chart 3:

Only the Day 6 Rule applies for Phase 1. The other Phase 1 rules require 6 cycles of experience. We have inserted what the other rules would yield with sufficient experience but have added NA for “not applicable.”

Her temperatures are so low that she changed the numbering on the side of her chart. We would ask her if she is using iodized salt and would refer her to Marilyn Shannon’s book, *Fertility, Cycles and Nutrition*.

The start of internal mucus on Day 8 positively indicates the start of Phase 2.

Practice Chart 4:

| | | |
|---------------------------------|----------|------------------------|
| Peak Day = 23 | Phase 1: | Days 3-6 Rules = Day 6 |
| Mucus patch = 11 days | | 20 Day Rule = 9 |
| Pre-shift 6 = 18-23 | | Doering = NA |
| LTL = 97.8 S 97.7 | | LDD = 11 |
| HTL = 98.2 S 98.1 | | |
| Length of luteal phase = 9 days | Phase 3: | Rule B = 27 |
| Length of cycle = 32 days | | shaved Rule R = 26 |

Discussion:

The temperature on Day 22 can be shaved .1 to 97.7. With the LTL at 97.7 and the HTL at 98.1, you have a shaved Rule R by Day 26. Remember that you can shave only one temperature and by only .1 when applying Rule R.

“B” indicates blood in her mucus notations. She also had spotting on Days 12, 13 and 14 in her “menstruation” notations which she indicated by dots.

On this chart we see the benefits of the cervix sign as the changes of opening and rising begin on Day 18 and the closing started on Day 24.

If this couple were having a difficult time achieving pregnancy, we would encourage them to try to lengthen the 9-day luteal phase and refer them to *Fertility, Cycles and Nutrition*.

Practice Chart 5:

| | | |
|----------------------------------|----------|--------------------|
| Peak Day = 20 | Phase 1: | Days 3-6 Rules = 6 |
| Mucus patch = 11 days | | 21 Day Rule = 6 |
| Pre-shift 6 = 16-21 | | Doering = 7 |
| LTL = 97.9 | | LDD = 9 |
| HTL = 98.3 | | |
| Length of luteal phase = 10 days | Phase 3: | Rule B = 24 |
| Length of cycle = 31 days | | |

Discussion:

This mother is breastfeeding, and this is her first postpartum cycle. There is certainly no reason for this breastfeeding mother to wean in order to practice systematic NFP. Her previous experience allows us to apply the rules for the end of Phase 1 and the start of Phase 3.

A BRIEF REVIEW

NOTE: This page serves only as a reminder. It is not a substitute for the details in Chapter 4.

Phases 1 and 3: for avoiding or postponing pregnancy

Phase 2: for achieving pregnancy

Eco-breastfeeding and natural child spacing: see Chapter 6 for the Seven Standards.

Phase 1 Rules

Days 3-6 Rules

Shortest cycle of **26 days or longer** in the last two years, use a **Day 6** cutoff.

Shortest cycle of **23 to 25** days in the last two years, use a **Day 5** cutoff.

Shortest cycle of **22 days or less** in the last two years, use a **Day 3** cutoff.

Requirements: See “Days 3-6 Rules” in Chapter 4, page 61.

The 21-Day Rule

“Previous shortest cycle minus 21 = last day of Phase 1.”

Requirements: See “The 21-Day Rule” in Chapter 4, page 62.

The Doering Rule (first-day-of-rise rule)

“Earliest day of temperature rise minus 7 = last day of Phase 1.”

Requirements: See “The Doering Rule” in Chapter 4, page 63.

The Last Dry Rule

“The last dry day before the mucus starts = last day of Phase 1.”

“The first day of any mucus = start of Phase 2.”

Requirements: See “Last Dry Day Rule” in Chapter 4, pages 64-65.

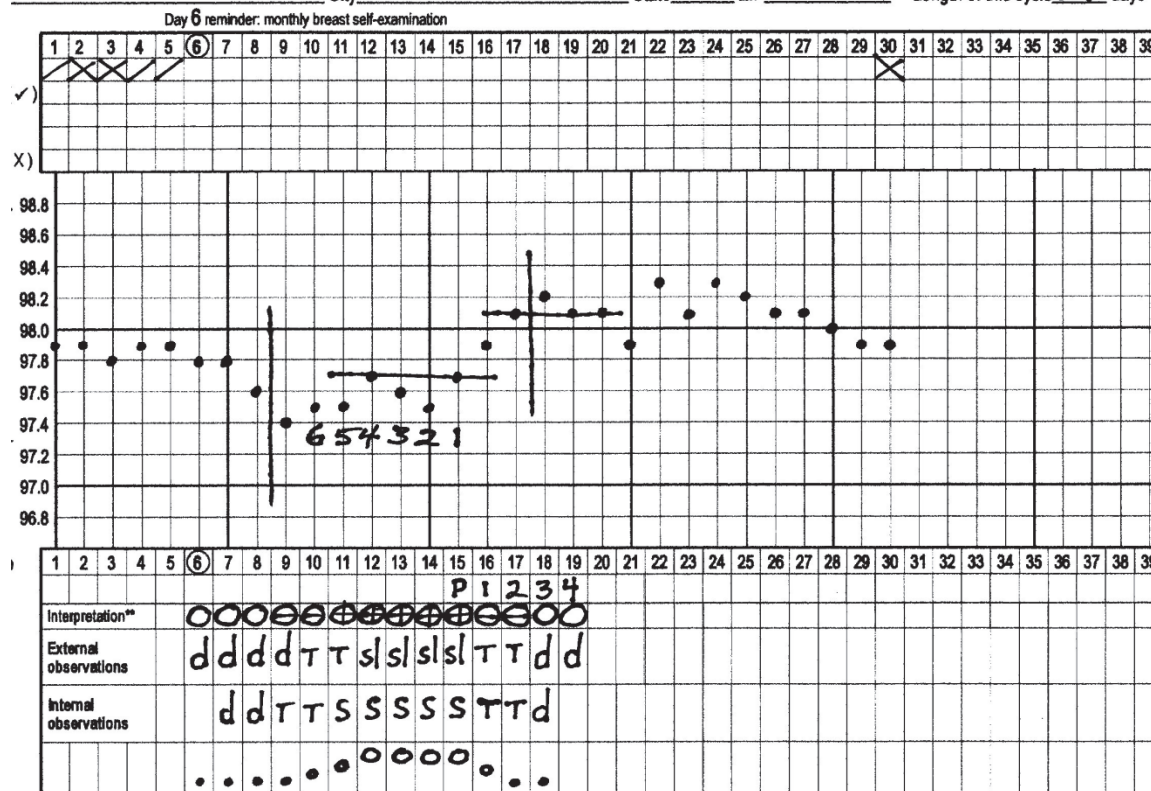
Phase 3 Rules

(Temps are stated in Fahrenheit degrees and represent the minimum rise above the LTL)

| | 1 st Day Temp | 2 nd Day Temp | 3 rd Day Temp | Dry Days |
|---------------|---|--------------------------|--------------------------|----------|
| Rule C | .4 (HTL) | .4 (HTL) | .4 (HTL) | 4 |
| Rule K | .4 (HTL) | .4 (HTL) | .4 (HTL) | 2 or 3 |
| Rule R | .2 above LTL | .2 above LTL | .4 (HTL) | 3 |
| Rule B | 3 rising temps above the LTL One temperature must reach the HTL Temps do not have to be consecutive for Rule B. | | | 4 |

Requirements for Phase 3 Rules: See Chapter 4, pages 76-86.

Month _____ Year _____ Phone _____ Previous cycles: Short 28 Long 34 based on 6 recorded cycles
 Age 31 Ht 5'6" Wt 140 Earliest first day of thermal shift 14 based on 6 recorded cycles
 Shortest mucus patch 5 based on 6 recorded cycles
 City _____ State _____ ZIP _____ Length of this cycle 29 days



A Completed Chart

Peak Day: Day 15

Pre-shift 6: Days 10-15

LTL = 97.7; HTL = 98.1

Days 3-6 Rules: Day 6

21-Day Rule: Day 7

Doering Rule: Day 7

Last Dry Day Rule: Day 8

Phase 3: Evening of Day 18 by Rule R

Alternate Phase 3: Evening of Day 19 by Rules C and B

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Chart # _____ Month _____ Year _____ Phone _____
 Name _____ Age _____ Ht _____ Wt _____
 E-mail _____
 Address _____ State _____ ZIP _____
 Day 6 reminder: monthly breast self-examination

NFP International

| Day of cycle | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | |
|-------------------|------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|
| Menstruation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coitus record (✓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day of week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day of month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disturbances (X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. | 98.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 98.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 98.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 98.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temps | 98.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Usual time: | 97.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 97.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oral | 97.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaginal | 97.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rectal | 97.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 96.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Day of Cycle | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|
| Peak Day* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interpretation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| External observations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internal observations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cervix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| medicines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| spotting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| schedule changes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| moods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| pains, sickness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This is a reduced-size chart for those who do not have access to the Internet.
 Many printers can enlarge the chart.
 The free full-size chart is available at the Home Page of www.nfpandmore.org.

Free charts
 available at
[nfpandmore.org](http://www.nfpandmore.org)

The Last Word

Natural Family Planning International exists to help people learn the practice of natural family planning within the context of the teaching of the Catholic Church.

Our approach to natural family planning is The Complete Approach because it regards you as a complete person who is much more than just your fertility. This approach is also called the Original Content of the Triple Strand consisting of —

- Ecological Breastfeeding
- The Covenant theology of the marriage act
- Systematic natural family planning.

Thanks for using this manual to learn and to use The Complete Approach.

Feel free to contact us at www.nfpandmore.org

May God continue to bless your efforts to live your marriage by His Plan.

We are interested in training qualified persons to provide this service in their communities. Contact us at www.nfpandmore.org .