

## Fertility Awareness Based Methods

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The term Fertility Awareness Based Methods (FABMs) is becoming more familiar to practitioners and patients alike. Fertility Awareness Based Methods and Natural Family Planning are terms often used interchangeably, but over the past ten years, as more natural methods for family planning have become available, and medical research increases, Fertility Awareness Based Methods better captures available techniques.

There are currently five distinct categories of FABMs: Cervical Fluid methods, Sympto-Thermal Methods, Sympto-Hormonal Method, Standard Day Method and Lactational Amenorrhea Method. The first three categories are the different evidence based FABMs most widely used by women throughout the world. They are:

- Cervical Fluid Methods (CFM): Creighton Model, Billings, Justisse, Families of America, Two Day Method, Neo Fertility
- Sympto-Thermal Methods (STM): Couple to Couple League, SymptoPro, Sensiplan
- Sympto-Hormonal Method (SHM): Marquette, FEMM

This article focuses upon CFM, STM and SHM and how they work.

The Cervical Fluid Methods are the mucus only model of FABMs. Here, a woman observes her cervical mucus discharge daily and records the different qualities of the mucus as well as the sensation the mucus creates at the end of the day. This method can be used by women in any reproductive category.

The CFM Creighton Model of FertilityCare is the result of research on the Billings Method completed by Dr. Thomas Hilgers of the *St. Pope Paul VI Institute* in Omaha, NE. Dr. Hilgers created NaProTECHNOLOGY. NaProTECHNOLOGY is the new reproductive science that offers physicians, advanced practice nurse practitioners, and physician assistants, the opportunity to diagnose and treat women's gynecological issues in coordination with the woman's charting of her cycle. Dr. Hilgers offers training each year for medical professionals from throughout the world. A one year medical/surgical fellowship for obstetrics and gynecology physicians is also offered. Information may be accessed on the website <https://popepaulvi.com/>. Locally there are four Creighton Model Fertility Care Practitioners in the Rochester area. They may be contacted through the website <http://fertilitycarerochester.weebly.com/>.

The Sympto-Thermal Methods use a combination of mucus observations and basal body temperature (BBT). The presence of mucus indicates fertility and the rise in basal body temperature indicates that ovulation has passed. There is also an optional self-internal exam of the cervix to see if the biological markers of fertility are present. In the US, the Couple to Couple League is the primary organization that teaches the Sympto-Thermal method. Their web site is <https://ccli.org/>

Sympto-Hormonal Methods use a combination of cervical mucus and/or temperature observations in conjunction with a monitor which looks for hormonal changes in the urine. The Marquette Method utilizes the Clear Blue Fertility Monitor that assess rises in Estrogen and LH hormones. The monitor asks for tests on specific days based on its recordings of a woman's previous cycles. Testing is done with a disposable test stick and first morning urine. For more information go to: <https://www.femmefertilitynfp.com/get-started>.

FEMM uses similar mucus observations and temperature and measures oestrone glucuronide and pregnanediol glucuronide using the Ovarian Monitor. Medical professionals are trained on how to treat women's gynecological issues using charting as the foundation. For more information go to: <https://www.femfertilitynfp.com/get-started>.

Efficacy of FABM's are classified as "Perfect Use" versus "Typical Use". The Perfect Use efficacy for these methods range from 95% to 99% depending on the method. Typical Use efficacy ranges from 86% to 99%, again depending on the method. These percentages are based on FACTS and Urrutia, et al who completed two systematic reviews of the literature on the effectiveness of natural methods in postponing pregnancy. Urrutia, et al's review was published in 2018 by the American College of Obstetricians and Gynecologists. Published by Wolters Kluwer Health, Inc. The article may be found at [https://www.replyobgyn.com/wp-content/uploads/2019/01/ACOG\\_Urrutia-Systematic-Review.pdf](https://www.replyobgyn.com/wp-content/uploads/2019/01/ACOG_Urrutia-Systematic-Review.pdf)

As a result of these two reviews, the Center for Disease Control (CDC) in 2019 changed their effectiveness rating on Fertility Awareness Based Methods. For years, the CDC stated that natural methods of family planning had an unintended pregnancy rate of 24%. Due to the thorough review by FACTS and Urrutia, the unintended pregnancy rate is demonstrated to be from 2-23%. While the CDC does not yet state that the unintended pregnancy rate varies with the particular method used, a start has been made in portraying FABMs more accurately as an effective means of family planning. The CDC's statement is found at: <https://www.cdc.gov/reproductivehealth/contraception/index.htm>.

An article from *Natural Womanhood* about the CDC's statement is available at [https://naturalwomanhood.org/cdc-changes-effectiveness-rating-on-fertility-awareness-methods-2019/?mc\\_cid=e09137aad7&mc\\_eid=320892ebc5](https://naturalwomanhood.org/cdc-changes-effectiveness-rating-on-fertility-awareness-methods-2019/?mc_cid=e09137aad7&mc_eid=320892ebc5)

So much information on FABMs may make you may wonder which is the best method for your patient. The answer depends on preference and lifestyle. With so many options available today, couples intending to use FABMS should be encouraged to research methods and learn from a certified teacher. It is highly recommended that a couple learn a particular method at least six months before marriage, so that a true understanding of the women's cycle is established, and any medical problems identified can be treated. The woman can seek consultation and treatment from a trained FABM medical provider. Due to COVID precautions, most FABM training is currently being provided via telemedicine at the present time.

Applications are available on phones and computers to assist women monitoring their cycles. Caution is recommended when using fertility applications for the following reasons. The majority are not designed to avoid pregnancy and users are not taught to evaluate the signs of fertility. The applications are difficult to assess for effectiveness because they are not evaluated in peer reviewed literature nor are they founded on evidence based FABMs. Many applications are not HIPPA compliant, and some vendors have sold data. Lastly, the data is not backed up. Case in point, recently a client lost all her charting when her cell phone died.

A great overview about FABM's is available through Fertility Appreciation Collaborative to Teach the Science (FACTS) which was started by Dr. Marguerite Duane from Georgetown University. It is available at <https://www.factsaboutfertility.org/wp-content/uploads/2018/07/FABM-Overview.pdf>.

I hope this article broadened your understanding of FABMs and inspires you to acquire knowledge for yourself on the use of FABMs. Should you have any questions or would like more information on FABMs or the Creighton Model of FertilityCare please contact me, Anne Olek, RN, FNP-BC, CFCE, CFCP at [acjolek316@gmail.com](mailto:acjolek316@gmail.com).