

**To be able to identify the temperature changes in the cycle,
it is vital that charting rules are understood and used correctly.
Please download a chart so you can follow the instructions more easily**

How to take your temperature correctly

1. Take your temperature **on waking in the morning**, in bed, at the same time (as far as possible) before any activity, cups of tea etc. If it is taken **later**, the temperature will **rise**, if taken **earlier**, it will **fall**.
2. Digital thermometers are easy to read, usually requiring only a minute, but some can be erratic if not used properly. Trap the tip/ bulb of the thermometer **under the tongue**, well back in the soft flesh at the base of the tongue, in the same place each time, without talking or falling asleep. Hold it in place to stop it moving and losing contact.
3. Mercury thermometers must be shaken down before use, they are slower (*requiring 5 mins. orally*), but charts are usually very stable. Use under the tongue as for digitals.
4. Both types of thermometers can also be used rectally and usually give very stable readings. Digitals take one minute, mercury only 3 minutes rectally.
5. The readings can be recorded on the chart **in the evening**, when you record your mucus symptom. Mercury holds the morning reading till shaken down. Most digital thermometers have a memory device which enables you to read the morning's reading later in the day.

How to Keep a Chart

Date	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	1	2	3	4	5	
37.20																																			
.15																																			
37.10																																			

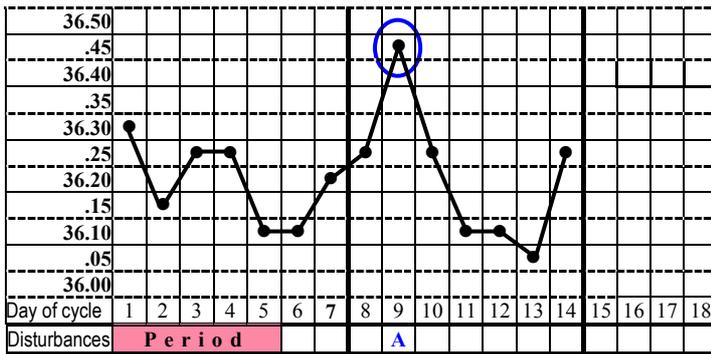
1. Mark the date across the top of the Temperature Chart to serve for both Temperature and Mucus Chart, as shown in the example above.
2. **The first day of the period is Day 1 on the chart.** Spotting before the period is not counted, it is still part of the previous cycle
3. Each day has its own column. Every 7th line is **bold** to help keep the columns in line on both charts.
4. Circle the weekends to highlight potential disturbances which often occur at weekends, such as late nights, oversleeping, travelling and alcohol consumption, which may affect readings.
5. Record the reading for each day with a **large dot in the centre of the square** opposite the appropriate temperature on the scale. Join the dots up to make a graph. (*See later examples*)
6. The rise in temperature after ovulation is actually quite small (*only between 0.2C and 0.6C on average*). Therefore the chart uses **half centigrade readings** to show the rise more clearly by making it look larger. If, on the small chart above, you had a reading between 37.10 and 37.20, then put the dot in the square marked 37.15. The subdivisions are marked with dotted lines.

Disturbed temperature readings

The waking temperature is affected by many things. False rises and dips can be caused by

- taking it at different times; being ill, having a fever, a migraine etc.
- events the night before – drinking alcohol, heavy late night meal, disturbed night's sleep.

How to deal with disturbances



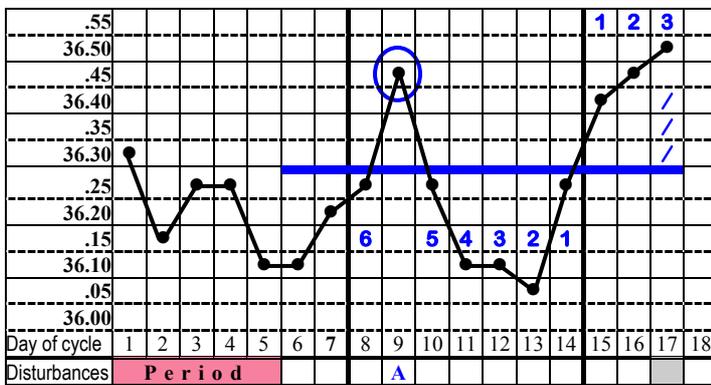
The most common factors are listed at the bottom of the temperature chart.

New thermometer (NT), alcohol (A), Late (L), early (E), disturbed night (D), unwell (U), travel (T), holidays(H), cystitis (C), thrush (Th), medicines (M)

Read the list and mark any disturbances, which may have altered a temperature reading, by putting the letter code given e.g. A for alcohol, L for taken late, etc. in the last row of squares of the Temperature Chart.

Above, the reading of Day 9 is raised because of alcohol consumed the evening before. So it is circled to highlight it, labelled with **A for Alcohol** and discounted when interpreting the chart. *It is vital that "disturbed" readings are recognised to be able to interpret a chart accurately.*

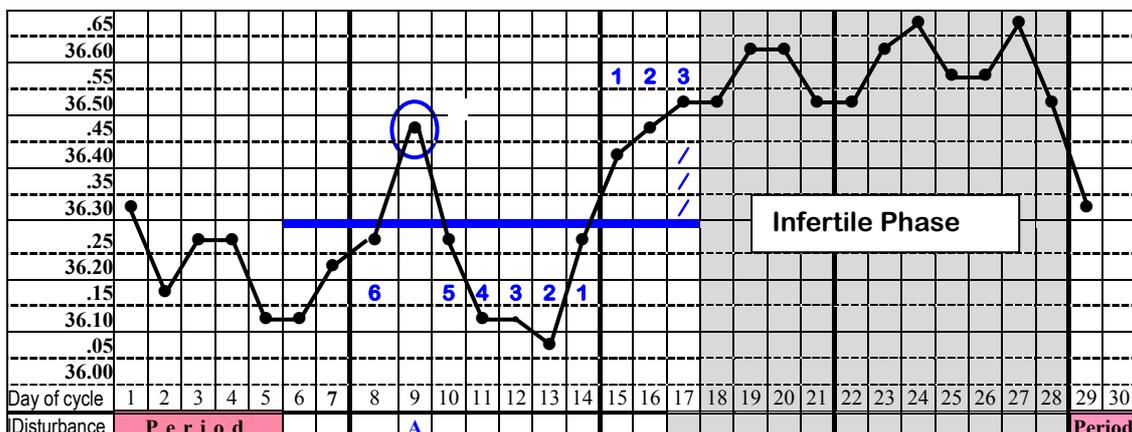
How to Interpret a Chart



1. When **3 readings** (Days 15,16,17 in this example) have risen above the preceding 6 temperatures, and they are not disturbances, draw a **cover-line** immediately above the last 6 low readings (excluding disturbances) and number them back **1- 6**, as illustrated. This establishes a visual dividing line (the blue line) between the low and the high readings.

2. Number the raised readings **1,2,3** and check that the **3rd high reading** (Day 17 in this example) has risen to **at least 0.2C** above the cover-line as a re-assuring rise (i.e. in the 4th square or more above the cover line). Mark the rise with **3 little flashes** to confirm the rise, as shown on the chart on Day 17.
3. The Infertile Phase **after** ovulation by the Temperature Rule begins on the evening of the 3rd raised temperature (Day 17 in this chart) - and continues till the start of the next period, (provided it is double-checked by rules for the Mucus Chart - see later)

The chart finished as a fairly typical 28 day cycle. The period on Day 29 starts a new chart.



A Cycle without a Temperature Rise

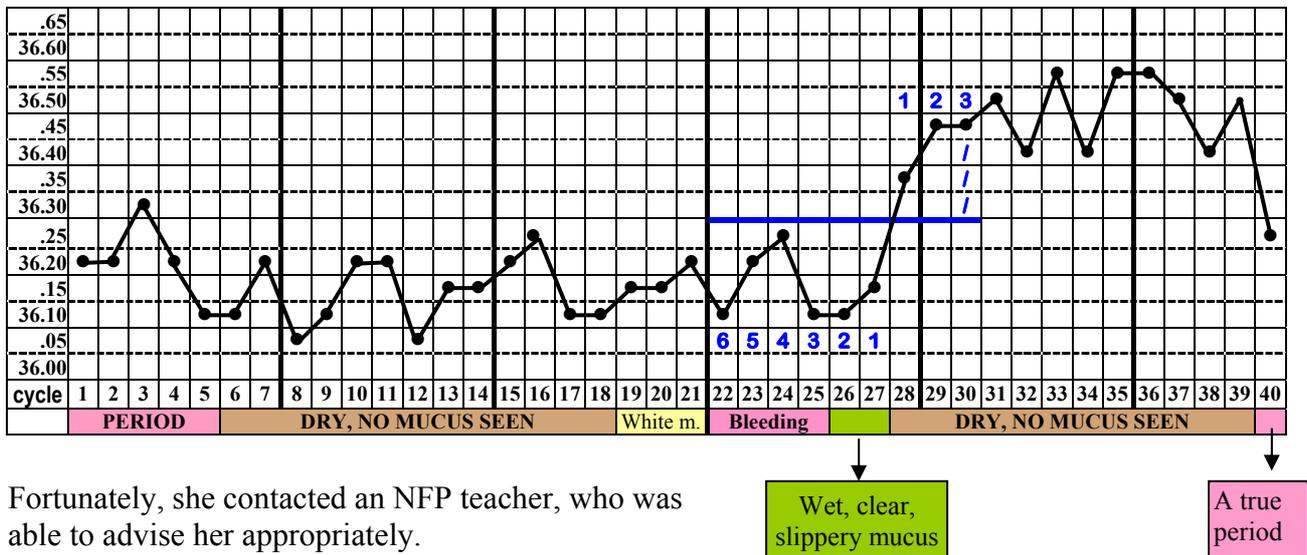
If, by any chance, a cycle occurs without a temperature shift in it, then it is not a true cycle and great care must be taken in applying the rules. There are two possible explanations for this “cycle”.

1. It may be a genuine anovulatory cycle (i.e. a cycle without ovulation), and the next cycle after it may be the same or a completely normal cycle.
2. However, it could also be a “stress cycle” with delayed ovulation, which can have a different result and this type of cycle needs to be watched carefully.

Below is a typical example of the “stress type” cycle.

The cycle started normally with a period but no mucus pattern developed. This person normally had a fairly typical cycle between 27 – 30 days in length. Normally she would expect to ovulate around days 13 – 17, but they came and went with no fertile type mucus evident at all.

Then Days 19 – 21 showed a white creamy mucus, leading her to think ovulation was approaching, only to be followed by bleeding – much to her surprise! In some cases the bleeding is very light, but occasionally, as in this example, it was heavy enough for her to think it was a period. Notice the temperature remained at the same level up to this point (Day 22).



Fortunately, she contacted an NFP teacher, who was able to advise her appropriately.

She was told NOT to start a new chart as the bleeding on Days 22 – 25 was NOT a true period. She must simply wait and see what followed. As suspected, the bleeding led immediately into classic fertile raw egg-white type mucus, ovulation occurred and the temperature rose. 13 days later, her TRUE period came. So in fact, it ended as a 39 day cycle, with “ovulation bleed” occurring on days 22 – 25.

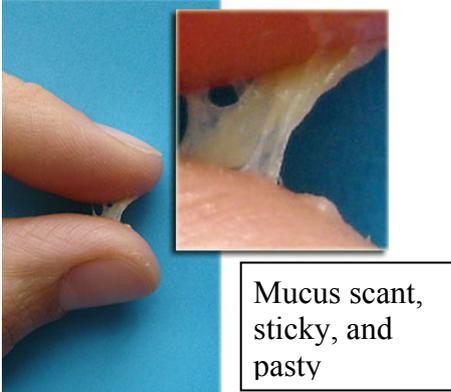
The problem with these cycles is that for those who are not monitoring their cycle, they would have assumed Days 22 – 25 were an early period. As many people do, they would also have assumed they were infertile after it for a couple of days – which was far from the case! The bleeding led into the **most fertile time of the whole 39 day cycle**. You can see how a surprise pregnancy would occur, and to many, it would seem absolutely inexplicable! It’s only when people are well informed on NFP charting and actually document their cycles that explanations become available.

Such cycles can be caused by ‘flu and other illness, and also by stress situations, such as baby very ill, Mum or Dad in hospital, final exams, job interviews, moving house etc.. Sometimes cycles can stop completely for weeks / months even, in cases of acute stress! Many such cycles can occur in the pre-menopause years before they finally stop. **Please note this cycle & rules**

2. The Mucus Symptom

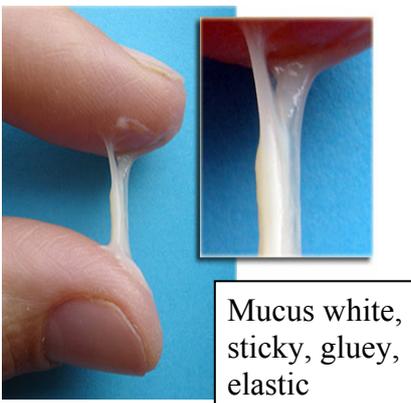
Unlike the temperature rise, the mucus symptom appears for several days *before* ovulation, as it is needed to keep sperm alive until the egg is released. This sequence of photos of mucus, taken up to the time of PEAK Day, gives an example of how the mucus changes and develops up to the time of ovulation, and what qualities you need to look for:

1: Start of mucus symptom



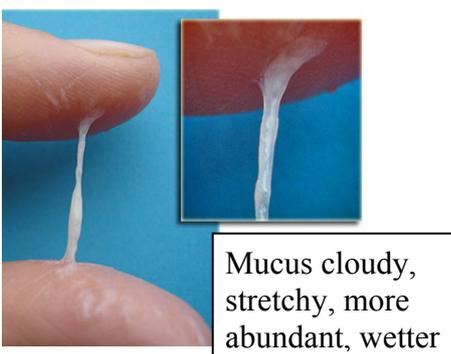
- For some women, they normally have no mucus discharge at all and so, when this scant sticky mucus appears, they are entering the fertile phase.
- For others, this type of scant mucus may be their “constant discharge” and for them it may not be the start of their fertile phase yet.
- In the learning phase, until couples are able to recognise and test the limits of their own fertile window, **all mucus** after the period must be regarded as potentially fertile.

2: Increasing in amount



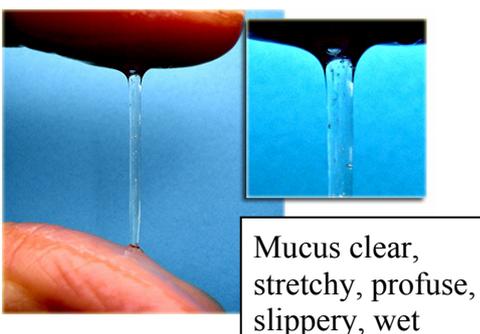
- This level of mucus would be potentially fertile for all women, because it is more profuse and showing stretchy qualities.
- It would cause a change in sensation for the woman. She would no longer feel DRY but instead would have a damp, even wet, sensation at the vaginal opening (vulva).
- Although still quite dense in appearance, it would not be an absolute barrier to sperm. Swimming lanes will be opening up in it and it is becoming alkaline.

3: Increasing and becoming clearer



- Now the mucus has more water content, is stretching more, and despite the whitish dense areas, it is definitely showing clearer areas, indicating increasing alkalinity and the opening of even more swimming lanes.
- The sensation at the vulva would now be much wetter.
- This last photo shows how clear, wet, stretchy and slippery the fertile mucus can become around ovulation and why it is usually compared with raw egg-white. It may not seem quite so clear every cycle, or you may in fact just miss seeing it at this level.

4. Clear like raw egg-white



- Sometimes it may even look a bit brown or reddish, due to tiny loss of blood at this point.
- When the mucus has this appearance, ovulation is very close. This is the most fertile time of the whole cycle. The last day of this mucus is called PEAK day

The Mucus Symptom highlights the Fertile Phase

As seen from the photos, the build up and changes in the mucus symptom give *warning* of approaching ovulation. **Therefore, all mucus appearing before ovulation is potentially fertile.**

For those seeking to avoid pregnancy, it is vitally important to recognise the *earliest appearance* of mucus, so that intercourse can stop in time to avoid the fertile phase. **Continuing with intercourse too far in the first part of the cycle is the most common cause of surprise pregnancy.**

How to observe the mucus symptom:

- Look for mucus at the vulva each time you visit the toilet.
- Observe before and after passing urine, by wiping from front to back across the vaginal opening with toilet tissue.
- The tissue will pick up any mucus, which can then be quickly observed on the paper, before it is absorbed.
- Mucus will usually be shiny and needs to be stretched between the fingers, or tissue, to recognise its changing qualities.
- The passage of mucus can be assisted down the vagina by using a bearing down action as if having a bowel motion and repeating it in quick succession for a few seconds. Many women find their best mucus sample after a bowel motion, for this reason.
- You can also assess the mucus internally with your finger, but there are always transudate fluids internally and you need to learn to distinguish between these transudates and genuine cervical mucus.

Each day, describe the mucus symptom following the code "SCAT" which represents:

Sensation - Colour - Amount - Type

Sensation:

As you went about your daily work today, what feeling did you have at the vulva (vaginal opening)? Were you **Dry** or **Moist** or **Wet**? When you wiped from front to back over the vaginal opening with tissue, at each visit to the toilet, was it pulling, or did it slip indicating the presence of a wet lubricative mucus? Each day you mark one of those sensations on your chart.

Colour:

If there was mucus on the tissue, what colour was it? **white/ yellowish** or **cloudy**? Was it **clearer** or **absolutely clear**? Note that it may only look **clear when stretched**, either on tissue or fingers.

Amount:

How much mucus was there? For scant mucus mark **1**; for an increased amount mark **2 or 3**; for a lot of mucus mark **4 or 5**. Mucus usually increases in amount the nearer ovulation approaches.

Type/ Texture:

How did the mucus feel between your fingers or tissue? Standard descriptions used by women worldwide for the mucus when it first starts after the period are:

milky, creamy, sticky, pasty, clotty, crumbly, tacky, gluey

Nearer ovulation, they describe it as **more stretchy, slippery to feel, resembling raw egg-white**. For some, the mucus is so thin and watery, they can't find any to finger test, but feel continuously very wet. **If different types of mucus appear on the same day**, mark them all on the chart.

The last day of wet, slippery, clear mucus is called PEAK DAY – peak of oestrogen, peak of fertility – the most fertile day in the whole cycle!

Charting the Mucus Symptom

The mucus chart on the lower half of each page is based on a new concept in charting. Instead of you having to think of words to describe your mucus symptom and writing them down, the chart presents all the different standard types of mucus, in the order they would appear in a typical cycle. You simply read the list each evening and choose the descriptions that most closely match your observations of the day. You then put crosses opposite them in the appropriate column for that day. **The Colour Scheme** is based on the seasons of the year as seen in trees.

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	
Period																																	
Spotting																																	
Sensation: Dry																																	
Colour: No mucus seen																																	
Sensation: moist/ damp																																	
Colour: White																																	
Cloudy / opaque																																	
Type: milky / creamy																																	
Clotty crumbly, pasty																																	
Tacky, gluey, elastic																																	
Sensation: Wet																																	
Colour: Cloudy/ clear																																	
Clear, transparent																																	
Type: Slippery, slimy, stretchy																																	
Like raw egg-white																																	
PEAK DAY																																	

The Winter Tree (Brown)

When a woman has a DRY feeling at the vulva, with no mucus seen or felt, this represents the "winter" of her fertility, a barren time when nothing grows. In terms of her cycle it means that:

- the egg for that cycle has not been selected yet
- the cervix is closed with a sticky plug of mucus
- sperm cannot survive in the acidity of the vagina



The Spring Tree (Yellow – on the way down at the start of the mucus symptom)

When a she is no longer DRY, or begins to feel moist/ damp, or mucus appears, (**or the double-check rules apply**), it is the "spring time" of her cycle, the waking of her fertility because:

- an egg has been selected and is beginning its final ripening in the ovary
- the cervix is opening and dispersing the sticky mucus plug
- small amounts of alkaline fertile mucus are being produced
- sperm can now enter the cervix and survive for several days.



The Summer Tree (Green)

When a woman feels wet at the vulva, with clearer slippery mucus present, she is in the "summer" of her fertility, highly fertile because:

- the egg is very ripe and ready for release
- the cervix is wide open, secreting stretchy, slippery, raw egg-white type mucus
- the mucus has abundant swimming lanes, with high levels of nutrients for sperm survival.
- The last day of this type of mucus (regardless of amount) marks Peak of Fertility.



Autumn and Winter Trees (Yellow and Brown – on the way back up after PEAK day)

After the summer, Nature is in decline. So too, by 3rd day after Peak Day (**Double check with - 3rd high temperature**), the woman's fertility has faded away and autumn and winter return.

- the egg has died quickly, if not fertilised and the fertile mucus has also dried up.
- the cervix has closed and is re-sealed with a sticky mucus plug
- the vagina has become highly acid again and hostile to sperm.



How to record your descriptions on the Mucus Chart

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	
Period	X	X	X	X	X																												
Spotting						X																											

The Chart starts with **Day 1 of your period as Day 1 on the chart**. Put an X for each day that your period lasts. In this example, the woman had *5 days bleeding with one more day of very light “spotting”*.

After that, start a new column each day and read the listed descriptions. Think “SCAT” and try to mark each day: **Sensation, Colour, Amount, Type**. Put X's opposite the ones that best describe your symptoms of the day.

Day of cycle	1	2	3	4	5	6	7	8	9	10	11	12	13
Period	X	X	X	X	X								
Spotting						X							
Sensation: Dry						X	X	X					
Colour: No mucus seen						X	X	X	X				
Sensation: moist/ damp									X	X	X		
Colour: White										X	X		
Cloudy / opaque													
Type: milky / creamy										X	X		
Clotty crumbly, pasty													
Tacky, gluey, elastic													

Brown and Yellow Block

If there are DRY days after the period, with no mucus seen or felt, put Xs in the **brown block** in the column for those days.

In this example, the woman felt:

- DRY on the day of slight spotting as her period was ending (Day 6 on the chart).
- She also felt DRY for the two following days, with no mucus evident at all. She is now up to Day 8 of her cycle.

*DRY days after the period (if they exist) will later be classed as infertile **provided** they are within the Calendar Rule (See later notes in Tutorial on Double Check Rules)*

Next on the chart, the mucus descriptions usually drop into the **early mucus (yellow block) which is potentially fertile before ovulation**. On Day 9, she felt damp but saw no mucus. That is an important change in sensation. The next two days, Days 10 and 11, she felt damp again, but now white creamy mucus was seen and so she marked X's in the appropriate columns and squares

Green Block

Day of cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Period	X	X	X	X	X									
Spotting						X								
Sensation: Dry						X	X	X						
Colour: No mucus seen						X	X	X	X					
Sensation: moist/ damp									X	X	X			
Colour: White										X	X			
Cloudy / opaque														
Type: milky / creamy										X	X			
Clotty crumbly, pasty														
Tacky, gluey, elastic														
Sensation: Wet												X	X	X
Colour: Cloudy/ clear												X		
Clear, transparent													X	X
Type: Slippery, slimy, stretchy												X	X	X
Like raw egg-white													X	X

Finally the mucus descriptions descend to the **highly fertile mucus (green block)** as the mucus thins out towards ovulation.

At first it is more cloudy and stretchy, but eventually it ends up looking clear, wet and stretchy, just like a raw egg-white. So there is a cluster of Xs in the green block on Days 12 – 14.

Remember:

- The **last day** of any clear, wet, and/or slippery mucus is called **PEAK DAY**.
- It may or may not be the day of the most mucus.
- PEAK DAY can only be recognised looking back on the following day, when the mucus has changed or become DRY.

Why is PEAK DAY important?

PEAK DAY is the closest marker of ovulation. In most women, ovulation occurs either on, just before or just after PEAK DAY and that is why it is considered the most fertile day of the cycle. It is also important for the method rules. So it must always be marked on the chart by circling the **last day in the green block** as shown in the chart below (Day 14 in this example).

After PEAK DAY, the symptoms rise back up the chart, giving several possible patterns:

- For some, the mucus disappears completely and DRYNESS returns (*brown block*).
- Others experience a continuous white, sticky discharge (*yellow block*), feeling DRY or MOIST.
- while others alternate between the brown and the yellow blocks, as shown below

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				
Period	X	X	X	X	X																												X			
Spotting						X																														
Sensation: Dry						X	X	X								X	X			X	X	X	X	X	X	X										
Colour: No mucus seen						X	X	X	X							X	X			X	X	X	X	X	X	X										
Sensation: moist/ damp									X	X	X				X			X	X									X	X							
Colour: White										X	X				X			X	X									X	X							
Cloudy / opaque																																				
Type: milky / creamy										X	X																	X	X							
Clotty crumbly, pasty																																				
Tacky, gluey, elastic															X			X	X																	
Sensation: Wet												X	X	X																						
Colour: Cloudy/ clear												X																								
Clear, transparent													X	X																						
Type: Slippy, slimy, stretchy												X	X	X																						
Like raw egg-white													X	X	1	2	3																			
PEAK DAY	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				

Infertility Post Ovulation by Double Check or Mucus Rules

1. After PEAK DAY, count 3 days of DRYNESS (*brown block*) and / or a change back to white, sticky mucus (*yellow block*).
2. If you **double-check** it with 3 high readings: you are infertile from 3rd night after PEAK and 3rd high reading, whichever comes later (*i.e. Day 17 in this chart if both signs coincide.*)
3. If you use mucus only, with no double-check: you wait till 4th day after PEAK before you are infertile (*i.e. Day 18 in this chart.*)

Amount of Mucus (Marked red on this chart to avoid confusion with Peak,1,2,3 in line above)

Mucus secretion normally increases up to ovulation and then decreases after it. It is a useful sign to chart and so, below the Peak Day line, there is a row to mark **the amount** of mucus you thought you had. It's not a precise measurement, just **1** = scant, **2 & 3** = increasing, **4 or 5** mean lots of mucus. You may not be able to assess it for your first chart, but by the 2nd and 3rd chart you should have a rough idea of what is scant and what is more abundant for your mucus pattern. In some cycles, you may not write more than **2** or **3**, showing the mucus was less that cycle. It does happen!

Sensation: Wet												X	X	X																						
Colour: Cloudy/ clear												X																								
Clear, transparent													X	X																						
Type: Slippy, slimy, stretchy												X	X	X																						
Like raw egg-white													X	X	1	2	3																			
PEAK DAY	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				
AMOUNT OF MUCUS (1 - 5)																																				

Other body Signs at the bottom of the chart

The hormones of the fertility cycle produce other effects in the body which can all be marked on the chart and help to build up a picture of your cycle. For example:

- Many women feel **pains** in their side or lower tummy, lower back, or a **bloated tummy**, around the time of ovulation, which can be uncomfortable for some women.
- Some experience constipation and **rectal pressure** around ovulation.
- Another very common sign is the way the **breast changes** after ovulation. For some, the breasts are just fuller, for others they are actually painful, sometimes intermittent, for others continuous till the period starts.
- After ovulation, some women also suffer from emotional changes classed as PMS or PMT (Pre-menstrual Syndrome / Tension). No space has been given on the chart for this symptom, but it can be added if you experience it.

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	
Period	X	X	X	X	X																									X			
Spotting						X																											
Sensation: Dry						X	X	X								X	X			X	X	X	X	X	X	X							
Colour: No mucus seen						X	X	X	X							X	X			X	X	X	X	X	X	X							
Sensation: moist/ damp									X	X	X				X			X	X									X	X				
Colour: White										X	X				X			X	X									X	X				
Cloudy / opaque																																	
Type: milky / creamy											X	X																X	X				
Clotty crumbly, pasty																																	
Tacky, gluey, elastic															X			X	X														
Sensation: Wet												X	X	X																			
Colour: Cloudy/ clear												X																					
Clear, transparent													X	X																			
Type: Slippery, slimy, stretchy												X	X	X																			
Like raw egg-white												X	X	1	2	3																	
PEAK DAY	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	
AMOUNT OF MUCUS (1 – 5)										1	2	4	5	4	1																		
Pain, bloated tummy													X	X																			
Rectal pressure																																	
Breast changes																X	X							X	X	X	X	X					

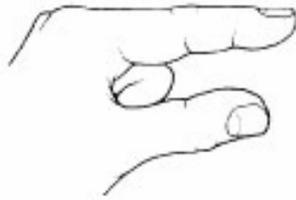
Advantages of the new charting system

- The lower down the mucus chart you go, the more fertile the symptom.
- The colours help to emphasise the significance of the different symptoms
- A typical cycle produces a visual 'V' formation with
- PEAK DAY is easily identified as the last X in the green block.

But do not let the chart dictate what you think you ought to see! You must mark down only what you actually see, feel and experience. Do not simply follow the order of the chart because you think that's what it ought to be. There are many variations provided, but they may not all apply to your cycle. The chart design is there to help you, it must not brain wash your thinking! Do not feel you have to stick to the same colour block necessarily for a whole day. **Choose whatever best describes your symptoms, and gradually a pattern will emerge – YOUR pattern.** By charting many indicators and general body signs you gradually become the mistress of your own fertility cycle and then, knowing where you are in it becomes as natural as knowing which day of the week it is!

Summary of Mucus Rules by Diagram

Stage 1: Before ovulation



DRY, NO MUCUS
= infertile

(double checked by
Calendar Rule)

Stage 2: Fertile phase



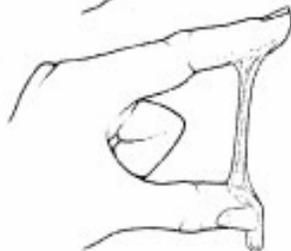
Damp
White
Scant
Creamy

egg is ripening
mucus is starting
= fertile



Wet
Cloudy
More mucus
Stretchy

egg growing quickly
mucus improving
= fertile



Wet
Clear
Abundant
Slippery

egg fully ripe, ready
for release, mucus
perfect for sperm
= highly fertile

Last day = PEAK DAY

Stage 3: After ovulation



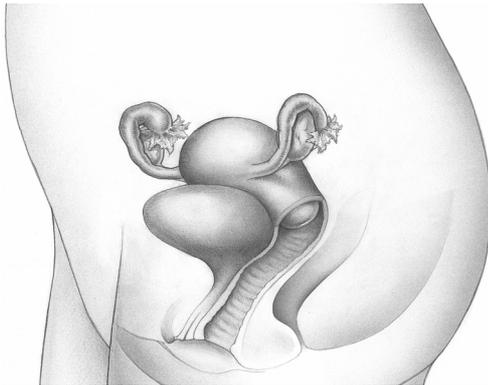
Dry or Thick White Mucus
= infertile from 3rd night
after peak

(double checked by 3rd
night of raised temperature)

3. Changes in the Cervix Itself

The cervix (neck of the womb) changes its shape and position during the menstrual cycle and these changes can be used as another indicator of fertility, if a woman chooses. It involves internal examination, which some women are reluctant to do, but the key changes in the cervix are particularly useful at times of altered fertility, such as breastfeeding and in the menopause years. It takes time and patience to master these changes, and some changes are more noticeable than others, for different women. This is an optional indicator. The mucus and Temperature changes are the most important ones and fundamental to the Sympto-Thermal Method of NFP.

How to examine your cervix



- Start when the menstrual bleeding has stopped.
- Check it at the *same time* each day as it is always lower at the end of the day anyway.
- Empty the bladder first and observe good hygiene by washing your hands well.
- The cervix can be felt either squatting, sitting on the toilet, or with one foot raised on a stool.
- Gently insert one finger (*some prefer to use two*) high into the vagina, as you would insert a tampon, and feel for the nose-like projection into the upper part of the vagina.
- Check the position, shape and opening of the dimpled cervix.

Before ovulation, the cervix will feel:

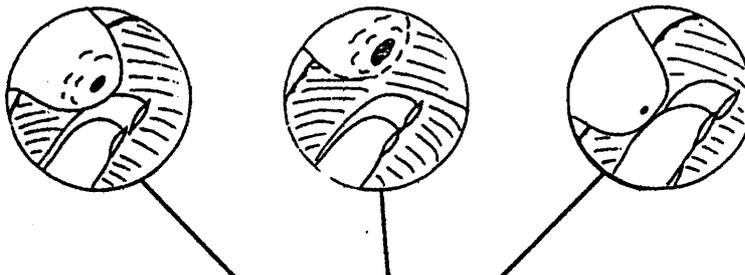
- a) FIRM - like the tip of the nose b) LOW - easy to reach c) CLOSED d) DRY

Approaching ovulation the cervix will feel

- a) SOFT - like the chin b) HIGH - harder to reach c) OPEN d) WET

After ovulation it reverts to being

- a) FIRM - like the tip of the nose b) LOW - easy to reach c) CLOSED d) DRY



Fertile days	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		
Cervix:: Firm or Soft						F	F	F	S	S	S	S	S	S	S	F	F	F																			
High or Low																																					
Closed or Open						.	.	.	o	o	o	o	o	o	o	.	.	.																			

Chart the changes as illustrated:

- Put a black circle for closed, and open circle for an opening cervix.
- Put the circle high or low in the box according to the level of movement, as illustrated.
- During the fertile phase, some find the cervix rises so high that they cannot reach it.
- Others find the opening /closing a very convincing indicator, or the changes soft to firm.

You may not want to use this indicator, but it's worth knowing about anyway. You may want to use it at a different stage of life - breastfeeding, for example, when cycles can stop for many months. It can then become a very useful **double check** for mucus symptoms.

4. The Double-Check Concept.

Dr. Anna Flynn FRCOG, who set up the NFP Teachers Association, dedicated much of her time as a gynaecologist to teaching Natural Family Planning, to researching and refining the rules to make it as efficient as possible. She soon realised that the more indicators a woman / couple could use to double-check their symptoms, the higher the success rate.

The Infertile Phase After Ovulation

There were already two indicators to define this phase:

- the mucus changes after PEAK DAY
- the rise in temperature after ovulation

When both were used to double-check each other, the couples were very confident and the success rate was high. When the post ovulation phase alone is used, the pregnancy rate is virtually **zero**.

The Infertile Phase Before Ovulation

- There was only one indicator - the onset of mucus - to mark the start of the fertile time. DRY days, with no mucus seen or felt, are in theory infertile, but only once a woman has learned how to recognize her symptoms accurately.
- When women had to rely entirely on that one indicator, particularly in the learning phase, it was too easy to make a mistake, to misread the signs and so encroach on the fertile phase.
- When couples used the pre- and post- ovulation phases, the surprise pregnancy rate was higher, showing that the difficulty lay with the pre-ovulation phase.

Need for a double check indicator before ovulation

Dr. Flynn saw the need for a double check in the pre-ovulation phase and so designed a Calendar Rule based on cycle history which would act as a guide to remind a woman of the previous pattern of her cycles. It would pick out the earliest ovulation that she had experienced in the last year. This calculation would basically tell a woman **the last day of infertility before ovulation, on a statistical basis, that had been infertile for all the cycles in the previous year(s)**. When she reaches that day, the Calendar Rules reminds her: *“One cycle in the last year, you had a short cycle and you were fertile immediately after this day. Are you sure it’s not happening again in this new cycle?”*

If you choose to use the mucus indicator alone to define the onset of the fertile window, it certainly gives greater flexibility for intercourse, but greater care must be taken to ensure genuine DRYNESS exists with no mucus present. Otherwise, the surprise pregnancy rate rises.

The following summary of rules may seem complicated, mechanical and restrictive to what we call “Natural” Family Planning, but they are very necessary in the learning phase. Once couples have experience, they can assess their needs and adjust the rules accordingly.

People come to NFP in many different situations. As teachers of NFP, we are always concerned for those who have critical reasons for wishing to avoid / postpone pregnancy. Some health risks in particular cause great anxiety. Therefore, we have to be confident that we have researched the means for obtaining all the benefits and efficiency of NFP, with no health risks, and thereby enrich the lives of the couples who come to us. The rules following are a synthesis of research and teaching of NFP throughout Europe. All European Associations have modified versions of these rules and we all collaborate to form the **European Institute for Family Life Education (EIFLE)**. We have regular conferences world wide to further research into fertility, its indicators, its impact upon family life and marriage enrichment programmes. What we have presented is based on research to date and has been proved to be effective in European studies.

The Calendar / Mucus Double-Check Rule (before ovulation)

If you have diary records of your cycle lengths over the last year:

Many women record their periods in their diaries. This is a great help when starting to learn NFP. (However, if someone has been using the Pill or IUD, these are not natural cycles and cannot be counted.) Work out the length of each cycle precisely. A cycle begins on Day 1 of period and ends the day before the next bleed starts. Put the cycle lengths in a line:

29 28 31 28 30 32 29 **27** 30 28 28 30

- Take the shortest cycle over the last year - in this example the shortest cycle is 27 days.
- Subtract 20 days (*i.e.* 14 days back to ovulation, 6 days for sperm survival in mucus) = Day 7.

Day 7 is therefore the last infertile day before ovulation **based on calculation**, that has been infertile in the all cycles of this particular woman over the past year. (*In the short 27 day cycle, she could have conceived on Day 8*). Statistically, Day 7 should continue to be infertile for the next year, **provided no mucus is been seen or felt prior to that day**.

In this example, if the couple really do not want to become pregnant, the rule recommends that they do not continue intercourse beyond **Day 7** for the next year, in case that short cycle is repeated. After Day 7, it is best wait to resume after ovulation, in the absolutely infertile time.

After a year of charting, if that short cycle re-appeared, then Day 7 continues to be the last statistically infertile day, double checked by DRYNESS.

On the other hand, if the cycles have lengthened and the shortest cycle is now for example 28 days, then using the same formula: "**Shortest cycle minus 20 = last infertile day, if still dry**", Day 8 would now become the last infertile day – if still DRY.

In each case, mucus observations are key to success. A short cycle can occur at any time for some women, totally out of the blue, and mucus observation will detect it, if the woman is vigilant.

If you have no diary records of your previous cycle lengths:

If you have no records of natural cycles, then you really have nothing to guide you. Therefore, you should start by using the post ovulation infertile time only for a while. Gradually you can include the infertile days *before* ovulation as you learn to understand your mucus pattern and can see how long your cycles generally are.

Cycles 1-3 Do not use first phase at all till you know your cycle better and can identify mucus accurately. Use the Post Ovulation Phase only.

Cycles 4-6 Provided none of the previous three cycles was less than 26 days, the first five days of cycle, which include the period, are infertile (*provided they are DRY with no mucus*).

If any cycle was less than 26 days, use the next rule immediately: **Shortest cycle – 21** days, which will reduce the infertile time to less than five days. In very rare cases, women with **very** short cycles have conceived from intercourse on Day 5.

Cycles 7-12 Use the stricter Rule: **Shortest cycle minus 21 = last infertile day, if still dry**.

Cycles 13 + Use the **Standard Rule of shortest cycle minus 20 = last infertile day, if still dry**.

If mucus appears before the day of the Calendar Rule, fertility begins immediately.

Complete Summary of Double-Check Rules Calendar / Mucus / Temperature

The Infertile time before ovulation (double-check of mucus and calendar)

- Provided there was a temperature rise in the previous cycle,
- the relatively infertile time begins on Day 1 of a true period
- and ends on the night of the shortest cycle of the year minus 20 days,
- or the last **DRY** day*, *whichever comes FIRST*.

The absolutely infertile time after ovulation begins on: (double-check of mucus and temperature)

- the 3rd night after Peak Day (**Peak =last day of wet, slippery mucus**)
- and the 3rd night (*or 4th*) of high temperature, *whichever comes LATER*
- It ends on the last day of cycle – the day before the next period.

***Distinguishing seminal fluid from mucus in the phase after menstruation:**

During this first phase of the cycle, it can be difficult to recognise DRY infertile days after the period because of the wetness caused by intercourse. After intercourse, seminal fluid leaks from the vagina over the next day and can look and feel like fertile mucus, causing a wet, slippery feeling at times. This is why the rules for intercourse are restrictive in the learning phase until the woman's expertise increases.

To avoid confusion when looking for DRY days *before the start of the fertile mucus symptom*, it is recommended that you have intercourse *at night time only in this first phase*. Then, shortly afterwards, if you visit the toilet and express the residual seminal fluid from the vagina by bearing down, then blotting the area dry with tissue, you will more easily be able to judge on the next day whether you are still DRY, or whether genuine mucus is present. This practice enables couples to use consecutive DRY nights more confidently, if desired.

Once ovulation is over, (**Double Check Rule: PEAK + 3 days coinciding with 3 (or 4) high temperatures**), there are no such restrictions on timing of intercourse. Since this post ovulation phase is absolutely infertile, once it is confirmed, intercourse can take place at any time.

It is vital to success that you are taught by a trained Sympto-Thermal NFP teacher, if possible. The rules are given in full here since we are aware that many can, and have, taught themselves to use NFP successfully without personal help other than books / web sites, etc., because there were no teachers in their area. This is particularly true of people living and working abroad. In these circumstances, you can still contact the Centre by phone, fax or email and send copies of charts for analysis and discussion of problems. Further addresses and contacts are available in the Contact section of the web site. **The above rules have been shown to have a high success rate, but remember, no method is 100% effective in avoiding surprise pregnancy.** **An example chart follows, applying the rules.**

