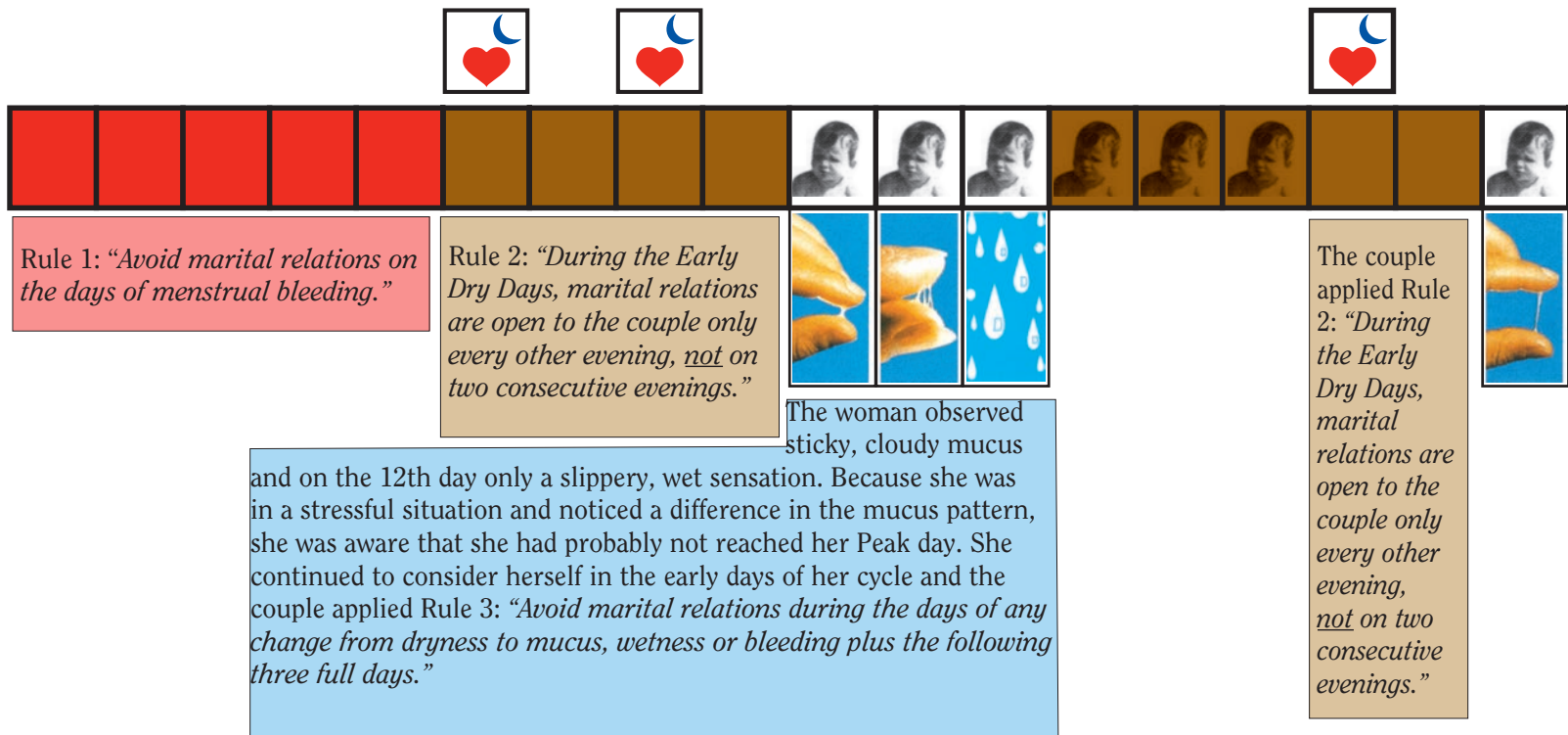


VI.

Postponing Pregnancy: Special Circumstances

These varieties of charts are found in special circumstances such as: STRESS, DISCONTINUED USE OF THE PILL, IMPLANT, *DEPO-PROVERA*, THE PATCH or INTRAUTERINE DEVICES and DURING PREMENOPAUSE.

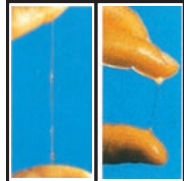
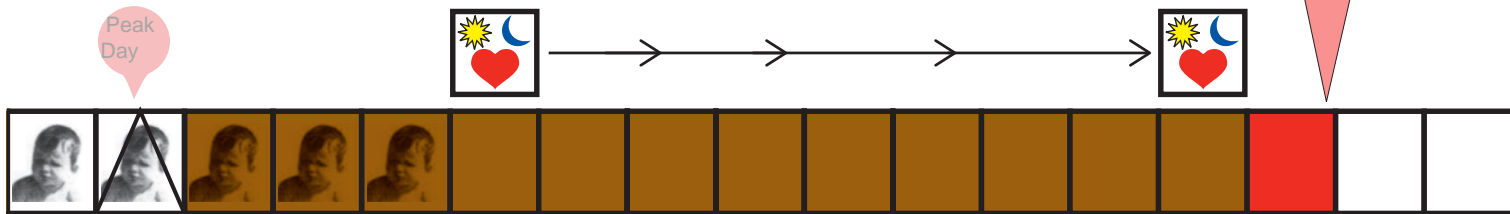
Any mucus secretion observed during the early days of a cycle is considered possibly fertile. In special circumstances such as stress, coming off artificial methods and during pre-menopause, the ovaries are working in spurts trying to ovulate, but the process is not always completed. It may be interrupted due to having affected the normal function of the ovaries, which suppressed the necessary elevation of hormones for ovulation to occur. When the ovaries are trying to return to normal, hormonal levels increase and patches of mucus appear that eventually lead to ovulation.



STRESS

A woman has only one day of ovulation in a fertile cycle, but may note several periods of fertile mucus interrupted by dry days during periods of stress until ovulation occurs. Prolonged stress may cause anovulatory cycles and periods of irregularity, characterized by intermenstrual bleeding and frequent mucus patches.

The days between PEAK DAY and bleeding were 13. Therefore this bleeding is a true menstruation and she recognized her Peak Day correctly.



The woman observed stretchy, slippery mucus and felt the sensation of wetness, which she identified as the return of her mucus pattern.

She noticed a change to dryness. This was her indication to mark the PEAK DAY the previous day. They applied the Peak Day Rule: *“When the Peak Day is established with certainty, marital relations are open to the couple from the morning of the fourth day after the Peak until the next menstruation begins.”*

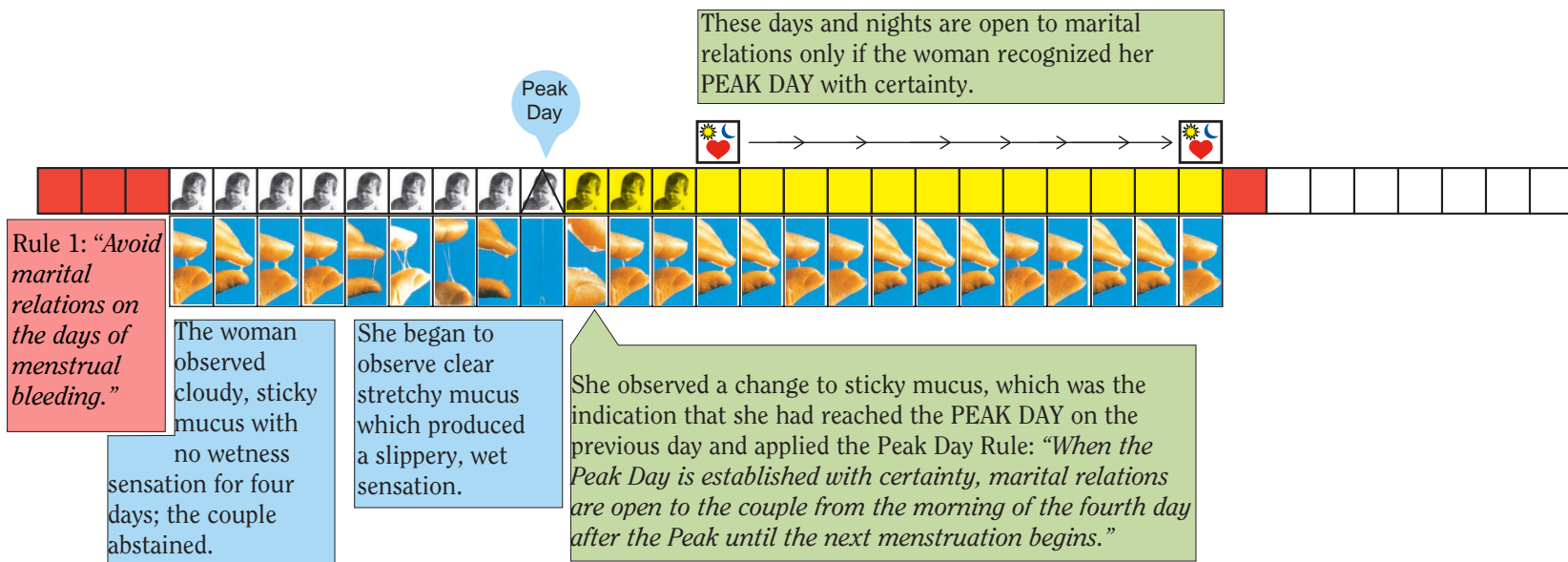
Special Considerations:

- If a woman is uncertain that she has identified the PEAK DAY, she should continue to consider herself in the early days of the cycle to which the Early Day Rules apply.
- If menstruation does not occur within 16 days after the PEAK DAY symptom, it is likely that the PEAK DAY was incorrectly identified. The woman should then apply the Early Day Rules so that the fertile phase and the true PEAK DAY can be recognized when they occur.

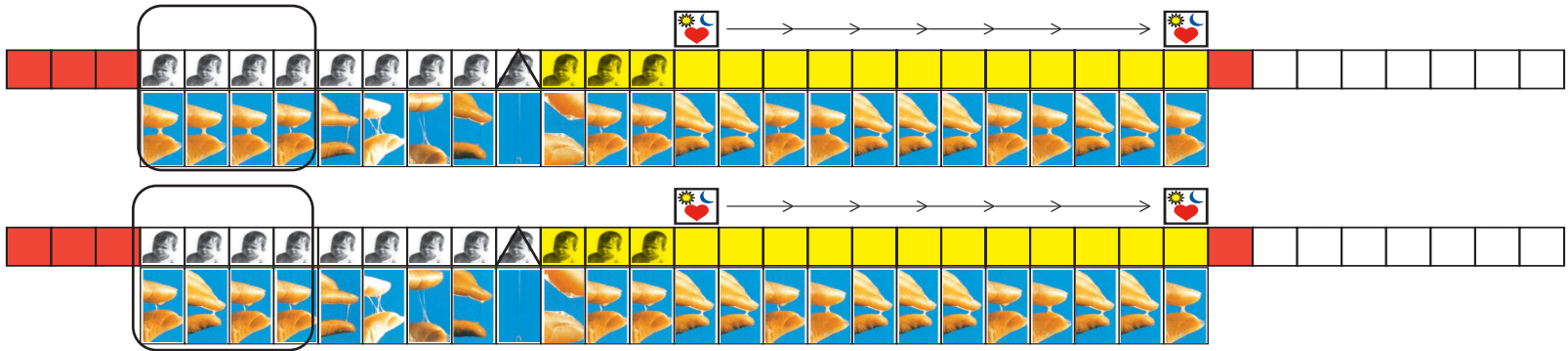
All mucus observed in the early days of a cycle is considered possibly fertile. Some women may experience a constant discharge before the fertile phase begins. Constant discharge means a secretion with no change in amount, sensation, consistency or color that remains the same day after day before the fertile phase begins. This is due to low circulatory levels of estrogen. When she observes an increase in the amount of mucus, a change in the sensation, the development of stretchiness or greater transparency, or the addition of blood which tinges the discharge red, pink or yellow, it is an indication of possible fertility. Some women manifest their infertility with an unchanging discharge. To consider this discharge as infertile, they must accomplish the following requirements:

- The woman must be able to recognize with certainty the difference between the constant secretion she observes after menstruation to any change in amount, color, consistency or a slippery wet sensation.
- The woman consistently observed mucus with basically no change from the end of menstruation to the beginning of the fertile phase during 3 consecutive cycles and this was confirmed by her instructor.

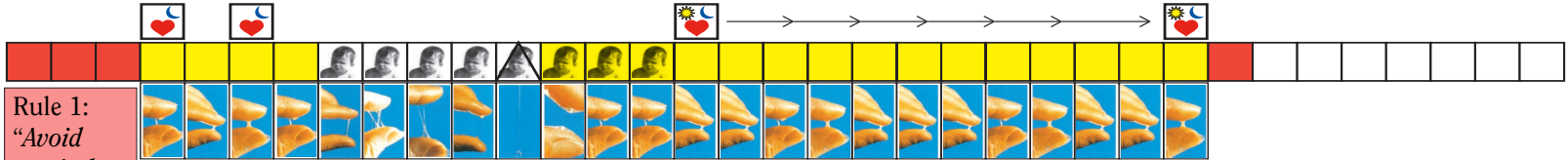
In women with very long cycles with continuous discharge, the secretion must remain constant and unchanged for **fourteen consecutive days**, please see pages 64-65. This constant discharge is called the Basic Infertile Pattern of Discharge (B.I.P. of Discharge). Any change from this pattern is the indication that the return of fertility is approaching.



The woman observed basically the same pattern of unchanging discharge during the following 2 cycles.



The woman was able to recognize with certainty the difference between the two secretions. After observing basically the same pattern for 3 consecutive cycles and confirmed by an instructor, the couple used the plain yellow stamps and followed the Early Day Rules:



Rule 1:
"Avoid marital relations on the days of menstrual bleeding."

On these days of unchanging discharge the couple applied Rule 2: "During the Early Dry Days, marital relations are open to the couple only every other evening, not on two consecutive evenings."

The couple abstained when she observed a change from her B.I.P. of Discharge that indicated to her the beginning of the fertile phase.

They applied the Peak Day Rule: "When the Peak Day is recognized with certainty, marital relations are open to the couple from the morning of the fourth day after the Peak until the next menstruation begins."

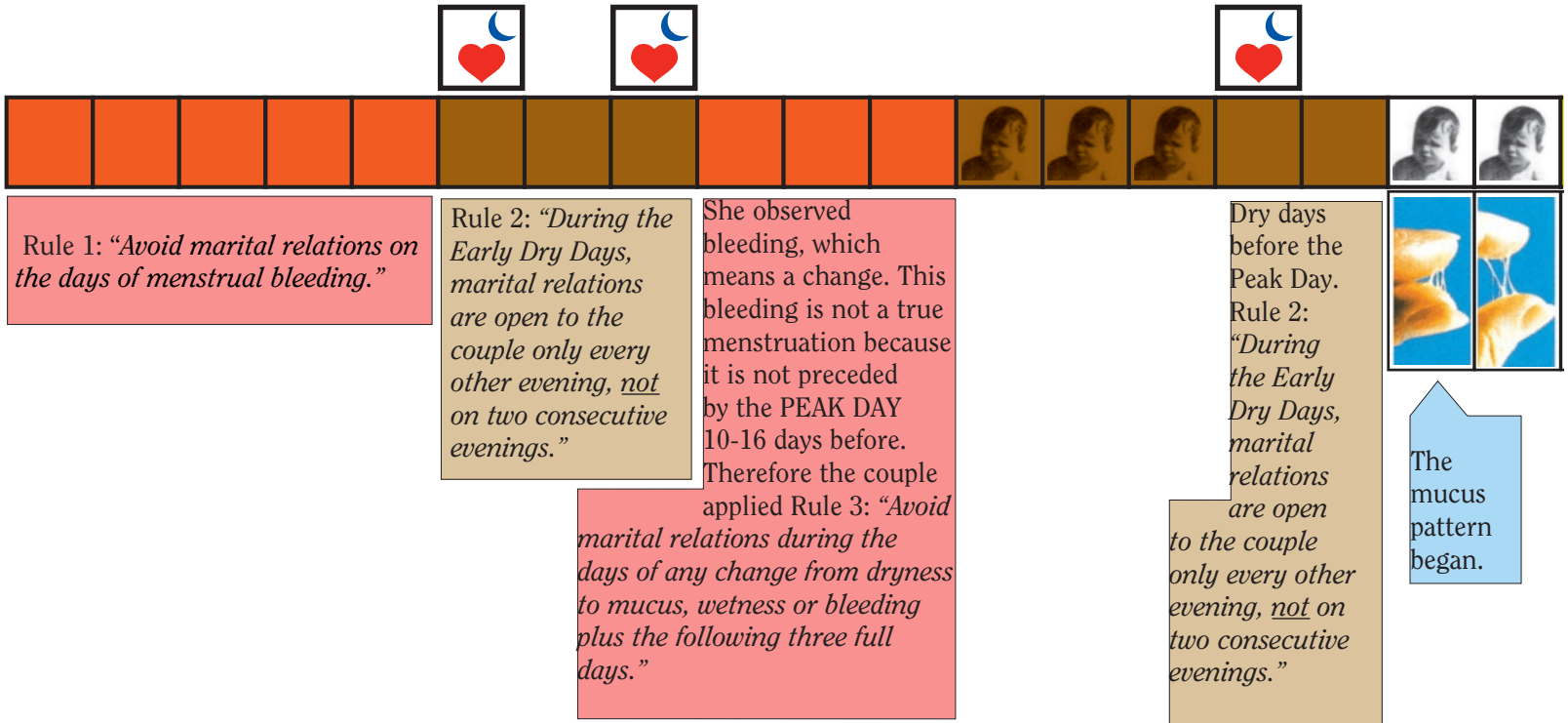
WOMEN COMING OFF THE PILL
Women coming off the pill often experience a constant mucus secretion, which usually slowly disappears. The return of ovulation (and thus the Peak Day) may occur within a few weeks. However, depending on the individual woman and the suppression of ovarian function caused by the Pill and the dosage used, ovulation may not occur for several months. Strong ovarian pain may accompany her first ovulation after discontinuation of the pill. Women discontinuing the pill should abstain from marital relations during the first month of charting to make careful observations of the pattern of fertility or infertility. The couple must follow the Early Day Rules until she recognizes the Peak Day with certainty.

IMPORTANT:
A constant discharge that is heavy, prolonged, irritating or offensive in odor, color and causes pain is abnormal and needs medical diagnosis. Abstinence is recommended until treatment has been completed so that the infection does not spread to the husband. The husband may also be treated, depending on the nature of the infection. If the woman is using a vaginal treatment the couple should abstain during treatment because it could disguise a fertile secretion.

Fertility is at its peak in the early twenties, after which it gradually declines. The decline in fertility is more marked from the late thirties onward. The fertility of the pre-menopausal woman is very much diminished.

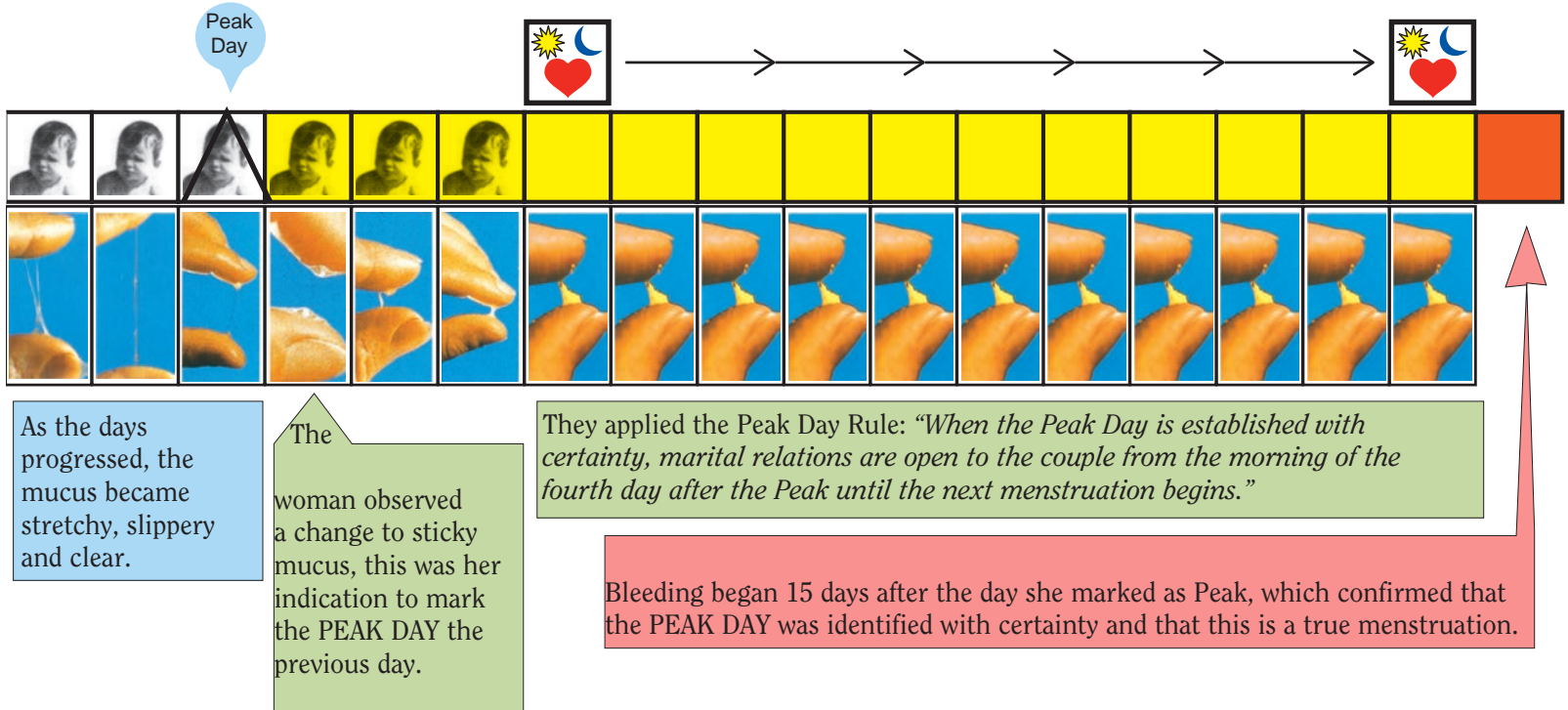
As fertility declines, there is less mucus and so the PEAK DAY becomes less obvious. When this happens, the Early Day Rules are applied to every change from the B.I.P., including patches of mucus with a doubtful PEAK DAY, and any bleeding. Eventually bleeding and mucus will cease and the woman will be left with permanent infertility.

Following is an example of a pre-menopausal woman.



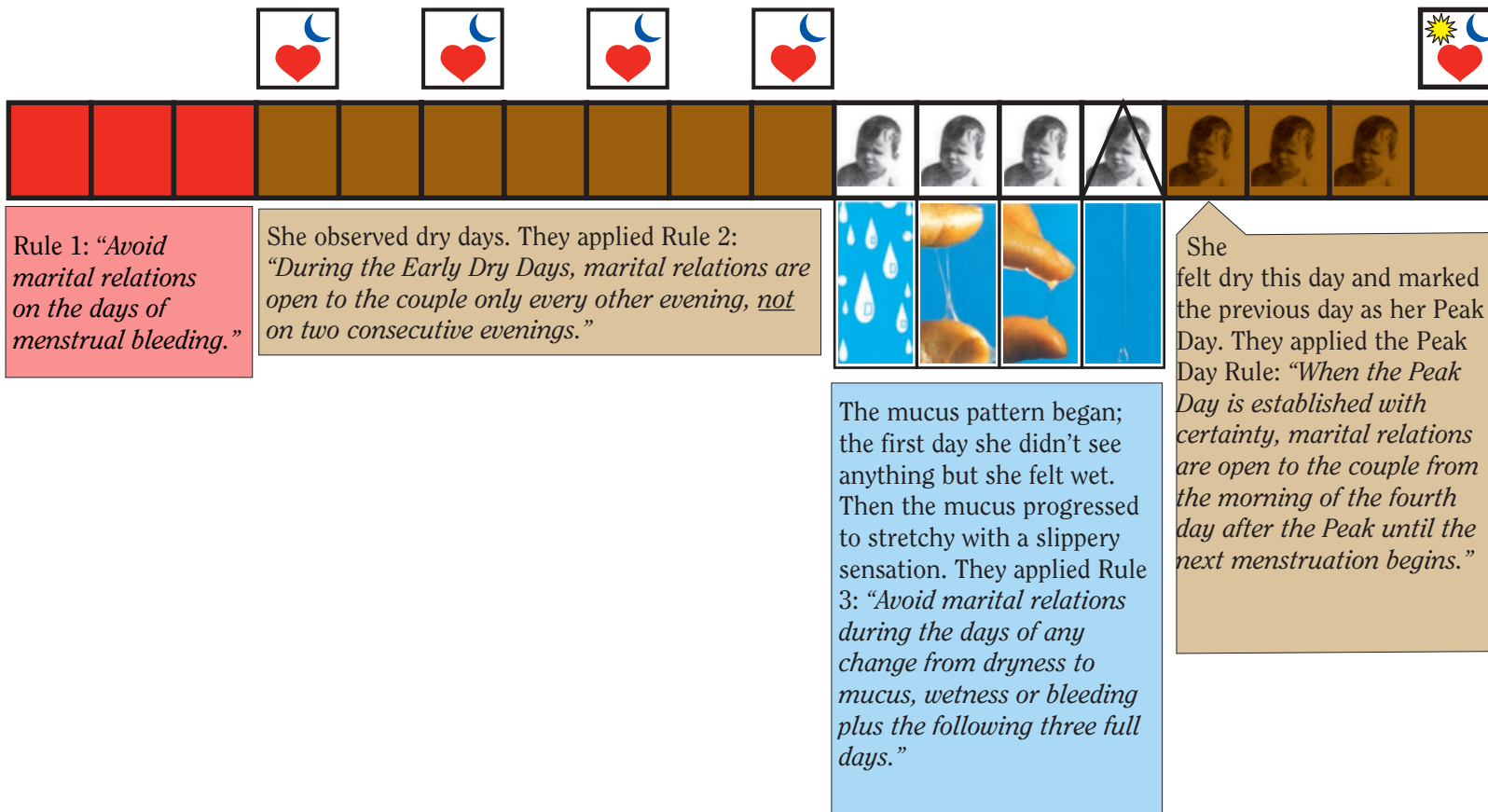
DISCONTINUING THE IUD:

Women using the IUD often experience heavy bleeding, which may not decrease until a few cycles after its removal. They may also have a continuous wet discharge. Vaginal signs may be confusing immediately following the removal of the IUD. It is important to abstain during the first cycle. If there are no vaginal infections, mucus signs should be easy to identify. However, some IUDs release hormones that may affect the cycles.



The Late Days of the cycle are called the Luteal Phase. This type of cycle with short luteal phase is present in special circumstances like pre-menopause and also during breastfeeding. It is important to note that to consider a woman under this circumstance, she must clearly identify

her Peak Day. As mentioned before, to consider a bleeding as true menstruation there must be 10-16 days between the Peak Day and bleeding; these special circumstances during pre-menopause and breastfeeding are the exception.



This is an example of a short luteal phase cycle during pre-menopause. In this cycle she only had 8 days of luteal phase, this indicated that although she had probably ovulated, her cycle was infertile because the luteal phase was less than 10 days long. There was not enough build-up of nutrients in the

endometrium to retain a pregnancy. Since she had identified the Peak Day, the couple could have marital relations any time, day or night until the next menstruation.



PRE-MENOPAUSE.

Pre-menopause may last 2-5 years prior to the cessation of menses; the woman’s fertility is very much diminished. In order to avoid pregnancy, the woman must recognize infertility with a daily record for one month prior to applying the Ovulation Method. During pre-menopause, cycles could be normal; become irregular (extremely variable in length: short or long cycles); with intermittent bleeding; with patches of mucus that are increasingly less frequent and with a short luteal phase. A woman may ovulate infrequently or not at all, even though bleeding still occurs. Menses may be heavy and prolonged. A common infertile pattern for these women is dry, crusty, flaky mucus without the lubricative qualities of fertile-type mucus. She also can be dry, but remember that each woman has her own pattern. As fertility declines, there is less mucus and so the PEAK DAY becomes less obvious. When this happens, the Early Day Rules are applied to every change from the B.I.P. (including patches of mucus with a doubtful Peak Day and all bleeding). Eventually bleeding and mucus will cease and the woman will be left with a permanent B.I.P. of dryness indicating final infertility. In some women menstrual periods may stop without warning and not begin again.

Review

During Menstruation:

Avoid marital relations during the days of menstrual bleeding.

Reason 1: The bleeding could conceal the presence of mucus if the fertile phase begins early in the cycle.

Reason 2: There is medical support for abstinence during menstruation. There is evidence that women who engage in marital relations during menstruation increase their risk of endometriosis.

Early Dry Days:

Marital relations are open to the couple on alternate evenings of dry days immediately following menstruation. Dry days are defined as those when no mucus is seen and there is no feeling of wetness or lubrication.

Reason: Seminal fluid on the following morning after marital relations could conceal the presence of mucus. Marital relations are available to the couple on alternate evenings only since observations for any change from dryness should be made throughout the day.

The Fertile Phase:

At the first sign of change from dryness to the presence of mucus, or to a sensation of wetness or lubrication, the couple who wishes to postpone pregnancy must abstain from marital relations and genital contact until the PEAK DAY has been clearly identified, plus three full days following the PEAK DAY. Marital relations can be resumed on the morning of the fourth day after the PEAK DAY.

Reason: All mucus occurring prior to the PEAK DAY is considered fertile unless a Basic Infertile Pattern (B.I.P.) of mucus has been established.

See pages 84-87 and 98-99 for additional information about B.I.P.

The PEAK DAY:

The PEAK DAY is the last day that the mucus is stretchy, or a slippery wet sensation is felt at the vulva, even if mucus is not seen. This is not always the day when the quantity of the mucus is greatest, but the last day when any mucus with fertile characteristics is noticed, or a wet slippery sensation is felt during daily observations.

The PEAK DAY is identified the day after it occurs, when a change to sticky, non-elastic mucus or to dryness is observed. The correct identification of the PEAK DAY will be verified by menstruation occurring 10 to 16 days later.

Reason: Ovulation occurs on the PEAK DAY, or one to two days before or after the PEAK DAY. Sperm entry is possible into the uterus during the fertile phase and for three days after the PEAK DAY.

The Late Infertile Phase:

Count three days of dryness (or sticky, pasty mucus) after the PEAK DAY.

Relations are open to the couple any time, day or night from the morning of the 4th day until the next menstruation begins.

Reason: Ovulation usually takes place between PEAK DAY and the following day. Occasionally ovulation may take place two days after the PEAK DAY. The egg survives only between 12 and 24 hours, it then disintegrates and conception is impossible. Sperm can survive only when fertile cervical mucus is present in the woman’s body. The cervix prevents sperm from entering the uterus by developing a thick mucus plug by the end of the third day after the PEAK DAY.

Additional guidelines for postponing pregnancy in special circumstances may be found on pages 73-81.

<p>Note: Internal examination of the cervix to check for mucus or to check the position of the cervix is unnecessary and is discouraged. Observations are made by paying attention to any wet sensation</p>	<p>felt. As the woman goes about her daily activities, she will feel the presence of the mucus similar to the way she feels her menstrual flow. The woman will also observe the mucus present when checking</p>	<p>the bathroom tissue throughout the day. Vaginal douches should also be avoided, as they could destroy the natural protection in the vagina.</p>
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Natural vs Artificial

THE OVULATION METHOD OF NATURAL FAMILY PLANNING

1. The Ovulation Method is completely safe with no harmful side effects.
2. The Ovulation Method is simple to learn and to follow. It does not distort the marital act nor involve distasteful procedures. The spouses do nothing to their bodies but simply plan their marital relations according to the fertile and infertile days of the woman's cycle.
3. When used to postpone pregnancy, the Ovulation Method is more effective (98-99%) than any artificial method of birth control, but without the physical, psychological and spiritual side effects.
4. The Ovulation Method costs nothing more than the modest price of simple learning materials.
5. With the Ovulation Method, the woman is able to know herself, she learns to appreciate the normal processes of her own body.
6. Using the Ovulation Method enables the woman to accept and respect the gift of her fertility from the beginning to the end of her reproductive years.
7. The Ovulation Method fosters communication and mutual respect between husband and wife. The two cooperate in planning their family, taking into account the woman's normal functions of her reproductive cycle.
8. When the couple must postpone a pregnancy, the very abstinence that the Ovulation Method requires can help strengthen the marriage. The sacrifice involved is proof of the respect that the husband has for his wife. She in turn appreciates his willingness to sacrifice for her good and the good of the marriage, and the love for each other increases.
9. The love of the couple is renewed after a short period of abstinence with the Ovulation Method. Interest in the marital embrace is enhanced as well as generating a greater mutual love for each other.
10. The attitude of spouses who practice the Ovulation Method is: "Our fertility is a natural gift and a normal function of the human body." This helps to bring peace and greater intimacy to their relationship. When couples are required to abstain from marital relations for a few days each cycle (if they need to postpone pregnancy), they find other ways to express their love for each other. Communication increases, their love strengthens and they appreciate the gift of sexuality, experiencing a new honeymoon each month.
11. The Ovulation Method can be used to achieve as well as to postpone a pregnancy. It is immediately reversible when the couple changes their decision to achieve or postpone pregnancy.
12. The Ovulation Method is acceptable to people of all cultures, educational and social levels and religions. The spouses can use this natural method with a clear conscience. This method, when used generously and not for selfish or materialistic reasons, respects life and the privilege of transmitting life.
13. Studies confirm that the divorce rate is dramatically low among couples who practice the Ovulation Method of Natural Family Planning (see pages 122-133).

ARTIFICIAL METHODS OF BIRTH CONTROL

1. Every artificial birth control method involves medical risk. Therefore, it places a healthy woman at risk.
2. Artificial birth control involves ingesting dangerous drugs or using intrusive devices.
3. The more effective the artificial method, the more dangerous it is, e.g., the Pill, the Patch, Nuva-ring, Depo-Provera injection, Implants, Intrauterine Devices, etc.
4. Artificial birth control involves a continual expense.
5. Often artificial methods of birth control are used blindly without the woman knowing how they are affecting her body.
6. The use of artificial methods of birth control suppresses the normal, healthy functions of the human reproductive system.
7. The use of barrier methods such as condoms, diaphragms, spermicides, etc. do not always prevent conception when they are used in the 100 hours of fertility in the woman's cycle. It is critical for the couple to understand that while a woman can become pregnant for about 100 hours each cycle, venereal diseases can be transmitted at any time.
8. The use of artificial birth control often encourages spouses to never communicate with one another about something as important as bringing life into the world or postponing it. Most women are not even aware of when they are fertile or infertile.
9. Very often artificial birth control frees the man from any responsibility when it comes to planning a family. Most, if not all, of the burden of artificial birth control is placed on the woman.
10. Artificial birth control places a barrier between husband and wife and limits the most intense physical expression of human love. When the couple is never required to make the sacrifice of abstaining (as is the case while using artificial birth control), marital relations can lose their deeper meaning. It is easy for a husband and a wife to use each other instead of loving each other.
11. Prolonged use of artificial birth control sometimes results in infertility. For example, the Pill causes 150 chemical changes in the woman's body.
12. The level of discontent and the discontinuation rate of most artificial birth control methods is extremely high in many countries, especially in the Third World. Use of artificial birth control is unacceptable to many religious and cultural traditions because it involves a direct attack on the transmission of life. In addition, certain artificial birth control methods such as the Pill, the Patch, Nuva-ring, Depo-Provera injection, Implants, and Intrauterine Devices do not always prevent conception. Instead they can cause a very early abortion a few days later by preventing the newly conceived human person from implanting in the womb. Therefore they act as abortifacients.
13. The divorce rate among couples who use artificial birth control is much higher (See pages 230-231).