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# *Enlightened And Empowered*

*In Fertility Awareness and Family Planning*

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## Table of Contents

Enlightened and Empowered.....	3
Your Menstrual Cycle, Step by Step.....	3
Your Three Primary Fertility Signals.....	4
Basal Body Temperature.....	4
Cervical Fluid.....	6
Position and Texture of Your Cervix.....	8
The Importance of Charting.....	9
Using Your Chart to Prevent or Promote Pregnancy Naturally.....	10
More Resources.....	12
A Quick Guide to Charting Your Fertility Signals.....	14

## About the Author

Inga Goodwin participated in a midwifery apprenticeship for eight months in Nashville, Tennessee, under Heather Wilson, CPM. She studied health evangelism at Wildwood Lifestyle Center & Hospital and has a bachelor's degree in chemical engineering from Virginia Commonwealth University. She served as a missionary for about four years and especially enjoys serving women and families. She enjoys reading, gardening, and composing music. Visit her website [www.bondedfrombirth.com](http://www.bondedfrombirth.com) for more helpful information on pregnancy, childbirth, and newborn care. Using the techniques described in this manual, Inga and her husband Weston conceived their son, Shiloh.



## Enlightened and Empowered



By observing and charting your body's fertility signals, you are not only enlightened, but empowered. Pregnancy becomes your choice and not an accident. You become an active team player with your doctor in discovering potential problems and abnormalities in your gynecological and endocrine health and fertility status because you know what's really normal, healthy behavior for your body. You can demystify and anticipate some of your more emotionally charged or physically uncomfortable days. And of course, by a certain point in your cycle, you will know exactly when to expect your period again. Consequently, if you were trying to conceive, you could detect that you likely were pregnant and or if you were having a miscarriage.

This report will outline the basics of fertility awareness and family planning for normal women in their menstruating, childbearing years. It is designed to wet your appetite for further study of this important aspect of female health management and is not to be taken as your final authority or guidebook in practicing these principles for birth control. This information is based mainly from the authoritative resource I recommend for in-depth explanation, *Taking Charge of Your Fertility* by Toni Weschler, MPH.

### Your Menstrual Cycle, Step by Step



Your menstrual cycle is divided up into two phases, the follicular phase and the luteal phase, with ovulation marking the point of transition. During the follicular phase, your body prepares for ovulation. The follicular stimulating hormone stimulates your body to mature eggs for ovulation and produce estrogen. One egg is ready before the others and gets to be the sole egg released that cycle during ovulation. When the estrogen threshold is reached, luteinizing hormone surges a day or so before ovulation and causes the mature egg to burst through the ovarian wall

on ovulation day and make its journey down the fallopian tube where it is likely to be fertilized if there are any available sperm present. If no sperm fertilize the egg, the egg dies within 6 to 24 hours. The follicular phase starts on Day One of your period, which begins the first day of full red flow, and ends on the day of ovulation.

After the mature egg was released for ovulation, the follicle, which housed the egg inside the ovary, collapses to become the "corpus luteum" and begins releasing a large amount of progesterone and a small amount of estrogen. This surge in progesterone, occurring the day after ovulation, marks the beginning of the luteal phase. The work of the corpus luteum prepares the uterine wall, called the endometrium, to nest a fertilized egg, which if fertilized, would settle there after traveling a week or so from the fallopian tube. When no embryo embeds in the endometrium as expected, the corpus luteum begins to die and produce less progesterone and estrogen. Consequently, the decline in progesterone and estrogen allows the build up of follicle stimulating hormone. Finally the levels of progesterone and estrogen are so low that the uterine wall can no longer sustain itself and is released from your body through your period. The life span of the corpus luteum does not really change and determines the length of your luteal phase, which begins the day after ovulation and ends the last day before your period starts.

## Your Three Primary Fertility Signals

Your body outwardly reflects the hormonal interplay described above through your three primary fertility signals: basal body temperature, cervical fluid, and cervical position. Fertility awareness is quite simply observing and accurately interpreting your fertility signals, which notify you of where you are in your menstrual cycle. Recording, or charting, your fertility signals, whether on paper or on the computer, is the only way to keep track of this valuable information so that it will be useful to you. In this article, I will also teach you the basics of charting.

### Basal Body Temperature

Your basal body temperature (BBT) is your body's waking temperature after at least 3 hours of consecutive sleep. During menses temperatures may jump around a bit, but once it is past, your BBT will settle into a low range of temperatures that will characterize your follicular phase. The last day of low temperatures is ovulation day. Due to the release of progesterone, a heat stimulating hormone, your BBT will reflect higher values during your luteal phase than during your follicular phase. In fact, the significant shift in temperature is your indication that ovulation has past and your luteal phase has begun.



Using a standard digital thermometer that reads to the .1 degree, take your oral temperature right when you wake up at around the same time everyday before getting out of bed to do anything (even going to the bathroom). It's helpful to keep your chart near you to record your result immediately as it is easy to forget later on. After menses is past, be on the lookout for a temperature shift of at least .2 degrees higher than any of the last six temperatures. Sometimes, due to lack of sleep, fever, alcohol consumption, or waking up late, your BBT will register an unusually high number, and though it is still worth recording, you may not want to count it towards monitoring your thermal shift. The temperatures after the true thermal shift should remain higher than any of the temperatures after menses and before the shift.

#### *Some Interesting Facts about BBT*

You can learn a lot about your body, just from recording your waking temperatures. The most important observation and interpretation you want to make in recording your BBT is a thermal shift that indicates ovulation occurred. Next, you want to discover the length of your luteal phase (usually between 12 and 16 days) by counting the number of days of high temperatures from the thermal shift to the time when you start full red flow of your period. If you observe no thermal shift in your temperatures, you may have had an anovulatory cycle, in which no egg was released for ovulation. If your luteal phase lasts less than 10 days, then you may have a progesterone problem and may not be able to sustain a pregnancy. If you find that your temperatures remain high beyond your usual luteal phase length and you had intercourse around the time of ovulation, then you are probably pregnant! Consequently, if after they have remained high well beyond your luteal phase length and then start dropping, followed by a lot of bleeding, you could be miscarrying. If your BBT temperatures illustrate a shift, but are all (both follicular phase and luteal phase temperatures) very high or very low, you may have thyroid problems.

### BBT Observations & Interpretation of a Sample Cycle

Look at the example below for a picture of an actual thermal graph. Note that \* indicates menses, and (\*) indicates spotting, and the temperatures listed are from 97 to 99 degrees Farenheit.

Cycle Day																												
Luteal Phase Count Down																												
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
99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97
*	*	*	*	(*)	(*)																							
Cervical Fluid																												

On this particular month, Diva had a 28-day cycle, as you can determine from the start of one period to the first day of full red flow of the next. Most of the temperatures during the follicular phase were found to be between 97 and 97.5 degrees, with an unusually high temperature during menses of 97.9. There was a thermal shift up of .5 degrees on Day 16, which indicated that ovulation occurred on Day 15. After the shift, the temperatures stayed above 98.1 degrees for 13 days, which is the set length of time of her luteal phase. Right before the start of her next cycle, she had a little bit of spotting. Her temperature dropped drastically at the start of the new cycle in which she had full red flow for menses.

### BBT Charting

As you circle your temperatures on your fertility chart, you may also want to record the time you took your temperature each day and note any factors that may have drastically affected the reading. Once again, after menses, you are looking to identify a thermal rise of at least .2 degrees as compared to any of the group of preceding six temperatures (disregarding an exceptionally high temperature for which you have a good explanation, as in waking up a few hours late). If your BBT does not exhibit a sharp rise, you may not be getting enough sunlight (a tip suggested by Christiane Northrup, MD in her book *Women's Bodies, Women's Wisdom*), which can help to regulate your hormones. Finally, don't get frustrated if it takes a couple of months of charting to notice the thermal shift right away.

There are two lines that are helpful visual tools that you can draw to distinguish between your follicular phase and luteal phase and to mark the day of ovulation. Draw a vertical line through the last day of low temperatures right before the thermal shift. Disregarding the temperatures during menses and any exceptionally high temperatures that you have a good explanation for (as in waking up a few hours late) before the thermal shift, draw a horizontal line .1 degree above the highest of your lower range of temperatures after menses. Remember that the vertical line marks the day of ovulation, and the horizontal line helps to illustrate the two ranges of temperatures that characterize your follicular and luteal phases for that particular cycle. After you have confirmed your thermal shift, you can log in the number of days of your luteal phase. Remember, your luteal phase begins the day of the thermal rise and continues through the day before you experience the full red flow of your period. In the future, you will observe that your luteal phase count hardly changes.

## Cervical Fluid

Throughout your cycle, your body will produce cervical fluid, which seeps from your cervix in the back of the inside of your vagina and trickles down till it reaches the opening, where you may feel or find it in your panties or on the toilet tissue when you wipe yourself after using the bathroom. There are three basic types of cervical fluid: sticky, creamy, and egg white. Sticky cervical fluid is considered to provide the most hostile environment for sperm survival other than a dry vagina. Egg white cervical fluid mimics semen and provides an ideal environment for sperm to move and thrive. As you approach ovulation, your cervical fluid will likely change from the least fertile to the most fertile quality. Beginning with probably a couple of days of no cervical fluid, or a dry vaginal environment, your cervical fluid will then likely change from sticky to creamy, and finally from creamy to egg white, with egg white being the most fertile fluid likely to precede ovulation.



It's important for you to become familiar with what is normal for you, as this is a very important fertility signal that indicates you may be approaching ovulation. Even though each one's cervical fluid is unique, there are some common characteristics to look out for so you can identify what kind of cervical fluid you have at any given time. Please note that normal vaginal secretions do not have a foul smell, look like cottage cheese, or cause itching and redness. Also be aware that medications, like antihistamines, can dry up mucous secretions, including your cervical fluid. Below is a description of each kind of cervical fluid.

Sticky cervical fluid is considered hostile to sperm survival. It is pasty or rubbery and does not stretch or slip between your fingers. Creamy cervical fluid has a wet consistency like lotion or milk. In preparation for possible conception within several days or so, your body produces a fertile cervical fluid that promotes an ideal environment for sperm survival and mobility. This fertile fluid may remind you of egg white. Its appearance may be clear, opaque, pink, or streaked. It feels especially slippery between your fingers and may be quite stretchy. The picture shown is a sample of someone's egg white fertile cervical fluid. Sperm can survive in fertile cervical fluid for up to 5 days. Usually fertile cervical fluid will disappear during the day of or by the day after ovulation.

If your body makes a few unsuccessful attempts to ovulate but delays whether due to stress or travel, or another reason, it is possible to see a few separated patches of fertile cervical fluid interspersed with dry and creamy days before a decided thermal shift in waking temperatures. This is a good example of why it is so important to monitor both your cervical fluid and your basal body temperatures, because your cervical fluid can tell you when you are fertile and therefore near ovulation, and your basal body temperature tells you that ovulation has indeed past. When ovulation is past, you will likely experience more dry and sticky days throughout the rest of your cycle. Even if you have a random day of creamy or egg white cervical fluid during your luteal phase, as long as you have confirmed a decided thermal shift, you do not have to worry about possible ovulation throughout the rest of the cycle.

### *Checking & Charting Your Cervical Fluid*

You can check your cervical fluid in a couple of different ways. If you check it at the vaginal opening with tissue paper or your bare clean hands, you may want to practice doing Kegel exercises, which will help to bring the fluid down to the opening. Kegels involves contracting and releasing the vaginal muscles. You can do Kegels anywhere without being noticed. Just squeeze and release down there like you are trying to control your urine flow without moving your legs. Swipe your fingertip or tissue paper just inside the vaginal opening to collect any cervical fluid. Note that cervical fluid found at the vaginal opening may be up to several hours old. The second way to check your cervical fluid (the way I find easiest to get a really good sample) is to insert a clean finger or a couple of clean fingers inside your vagina till you reach the donut-shaped cervix. Swipe your finger(s) along the opening of the cervix (the hole or indentation that you feel) to collect any fresh cervical fluid leaking out.

When you have collected some cervical fluid, put your fingers together and release them to analyze the consistency. If the fluid sticks a little when you open your fingers or feels gummy, it is sticky. If it feels wet and smooth, it may be creamy. If it feels especially wet, slimy and slippery, it is likely egg white or fertile cervical fluid. For some people, egg white cervical fluid also stretches between the fingers considerably (even up to several inches or so!) when you open and close them.

Take a moment to look at the fluid as well. Notice how the appearance changes throughout your cycle. It may start out like whitish film, change to white goo, and then become streaked clear globs. Study the description of the variations of each type of cervical fluid in the table below. Be sure to check your cervical fluid when you are not sexually aroused, as you do not want to get cervical fluid confused with arousal fluid, which is also quite slippery, stretchy and clear, but dissipates easily in the air, whereas cervical fluid will remain.

Cervical Fluid	Sticky	Creamy	Egg White
<b>Texture</b>	<i>Crumbly, pasty, gummy, filmy, dry</i>	<i>Lotiony, milky, smooth, gooey, wet</i>	<i>Slippery, stretchy, slimy, very wet</i>
<b>Appearance</b>	<i>White or yellow usually</i>	<i>White or yellow usually</i>	<i>Clear, streaked, or opaque</i>

Each woman should become familiar with the texture, appearance, and smell of her cervical fluid so that she can understand her normal patterns. It is recommended that you check your cervical fluid throughout the day and in the same manner, like when you go to the bathroom whether at the vaginal opening or at the cervix. I like to check mine while I'm squatting in the shower. Record the most fertile fluid you observe that day. Charting your observations about your cervical fluid should be done in a descriptive format, at least until you are certain what your sticky, creamy, and egg white cervical fluid look and feel like so that you can easily identify them. Note in Diva's sample chart how the cervical fluid becomes more fertile as ovulation nears, and then returns to less fertile fluid after ovulation has past. In the cervical fluid row, \* represents menses, (\*) spotting, - means dry, "S" stands for sticky, "C" for creamy, and "E" for egg white.

	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	Cycle Day		
	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	Luteal Phase Count Down	
	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	Waking Temperatures	
	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	Usual Time: Between 5:15 and 6:15 AM	
	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	Cervical Fluid	
	*	*	*	*	(*)	(*)	-	-	S	C	E	E	E	E	-	C	S	-	C	S	C	C	-	-	-	S	E	(*)	*	Notes		
	discomfort/heavy bleeding, mild	heavy bleeding	regular bleeding	regular bleeding	light	brown blood	sweet smell	nothing	slightly firmy	white & goeey	white, goeey, a little slimy	white, goeey, a little slimy	egg white, slippey	egg white, slippey	nothing	white & goeey, no slime	little white firm	nothing	white & goeey	little white firm	white & goeey	white & goeey	nothing	nothing	forget to check	try bit of white firm	one glob of stretchy stuff	spotting	new period!			
	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	Cycle Day		

## Position and Texture of Your Cervix

During your cycle, your cervix also changes position and texture in reference to ovulation. As you become fertile, the cervix will open, become soft, and position itself higher in the vagina to facilitate more direct placement of sperm inside the uterus. After ovulation is past, the cervix will close, become firm, and hang lower in the vagina.



Choose a consistent time of day and get in the same position in order to check your cervix. Squatting in the shower is a convenient time and way to check your cervix. If you are checking your cervical fluid internally, these two observations can be done together. While squatting, insert a clean finger, like your middle finger, inside your vagina. Reach around till you feel the donut shaped cervix in the back. If you are having trouble finding it, bare down like you want to have a bowel movement, and it will come forward. Find the indentation or opening and touch the area around the opening to see how the texture is. When it is firm, it will feel more like you are pushing on your nose. When it is soft, it will feel like you are pushing on your lips. Observe how open the opening is. Keep in mind that if you have already had children vaginally, the cervix when “closed” will feel a little open. To determine whether your cervix is high, low, or medium, note how far you had to insert your finger to reach the cervix opening without bearing down or how much of the top of your finger you could use to wrap around it.

Checking your cervix position is an optional fertility signal to record, as monitoring your waking temperatures and your cervical fluid can clearly indicate where you are at in your cycle. You may opt to monitor your cervix position and texture as a way to cross check your other observations. Since you will be monitoring the subtle changes of your cervix with your sense of touch only, it is more subjective and can take a few cycles to learn. As with your cervical fluid, you may want to chart more descriptively with notes about your cervix position and texture for at least a few months until you become more comfortable with labeling it. Notice in our sample chart in the cervical position row how Diva’s cervix changed before and just after ovulation. “LCF” means low, closed, and firm; “HOS” means high, open, and soft.

	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	Cycle Day
	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	Luteal Phase Count Down
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	Waking Temperatures
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	Usual Time: Between 5:15 and 6:15 AM
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	
	*	*	*	*	(*)	(*)	-	-	S	C	E	E	E	E	-	C	S	-	C	S	C	C	-	-	S	E	(*)	*	Cervical Fluid	
									LCF	LCF					HOS	HOS	LCF													Cervix Position
	Discomfort/Heavy bleeding, mild	Heavy bleeding	Regular bleeding	Regular bleeding	Light	Brown blood	Sweet smell	Nothing	Slightly firmy	White & goosy	White, goosy, a little slimy	White, goosy, a little slimy	Egg white, slippery	Egg white, slippery	Nothing	White & goosy, no slime	Little white firm	Nothing	White & goosy	Little white firm	White & goosy	White & goosy	Nothing	Nothing	Forgot to check	Triny bit of white firm	One glob of stretchy stuff	Spotting	New Period!	Description of Cervical Fluid & or Cervix Position
	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	Cycle Day

**Legend of Symbols**

Cervical Fluid: \* menses, (\*) spotting, - dry, S sticky, C creamy, E egg white

Cervix Position: “LCF” low, closed, and firm; “MPS” medium, partially opened, and softening; “HOS” high, open, and soft.



## **The Importance of Charting**

I cannot overemphasize how important it is to chart your progress in order to learn how your body's cycle works. Information is helpful only as it is categorized and organized so that you can do something with it. Keeping a daily log of your observations of your fertility signals is the key to interpreting your findings and understanding how your body works. A log can be as simple as the above chart, though I recommend descriptive notes for at least a few months, as you may not be sure in the early days, what position your cervix is really in and what kind of cervical fluid you have. Then you can go back and add in the symbols of your findings when you feel more comfortable with your conclusions after comparing your various descriptions. Charting can be done with a simple piece of paper, or if you like technology, you can chart on special software like [fertilityfriend.com](http://fertilityfriend.com) or [Ovusoft](http://Ovusoft) (from [tcoyf.com](http://tcoyf.com)). I have included a simple fertility chart you can download and print for your personal use. Keep your charts together in one place so you can refer back to them for personal reference or for when you see your gynecologist. You may expand the observations you make in your chart to include various test results, intercourse (just circle the day), PMS symptoms, lifestyle practices, etc. Don't turn charting into a burden. Make your chart work for you. If you want to keep it especially simple, do so.

## Using Your Chart to Prevent or Promote Pregnancy Naturally

If you'd like to use your fertility awareness charting to prevent or promote pregnancy or identify potential gynecological problems, I especially encourage you to do more in-depth reading on the subject. Here, I will describe for you just some of the basics of using your chart to time intercourse appropriately, so that you will have an idea of whether you'd like to further explore researching this tool.



The key to birth control or achieving pregnancy is knowing when you are fertile and acting accordingly. Though conception can only occur on ovulation day when any available sperm penetrates the released egg, you may also be considered fertile for approximately five days before ovulation because sperm can survive for up to five days as long as it has fertile cervical fluid to live in.

### Maximize Your Chances for Pregnancy

In essence, to maximize chances for pregnancy, have intercourse during the days you have the most fertile cervical fluid up through the day of the thermal shift. If the man's sperm count is low, you may consider having intercourse every other day during that time to achieve pregnancy. Using Diva's chart on page 8 as an example, in order to maximize her chances of getting pregnant, she would plan intercourse during cycle days 11 through 16. If she were successful in conceiving, she would observe sustained high temperatures beyond her usual 13-day luteal phase count without starting her period.

### Maximize Your Chances for Avoiding Pregnancy

The likelihood of getting pregnant is only really high for a few days around ovulation, but for someone wanting to make sure that they will not get pregnant, you will want to abstain or at least use extra barrier methods not only for the few days of "egg white" cervical fluid, but also during any of the days before ovulation that you exhibit any type of cervical fluid and for a few days after a demonstrated thermal shift to ensure that indeed you have ovulated and covered all your bases. Why might you want to abstain during those extra days before and after your true fertile period? Quite simply because cervical fluid can change from infertile to fertile very quickly and because it is possible to release two eggs in a 24-hour period, so it's important to act conservatively if you want to ensure good protection. For a detailed description of the 4 Fertility Awareness Method (FAM) rules to ensure 98% protection in birth control, consult Toni Weschler's book *Taking Charge of Your Fertility*. Please do not try using FAM for birth control until you have thoroughly done your research and understand how to interpret and chart your fertility signals (you may want to meet with a FAM instructor).

#### *FAM Rules for Birth Control for Regular Ovulatory Cycles*

Women who ovulate regularly and have normal periods can use the following rules to time unprotected intercourse so as to avoid conception. Please note that one can only follow these rules if they have a thorough knowledge of their fertility signals. It is strongly advised that you do further research and consult with a fertility awareness teacher or natural family planning teacher before implementing these rules for birth control.

- 1) You are SAFE during first five days of a true period (you must have had a thermal shift of BBT approximately 12 to 16 days before bleeding).
- 2) You are SAFE during the dry days after your period that occur before ovulation.
- 3) You are SAFE the evening of the third consecutive day of high temperatures when you observe the thermal shift.
- 4) You are SAFE the evening of the fourth consecutive day after your peak day (last day of your most fertile cervical fluid).

As an example of applying the FAM rules for ovulatory cycles, consider Diva's chart on page 8. To practice birth control, she should either abstain from intercourse or use barrier protection during cycle days 9 through 18 (she is considered SAFE the EVENING of cycle day 18).

### *Additional FAM Rules for Birth Control for Anovulatory Cycles*

For women who may be pre-menopausal or have very long cycles without a noticeable thermal shift, these two *additional* rules may be considered to ensure avoidance of pregnancy.

- 5) Unchanging Day Rule – You are SAFE the evening of every dry or unchanging sticky day (as long as sticky is a part of your 2-week Basic Infertile Pattern (BIP))
- 6) Patch Rule – Every time you encounter a patch of creamy (wet) or fertile cervical fluid, you must apply the peak day rule.

### *Lactation Amenorrhea Method (LAM) – Birth Control Rules for Nursing Mothers*

When a baby nurses at the breast, the hormones that trigger ovulation are suppressed. Therefore, breastfeeding may be considered a form of birth control only if the following three conditions are met. When any of these criteria are not met, then you must return to the above FAM rules, whether for ovulatory cycles (returned menses) or anovulatory cycles.

- 1) The baby is under six months of age.
- 2) You must be nursing “full time”, i.e. at least every 4 hours during the day and every 6 hours at night, and if supplements are given, they must comprise no more than 15% of feedings.
- 3) Your menses has not resumed (excluding the 56-day postpartum bleeding).

### **A Sneak Preview Inside Your Body**

As you have learned, your body is indeed governed by a symphony of hormonal laws that uniquely express your femininity and sexuality. To sit front row at this masterpiece of a show, you only need to invest a little time each day observing and charting your body’s fertility signals. Instead of menses (period) being the highlight of your month, ovulation (when a mature egg is released for potential conception) eloquently, yet quietly takes center stage, heralded by the not so quiet, but sexy, luscious fertility signals of fertile cervical fluid and a high, open, soft cervix (the mouth of the uterus inside the back of your vagina). Like a freshly picked rose, ovulation blossoms and quickly fades away as your basal body temperatures (waking temperatures) rise in a high-pitched chorus for a striking finale. Accompanying the stars of the show is the orchestral hormonal players named follicle stimulating hormone, estrogen, luteinizing hormone, and progesterone. Then your period begins again, cleaning up the stage for the next showing of the seasoned diva, ovulation.



Having a behind the scenes look at your body’s monthly showing of ovulation unveils this once mysterious arena of women’s health. Checking your fertility signals is one important way to embrace your body and do away with any negative connotations you may have associated with your vagina and bodily secretions. Use this knowledge to appreciate how your body works and to monitor your gynecological health. Use it with your spouse to arrange romantic getaways and plan a family. Celebrate your unique femininity and sexuality through fertility awareness.

## **More Resources**

If you would like more information or personalized instruction on the subject, you may want to consult any of the following resources:

Fertility Awareness Center  
PO Box 1190  
New York, NY 10009  
212-475-4490  
[www.fertaware.com](http://www.fertaware.com)

Couple to Couple League  
PO Box 111184  
Cincinnati, OH 45211-1184  
513-471-2000  
800-745-8252  
[www.ccli.org](http://www.ccli.org)

Taking Charge of Your Fertility by Toni Weschler  
[www.tcoyf.com](http://www.tcoyf.com) \*

Garden of Fertility by Katie Singer  
[www.gardenoffertility.com](http://www.gardenoffertility.com) \*

Fertility Friend  
[www.fertilityfriend.com](http://www.fertilityfriend.com)

\* other websites that also contain blank charts you can download to fill in

**1E.** Date & Day of the Week

**1B.** Your Age

**8.** Cycle Length

**1D.** Cycle Number

**1A.** Your Name

**1C.** This Cycle's Month & Year

Name: <u>Diana</u>		Age: <u>23</u>	Cycle Length: <u>28</u> days	Month/Year: <u>April 2009</u>	Cycle #: <u>3</u>
Day	Time	Temp	Phase	Temp	Temp
4	T	98.6	M	98.6	98.6
5	F	98.6	M	98.6	98.6
6	S	98.6	M	98.6	98.6
7	T	98.6	M	98.6	98.6
8	W	98.6	M	98.6	98.6
9	T	98.6	M	98.6	98.6
10	F	98.6	M	98.6	98.6
11	S	98.6	M	98.6	98.6
12	M	98.6	M	98.6	98.6
13	T	98.6	M	98.6	98.6
14	W	98.6	M	98.6	98.6
15	T	98.6	M	98.6	98.6
16	F	98.6	M	98.6	98.6
17	S	98.6	M	98.6	98.6
18	M	98.6	M	98.6	98.6
19	T	98.6	M	98.6	98.6
20	W	98.6	M	98.6	98.6
21	T	98.6	M	98.6	98.6
22	F	98.6	M	98.6	98.6
23	S	98.6	M	98.6	98.6
24	M	98.6	M	98.6	98.6
25	T	98.6	M	98.6	98.6
26	W	98.6	M	98.6	98.6
27	T	98.6	M	98.6	98.6
28	F	98.6	M	98.6	98.6
29	S	98.6	M	98.6	98.6
30	M	98.6	M	98.6	98.6
31	T	98.6	M	98.6	98.6
32	W	98.6	M	98.6	98.6
33	T	98.6	M	98.6	98.6
34	F	98.6	M	98.6	98.6
35	S	98.6	M	98.6	98.6
36	M	98.6	M	98.6	98.6
37	T	98.6	M	98.6	98.6
38	W	98.6	M	98.6	98.6
39	T	98.6	M	98.6	98.6
40	F	98.6	M	98.6	98.6
1	T	98.6	M	98.6	98.6
2	W	98.6	M	98.6	98.6
3	T	98.6	M	98.6	98.6
4	F	98.6	M	98.6	98.6
5	S	98.6	M	98.6	98.6
6	M	98.6	M	98.6	98.6
7	T	98.6	M	98.6	98.6
8	W	98.6	M	98.6	98.6
9	T	98.6	M	98.6	98.6
10	F	98.6	M	98.6	98.6
11	S	98.6	M	98.6	98.6
12	M	98.6	M	98.6	98.6
13	T	98.6	M	98.6	98.6
14	W	98.6	M	98.6	98.6
15	T	98.6	M	98.6	98.6
16	F	98.6	M	98.6	98.6
17	S	98.6	M	98.6	98.6
18	M	98.6	M	98.6	98.6
19	T	98.6	M	98.6	98.6
20	W	98.6	M	98.6	98.6
21	T	98.6	M	98.6	98.6
22	F	98.6	M	98.6	98.6
23	S	98.6	M	98.6	98.6
24	M	98.6	M	98.6	98.6
25	T	98.6	M	98.6	98.6
26	W	98.6	M	98.6	98.6
27	T	98.6	M	98.6	98.6
28	F	98.6	M	98.6	98.6
29	S	98.6	M	98.6	98.6
30	M	98.6	M	98.6	98.6
31	T	98.6	M	98.6	98.6
32	W	98.6	M	98.6	98.6
33	T	98.6	M	98.6	98.6
34	F	98.6	M	98.6	98.6
35	S	98.6	M	98.6	98.6
36	M	98.6	M	98.6	98.6
37	T	98.6	M	98.6	98.6
38	W	98.6	M	98.6	98.6
39	T	98.6	M	98.6	98.6
40	F	98.6	M	98.6	98.6
1	T	98.6	M	98.6	98.6
2	W	98.6	M	98.6	98.6
3	T	98.6	M	98.6	98.6
4	F	98.6	M	98.6	98.6
5	S	98.6	M	98.6	98.6
6	M	98.6	M	98.6	98.6
7	T	98.6	M	98.6	98.6
8	W	98.6	M	98.6	98.6
9	T	98.6	M	98.6	98.6
10	F	98.6	M	98.6	98.6
11	S	98.6	M	98.6	98.6
12	M	98.6	M	98.6	98.6
13	T	98.6	M	98.6	98.6
14	W	98.6	M	98.6	98.6
15	T	98.6	M	98.6	98.6
16	F	98.6	M	98.6	98.6
17	S	98.6	M	98.6	98.6
18	M	98.6	M	98.6	98.6
19	T	98.6	M	98.6	98.6
20	W	98.6	M	98.6	98.6
21	T	98.6	M	98.6	98.6
22	F	98.6	M	98.6	98.6
23	S	98.6	M	98.6	98.6
24	M	98.6	M	98.6	98.6
25	T	98.6	M	98.6	98.6
26	W	98.6	M	98.6	98.6
27	T	98.6	M	98.6	98.6
28	F	98.6	M	98.6	98.6
29	S	98.6	M	98.6	98.6
30	M	98.6	M	98.6	98.6
31	T	98.6	M	98.6	98.6
32	W	98.6	M	98.6	98.6
33	T	98.6	M	98.6	98.6
34	F	98.6	M	98.6	98.6
35	S	98.6	M	98.6	98.6
36	M	98.6	M	98.6	98.6
37	T	98.6	M	98.6	98.6
38	W	98.6	M	98.6	98.6
39	T	98.6	M	98.6	98.6
40	F	98.6	M	98.6	98.6

**2A.** Time of Basal Body Temperature Reading Each Day

**7C.** Luteal Phase Countdown

**7A. & 7B.** Vertical & Horizontal Cover Lines

**2B.** Basal Body Temperature Log

**6.** Cycle Day

**3.** Cervical Fluid Description

**4.** Cervical Position & Texture

**5.** Extra Rows for Other Observations

**Descriptive Notes of Observations**



# Charting Your Fertility Signals

## Quick Guide

***Your basic fertility chart is a worksheet for logging your observations of your fertility signals and any other data you may find helpful in tracking your fertility. This Quick Guide will give you a step-by-step explanation of how to fill in your chart. Refer to the diagram on the previous page for a sample chart and to locate where you input your information for each step of charting.***

**For a thorough introductory explanation of fertility signals, how your menstrual cycle works, and how to use charting to plan or prevent pregnancy, please read my article, “Enlightened and Empowered in Fertility Awareness and Natural Family Planning.”**

- 1) Preliminaries – At the start of each cycle, you can input these items.
  - a) Name: *your name*
  - b) Age: *your current age*
  - c) Month/Year: *current month and year*
  - d) Cycle #: *how many cycles you have charted thus far*
  - e) DATE: *Go ahead and fill in the rows of the date field for an approximate cycle length. In the top row, input the month/day. In the bottom row, input the day of the week, Sunday through Saturday.*
- 2) Basal Body Temperature (BBT) – Using a digital thermometer that reads to the 0.1 degree, take your oral BBT (waking temperature after you have had at least 3 hours of consecutive sleep) before you get out of bed to do anything, even before you go to the bathroom.
  - a) ☉ - Record the time you took your BBT. Aim to take it at around the same time everyday.
  - b) TEMPERATURE – Circle your temperature reading. If you suspect your temperature may be significantly affected due to sleeping in extra late, fever, alcohol consumption, etc., record your suspicions in the NOTES section, but do not try to “fix” your log by circling a more “realistic” temperature reading.
- 3) Cervical Fluid (CF) – Using a clean finger with a trim nail, swipe a sample of your CF either at the vagina opening or internally at the cervix throughout your day when you go to the bathroom or take a shower. Analyze the CF sample for appearance and texture. Describe your findings in the NOTES section at least until you can confidently determine what type of CF you have without comparing different days’ findings. Record the most fertile quality CF you find that day. The picture on the left is an example of someone’s sticky CF, while the one of the right is her fertile egg white CF.



Type	CF	Description
Dry	-	You do not collect any CF that day and your finger is just a little damp. Not Fertile
Sticky	S	White or Yellow Filmy, Gummy, Pasty, Rubbery Non-wet, barely wet Not Fertile
Creamy	C	White or Yellow Creamy, Lotion-like, Milky, Goopy Wet, Smooth Transitioning to Fertile
Egg White	E	Clear, Streaked, or Opaque Slippery, Slimy, Stretchy Very Wet, Lubricated Fertile CF
Menses	*	Heavy or regular bleeding (red)
Spotting	(*)	Spotting blood (brown or pink on panty liner)
Semen	?	Within several hours after having intercourse, semen will leak out and may mask what kind of CF you have. Semen may be a thin, rubbery white strand or slippery foam that dries quickly on your fingers, whereas true CF does not.
Arousal Fluid	?	If you are aroused sexually, this is not a good time to check cervical fluid, as the vagina releases lubricating fluid to prepare for intercourse. It is clear, wet, and stretchy, but it should dry on your fingers quickly, whereas true CF does not.

4) Cervical Position and Texture (CP) – This fertility signal is an optional one to check, but it may be helpful to cross check with your other two fertility signs. If you check your CF internally at your cervix, you might as well use that moment as an opportunity to check your cervix position and texture. To check your CP, assume the same bodily position at the same time every day, like squatting in the shower, and insert the same clean finger with a trim nail inside your vagina. Reach to the back until you feel the donut-shaped cervix. Observe how much of the cervix you can wrap your finger around to determine its position. Press on the tip where the indentation of the opening is to determine the texture. If the texture is difficult to distinguish, you can at least describe the position by placing a dot low, center, or high in the box on your chart. What’s important is to observe the changes of your cervix before and right after ovulation. Use one of these three categories to describe your CP.

CP	Description
F •	Low, Firm, and Closed You can probably reach your cervix up to your top joint of your finger. The tip feels like you are pushing on your nose. The opening is closed. In the days following your period when you are not fertile, and right after ovulation is past, your cervix will assume this position and texture.
M•	Midway, Softening, and Opening Cervix is rising but you can still wrap around the sides of it. The tip is softening and the opening seems more open. As ovulation approaches, you cervix will begin to change to this position.
○ S	High, Soft, and Open Cervix may be out of reach from your finger, or only accessible if you bear down like you’re going to have a bowel movement. It may feel like you are pushing on your lips. You can fit a part of your finger tip into the opening. Your cervix assumes this position and texture in the few/several days before and during ovulation.

5) Miscellaneous Observations – Use these boxes to input any other observations or test results you may like. For example, you may want to draw a picture of your saliva ovulation microscope slide for the day, input a leuteining hormone ovulation test result, or a pregnancy test result. You may opt to keep track of your moods or when you exercise. Maybe you will want to note what kind of birth control you used. Create your own codes to describe your data.

- 6) Tracking Intercourse and Birth Control (♥) – You may find it helpful if you are planning or preventing pregnancy to keep track of when you have intercourse. Circle each cycle day number you and your spouse have unprotected sex. Use a dotted line to circle each cycle day you use birth control during intercourse.
- 7) Determining Ovulation Day and Luteal Phase Length (L and +) – At the end of each cycle, or at least by the time you have observed a steady thermal shift in your BBTs, you can draw a horizontal and a vertical coverline to help you visualize the two phases of your menstrual cycle and determine your ovulation day.
  - a) Identify the thermal rise that indicates that ovulation has past and your luteal phase has begun. – After menses is past, look for a rise in temperature of your BBT of at least 0.2 degrees above any of the preceding six temperatures, excluding those during menses and any deviant temperatures that you have good explanation for. A deviant high temperature may occur if you have a fever, sleep in extra late, drank alcohol the night before, etc. Draw a vertical line through the day before the thermal rise. The vertical line is ovulation day.
  - b) Divide your follicular phase from your luteal phase. – Now draw a horizontal line 0.1 degrees higher than the highest of your low temperatures after menses, excluding any deviant high temperatures. This line divides your follicular phase and your luteal phases.
  - c) Luteal Phase Countdown – In the Luteal Phase Countdown row above the temperature log, countdown the days from the time of the thermal rise to the day before you start your period again. This is the length of your luteal phase and should change very little if at all from cycle to cycle if you are ovulating.
- 8) Cycle Length – Cycle length is the number of days from the start of one period to the next. Day one of your period is the day you have full red flow, not just spotting. Your cycle length may vary from cycle to cycle due to a delay in ovulation. Your luteal phase should remain pretty much the same. Write in your cycle length in the field provided.

*Congratulations! You are ready to start charting. Don't forget to do more research and consult with an instructor, especially if you plan to use this method seriously for birth control purposes.*