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The Ovulation Method

John J. Billings, M.D.

Doctor Billings, of St. Vincent’s Hospital, Melbourne, Australia, gave the following address in Philadelphia at the October, 1964 meeting of the National Federation of Catholic Physicians’ Guilds.

The Ovulation Method was developed in the 1950s and early 1960s by clinical observations, and later verified, refined and simplified by combined clinical and laboratory studies which began in 1962 and are continuing. The laboratory program has been under the direction of Prof. James B. Brown of the Melbourne University Department of Obstetrics and Gynecology, with invaluable collaboration from Prof. Henry G. Burger of the Monash University’s department of medicine. He is director of the medical research unit at Prince Henry’s Hospital, Melbourne. More recently, Prof. Erik Odeblad of the department of medical biophysics, University of Umea, Sweden, has enabled the research to be extended into a simultaneous study of Ovulation Method charting, the ovarian hormonal patterns and the physical characteristics of the cervical mucus.

The cervix is a biological organ of a primary importance in the achievement of conception. It interposes a barrier between the vagina and the uterus, tubes and abdominal cavity except during menstruation, during the fertile phase of the menstrual cycle and during childbirth. In this way it protects the uterus, tubes and abdominal cavity from infection, through both the physical and antibiotic properties of the cervical mucus. It makes conception possible by providing rapid sperm transport from the inhospitable environment of the vagina, a sperm reservoir with slow release of sperm cells and also sperm selection. Simple observations by the woman after competent instruction in the careful recording and interpretation of observations with which she is already familiar enable her to determine when she is infertile, approaching fertility and maximally fertile.

The scientific foundations of the Ovulation Method have been more thoroughly investigated and are better understood than those of any method of fertility regulation, natural or contraceptive. They are of considerable interest, and it is helpful to the teacher explaining the application of the guidelines for the achievement or the avoidance of pregnancy, if she understands the biological facts on which the rules are based. It is unfortunate that a number of people, often with little or no practical experience, have introduced their own modifications of the method which will always lead to errors and threaten its credibility. It is unnecessary for those using the method to have any deeper background knowledge than a simple understanding of ovulation and the ovum, the sperm cell, the cycles of fertility and menstruation, conception, pregnancy and childbirth, and of the particular kind of cervical mucus which is essential for fertility.

It has been known for many years, in animals as well as humans, that sperm cells ordinarily retain their virility (meaning the ability to fertilize the ovum) for a very short time after they have been deposited in the vagina. They are immediately attacked and lose this fertilizing ability within an hour or so. Although the woman may observe some loss of seminal fluid, mixed with her own secretions for up to a day following coitus, this seminal fluid no longer contains viable sperm cells. In the presence of an adequate secretion of that kind of mucus necessary for survival of the sperm cells, this survival time may extend to one, two or even three days, rarely longer. In the presence of an abundant secretion of satisfactory mucus, it may be possible for the life of the sperm cells to be extended even beyond three days, but the idea that one must allow for up to a five-day sperm survival in the absence of the appropriate cervical activity, reflects a lack of comprehension of the dependence of the sperm cells upon cervical mucus.

Importance of Sperm Survival

During the pre-ovulatory phase of the cycle, therefore, the sperm survival is the important consideration. A study of the cervical mucus pattern not only indicates the approach and the proximity of ovulation, but also whether sperm survival up to the time of release of the ovum is possible from a particular act of coitus.

There is general agreement that the ovum does not retain its ability to be fertilized beyond 24 hours following its release from the follicle. Post-ovulatory infertility depends upon the fact that the ovum has disintegrated, and it is no longer of practical importance for the regulation of fertility whether any cervical mucus secretion is present or not.

The observations on which the guidelines of the Ovulation Method for the achievement or the avoidance of pregnancy are based are of familiar occurrence to every woman who is capable of bearing children, resulting in every fertile cycle throughout her reproductive life. Ordinarily the mucus is in evidence for several days, during which there are sequential changes in its physical characteristics which yield

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more accurate information about the fertile phase of the cycle than even the most sophisticated technology.

The development of the new, more reliable methods of natural family planning which modern scientific knowledge has made possible, and the increasing acceptance of the natural methods all over the world, are persuading even the most skeptical individuals that women do have an identifiable fertile phase within the reproductive cycle, and that on most days during the cycle, an act of coitus cannot possibly cause conception. However, there persists a blind worship of scientific technology, mixed sometimes with a regrettable male chauvinism, which leads to the mistaken view that natural family planning needs the routine use of some scientific gadget. Indeed, a new industry is appearing, more often pseudo-scientific, where manufacturing firms are producing and promoting their own, often very expensive, appliance for the chemical or physical testing of one or other bodily fluid or secretion. The widespread mistaken perception of a need which does not really exist has created a ready market.

The modern methods of natural family planning are the product of research which is being conducted by leaders in the field of reproductive biology. These leaders can be expected to continue to add to our knowledge, and to produce information which will help us to elucidate obscure causes of infertility, to understand in greater detail the precise elements of the cervical mucus which are required for spore selection and sperm survival, the nature of the damage produced by contraceptive medication and so on. Some of these tests are likely to be of use in natural family planning centers, particularly as teaching aids in the presence of pathological disorders, but we should all be quite clear in our minds and state firmly that natural family planning does not depend for its success upon the provision of technological appliances to the generality of couples.

In the use of the Ovulation Method, the observations the woman is taught to interpret must be simple enough for any woman to make, if they are to retain their validity and universality. The method is always available because the woman takes it with her wherever she is and she does not depend upon any manufactured product.

One must clearly distinguish between observations and interpretations. It is a serious error of teaching to have the woman keep a record of interpretations when she should be keeping a record of her observations. The correct interpretation is ordinarily made from a series of observations, not from an individual observation.

It is an error of teaching not to have the woman keep a daily record during instruction. Even in the most primitive socio-economic conditions, illiterate women can keep a simple record, using symbols. This has a number of important advantages. In the first place, it trains the woman to make daily observations. It also provides the teacher with accurate information, which cannot possibly be provided from memory a week or so later; the woman is always to be taught about herself, from her own record, not from some hypothetical "average." It is almost impossible to correct a woman's error in understanding unless one has a record of the observations from which her interpretations can be tested. If the cooperation of the husband is to be obtained, a primary necessity is that he see the development of the cycle and understand what is required if pregnancy is to be achieved or postponed; the confidence of both the woman and her husband increases as each cycle demonstrates again the truth of the method.

There is also a responsibility to the couple and to the method itself in the event of a pregnancy which the couple does not completely understand. It is only from an accurate record of the pregnancy cycle that the pregnancy is able to be explained and confidence in the method preserved.

The guidelines of the Ovulation Method apply to observations which are made at the vulva, not by exploration of the vagina, nor by procedures such as expression of mucus from the cervix. It may not be immediately obvious why observations at the vulva and the results of internal examination may be contradictory. However, the presence of mucus at the vulva requires not only that a certain volume of mucus be produced, but also that it have certain physical characteristics, reflecting its chemical constitution, which causes it to leave the cervix and vagina. It there is one fundamental characteristic of that kind of cervical mucus which is essential for conception to occur, it is its fluidity. The rules of the Ovulation Method apply to observations which are made at the vulva and should not be applied to secretions which are obtained in any other way.

Important Observation

The important observation to be made at the vulva is the feeling which results from the presence or absence of mucus, and by the composition of the mucus which is present there. The feeling produced by the mucus as it leaves the vagina is different from the feeling which is appreciated when the mucus is absent, and when mucus continues from day to day, a change in the feeling it produces is a reliable reflection of a change in its composition. Actively feeling the mucus between the fingers is a different matter and is unnecessary.

The teacher should always study the few words which a literate woman is asked to record by way of description of the mucus, to see whether she is concentrating on visual criteria to the exclusion of the more important feeling at the vulva.

Only after the level of the follicle-stimulating hormone rises above the threshold level for the individual woman is a group of follicles stimulated to mature. Before that time the level of circulating estro-
The woman is infertile and this infertility is reflected in the absence of any cervical mucus at the vulva, or perhaps in the presence of a discharge, usually slight and of vaginal origin, which has no real substance and which does not alter in its physical characteristics from day to day. The absence of any secretion leaving the vagina results in a positive sensation of dryness at the vulva. This basic infertile pattern of dryness or unchanging mucus is a fundamental concept, both scientific and practical, which is essential for the woman to understand. When follicular development begins, the circulating level of estrogen rises and the cervix is stimulated to produce mucus which appears at the vulva, interrupting the basic infertile pattern. From that time there needs to be an abstinence from genital arousal and intimate genital contact, including the avoidance of coitus interrupted and coitus using barrier contraception, until ovulation has occurred. The basic infertile pattern has returned, if the sequential changes in the mucus are to be recognized without confusion.

When the woman comes closer to ovulation, she will observe that the mucus develops a distinctly lubricant character, producing a slippery feeling at the vulva which will be evident to her throughout the course of the day, even when she is walking about. If the secretion of mucus is of sufficient volume, she will also make visual observations, that the mucus which is at first opaque and tacky, tends to become clearer, though it may become blood-stained, and tends also to form strings.

**Sensations Are Important**

There is a danger in the use of pictures of the mucus which teachers of the Ovulation Method need to appreciate, that the woman may fail to realize that the sensations produced at the vulva are of primary importance, not what she sees. Furthermore, the so-called "cervical score" used by the gynecologists is inaccurate, because it involves the error of supposing that the maximum quantity of mucus and the greatest stringiness or threadability accurately mark the time of ovulation; in fact, it is not the maximum mucus nor the greatest threadability nor even the greatest sensation of slipperyness, but the last day of the slippery sensation at the vulva which indicates that ovulation is about to occur.

In the hypothalamic-pituitary control of the mechanism of ovulation, the estrogen peak occurs on average about 1.5 days before ovulation, before the rise of FSH and the LH surge which is immediately responsible for ovulation. The progesterone level begins to rise just before ovulation and it is the abrupt fall in estrogens from a high level and the rise in progesterone which combine to effect the abrupt change in the mucus which enables identification of the Peak symptom. Ovulation occurs most often on the day following, but sometimes on the day of the Peak symptom. Allowing for the very infrequent occurrence of ovulation as late as the second day past the Peak, and 24 hours for the ovum to lose its fertilizability, post-ovulatory infertility begins from the beginning of the fourth day past the Peak. This is the Peak Rule.

In the application of the Ovulation Method to avoid pregnancy the pre-ovulatory phase is governed by the Early Day Rules, which have reference to sperm survival time and therefore to the identification of the basic infertile pattern and the recognition of the commencement of the ovulatory pattern of cervical mucus. When this is understood, the rules are seen to be a matter of common sense.

Cervical mucus of importance to fertility appears at the vulva when the woman is in an upright position; the woman therefore determines that any particular day in the pre-ovulatory phase is a day of the basic infertile pattern after she has been ambulant, so coitus is avoided until late in the day.

In short cycles, ovulation may occur as early as the 6th or 7th day; it is therefore advised that coitus be avoided during any days of heavy bleeding which could obscure the mucus which is warning that ovulation is imminent.

On a day following coitus, seminal fluid, arousal fluids and vaginal transudates produced by coitus may mask the commencement of the ovaulatory mucus pattern. It is prudent, therefore, to avoid coitus on successive days during this phase of the cycle, and to avoid also too great a willingness to ascribe observations to the effect of coitus.

Particularly in long cycles, fluctuating levels of follicle-stimulating hormone and therefore of estrogens may occur, resulting in intermittent days of mucus and/or bleeding. When these occur, the woman does not know whether she may now proceed to ovulation or not. It is therefore recommended that genital contact be avoided until the basic infertile pattern has returned for three days, by which time it can be assumed that the hormones are again at an infertile level.

When the ovulatory mucus pattern begins, careful observations are made from day to day to enable the Peak symptom to be identified. The post-ovulatory phase of the cycle is then governed by the Peak Rule.

**Follow ‘Early Day’ Rules**

In the use of the Ovulation Method to achieve pregnancy, the couple is advised to follow the Early Day Rules during the pre-ovulatory phase of the cycle, so that the commencement of the fertile phase can be identified. At the same time, there is the possibility that if coitus does not occur more often than every two or three days, the husband's fertility will be preserved at a high level. When the fertile phase has commenced, coitus is concentrated on those days on which
the mucus has a distinctly lubricative sensation, and the day following. During the months which may sometimes elapse before mucus of this type occurs, the couple is encouraged to strive to improve the conjugal relationship and to strengthen the conjugal love. Experience suggests that this will increase the possibility of conception.

The teacher has the responsibility to become well-informed about the practical application of the method, and to concentrate on the communication of this information so that she is sure the couple understands it. She shows by her respect for the dignity and privacy of the husband and wife, by her kindness and compassion and her desire to establish an independence of continuing consultation with her, that she has the necessary disposition. Having done this she should be serene. Above all, she must convey to the husband and wife that if they choose to engage in coitus during the fertile phase, she is ready to give a loving welcome to the child who is likely to be conceived. She will be unable to do this unless she is genuine in her attitude of loving acceptance of the child.

Women Exploited by Abortion

Ilia C. Ryan, R.N.

Ilia C. Ryan, R.N., Maryland state director of WEBA (Women Exploited by Abortion) spoke at the October, 1984 meeting of the National Federation of Catholic Physicians' Guilds.

It was 1960. I was in my early 20s; I had just graduated from nursing school and had a new career ahead of me. At this time, I found myself pregnant for the first time. I was scared to death. I was single, living away from home and the young man involved gave me only one suggestion. That was abortion; it seemed the easy answer. I was afraid to tell my mother—I didn't want her to find out about my promiscuous lifestyle and I knew she would kill me if I went home and told her I was pregnant. I did not want anyone or anything to interfere with my lifestyle and that was party, party, party. I did not want to put forth the time and effort needed to raise a child. I did not want to face the embarrassment of having people see me pregnant and not married. I was desperate, and illegal abortion was the only option available to me, as I saw it. All my excuses for abortion were self-centered. Abortion is the most self-centered act I know.

I traveled to Cuba alone and stayed across the street from the gambling casinos of the Havana Hilton. In the morning, I was taken to a clinic where I met an abortionist who spoke no English. Following his sign language, I responded in agreement to general anesthesia. I awakened, rid of my "problem." The price was $250.

"Relief" would describe my conscious thoughts and feelings more than "regret." I was free of the "problem" and nobody knew what I had done. I returned to the States to try to live my life in the normal way—for myself.

A year later I was in the same condition, with the same problem, but the procedure for solving it was not as simple. This time I made arrangements in Harlem, New York. I climbed up on a kitchen table in a basement apartment and watched as the instruments were taken out...