

SYMPTOMS-BASED METHODS

WHAT ARE SYMPTOMS-BASED METHODS?

The use of symptom-based methods requires training for the client. Ideally, the couple should be trained to use this method to recognize the signs of fertility when abstinence from sex should be practiced.

WHEN SHOULD THE USE OF SYMPTOMS-BASED METHODS BEGIN?

- Clients with regular menstrual cycles can start the method any time of the month. They do not need to wait for the start of the next monthly bleeding.
- Clients with no monthly bleeding (menses) should delay symptom-based methods until their monthly bleeding returns.
- Clients who recently gave birth (regardless of whether they are breastfeeding) can start symptom-based methods once their normal secretions have returned. Normal secretions will return later in breastfeeding women than in non-breastfeeding women.
- Clients can start symptom-based methods immediately after a miscarriage or an abortion as long as they do not have infection-related secretions or bleeding due to genital tract injury.
- Clients switching from a hormonal method can start symptom-based methods in the next menstrual cycle after stopping the hormonal method.

WHO CAN USE SYMPTOMS-BASED METHODS?

All women can use symptoms-based methods. Although no medical conditions prevent the use of these methods, some conditions make them difficult to use effectively.



Table 20. MEC for symptoms-based methods

- **Acceptable use** in most women, even for
 - Women who are four weeks or more in postpartum
 - Non-breastfeeding women
- **Use caution** in the following situations:
 - Recently had an abortion or miscarriage.
 - Menstrual cycles have just started or have become less frequent or stopped because of older age. Menstrual cycle irregularities are common in young women in the first several years after the menarche and in women who are nearing the menopausal period.
 - Has a chronic condition that raises body temperature (for BBT and symptothermal methods).
- **Delay** the use of symptom-based methods in the following situations:
 - Recently gave birth or is breastfeeding. Delay until normal secretions have returned—usually at least six months after childbirth.
 - Not breastfeeding. In this case, the client must wait at least four weeks after childbirth. For several months after regular cycles have returned, clients should use the method with caution.
 - Has an acute condition that raises body temperature (for BBT and symptothermal methods).
 - Has abnormal vaginal discharge.
 - Has irregular vaginal bleeding.

Two-Day Method

WHAT IS THE TWO-DAY METHOD?

The Two-Day Method is a FAB method that involves cervical secretions as an indicator of fertility and women checking the presence of secretions every day.

If a woman notices any secretions today or yesterday, she should consider herself fertile and avoid intercourse today.

HOW EFFECTIVE IS THE TWO-DAY METHOD?

About 4 per 100 women who consistently and correctly use the method and abstain on fertile days become pregnant over the first year of use.

HOW IS THE TWO-DAY METHOD USED?

The following pointers should be given to clients:

- Check for cervical secretions every afternoon and/or evening on underwear or by sensation in or around the vagina using the fingers or tissue paper. Distinguishing the characteristics of the secretions (i.e., amount, color, consistency, slipperiness, stretchability, or viscosity) is not necessary.
- A client who notices any secretions of any type, color, or consistency should consider herself fertile that day and the following day.
- Avoid sex, or use another method on fertile days. The couple avoids vaginal sex or uses a barrier method on each day with secretions and on each day following a day with secretions.
- The couple can have unprotected sex again after the woman has had two dry days (days without secretions of any type) in a row.

WHAT ARE THE SIDE EFFECTS OF THE TWO-DAY METHOD?

The Two-Day Method has no known side effects.

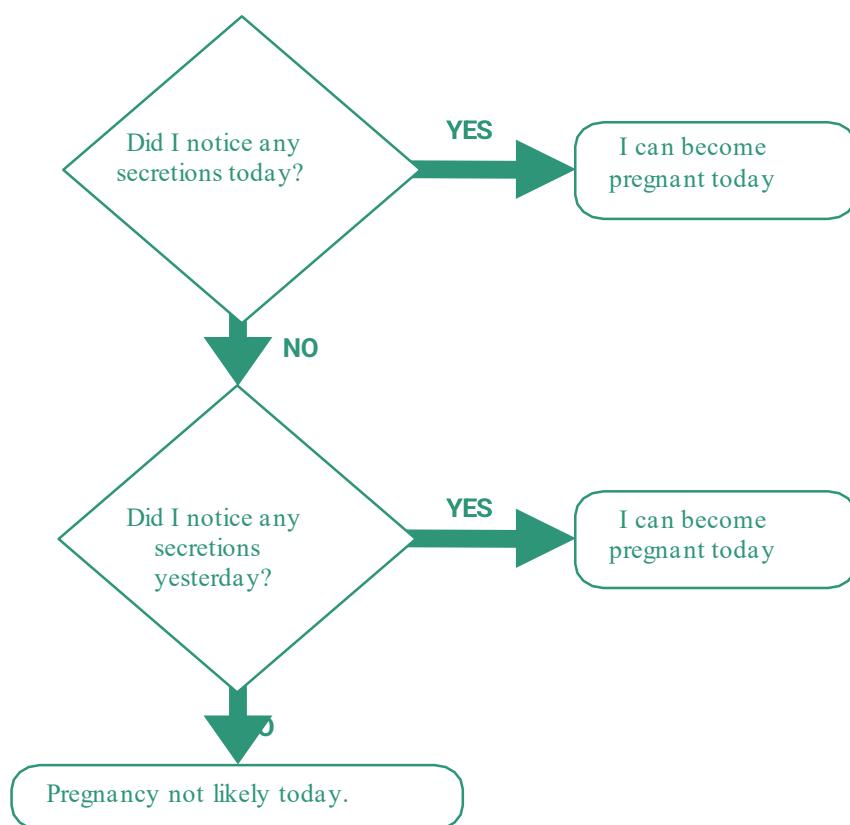
HOW ARE PROBLEMS RELATED TO THE USE OF THE TWO-DAY METHOD MANAGED?

A woman who has a vaginal infection or another condition that changes cervical mucus may find the Two-Day Method difficult to use.

- **Delay or use with caution** in the following situations that may affect cervical secretions, raise body temperature, or delay ovulation:

- Taking any mood-altering drugs, such as anti-anxiety therapies (except benzodiazepines), antidepressants, and antipsychotics (including chlorpromazine, thioridazine, haloperidol)
- Long-term use of certain antibiotics
- Long-term use of any nonsteroidal anti-inflammatory drug (e.g., aspirin and ibuprofen), paracetamol, or antihistamines

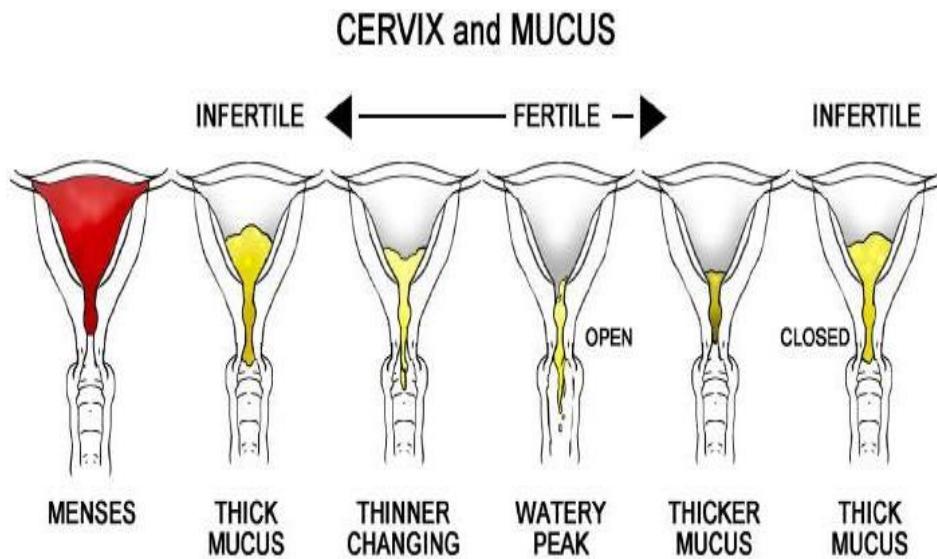
Figure 4. Two-Day Method algorithm



Billings Ovulation Method

WHAT IS THE BILLINGS OVULATION METHOD?

The ovulation method or the Billings Ovulation Method involves the observation of wet and dry sensations in the vulva. The feeling of wetness and the secretion of wet, slippery, and clear mucus indicate a fertile period. The feeling of dryness and having no secretion or the presence of pasty, non-stretchy mucus or unchanging mucus pattern a day after menstruation indicates the infertile period.



HOW EFFECTIVE IS THE BILLINGS OVULATION METHOD?

About 3 per 100 women who consistently and correctly use the method and abstain on fertile days become pregnant over the first year of use.

HOW AND WHEN IS THE BILLINGS OVULATION METHOD USED?

- The client checks daily for any cervical secretions on underwear by tissue paper or by finger in or around the vagina.
- The client must avoid unprotected sex on days of heavy monthly bleeding because ovulation might occur early in the cycle, particularly during the last days of monthly bleeding, and heavy bleeding could make mucus difficult to observe.
- A couple can have unprotected sex between the end of monthly bleeding and the start of secretions every other day but not for two days in a row. Avoiding sex on the second day allows time for semen to disappear and for cervical mucus to be observed.
- A couple can have sex in the evenings after the woman has been in an upright position for at least a few hours and has been able to verify the absence of cervical mucus.
- A client who notices any secretions should consider herself fertile and should avoid unprotected sex.
 - Secretions have a “peak day”—the last day that the client secretes clear, slippery, stretchy, and wet mucus (*spinnbarkeit* mucus).
 - The client will know that this day has passed when her secretions the following day are sticky or dry or when she has no secretions at all.
 - She should continue to consider herself fertile for the next three days after that peak day and should abstain from sex or use another contraceptive method.
 - Unprotected sex can be resumed on the fourth day after the woman’s peak day and until her next monthly bleeding begins.
- A client who has a vaginal infection or another condition that changes cervical mucus may find this method difficult to use.



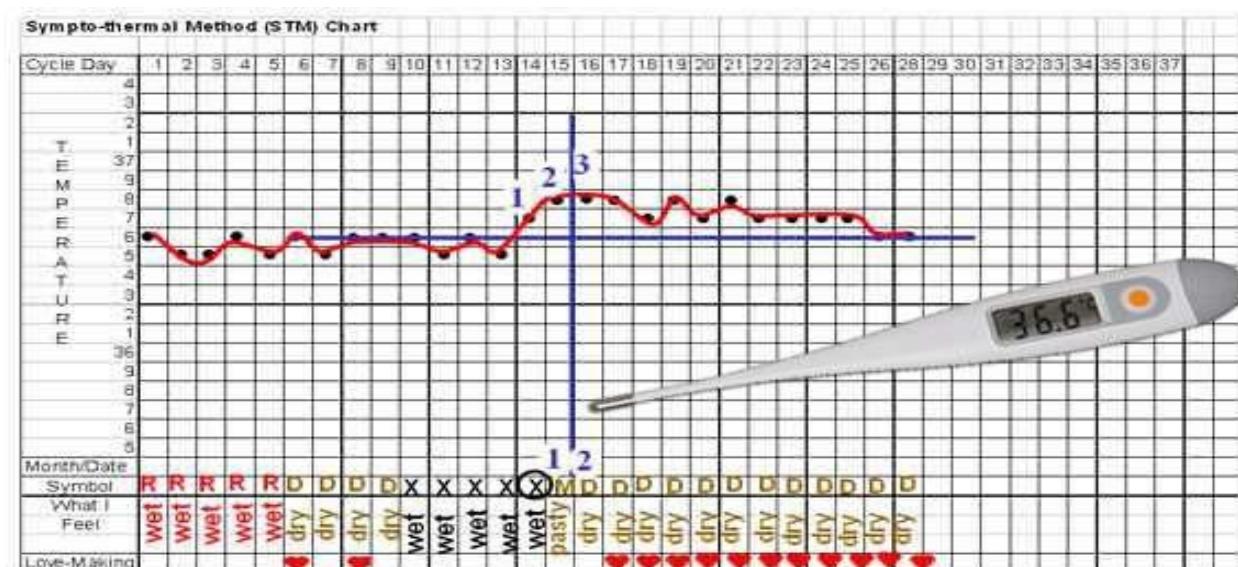
WHAT ARE THE SIDE EFFECTS OF THE BILLINGS OVULATION METHOD?

The Billings Ovulation Method has no known side effects.

Basal Body Temperature Method

WHAT IS THE BBT METHOD?

The BBT method involves identifying the fertile and infertile periods of a woman's cycle by taking and recording daily the rise in body temperature during and after ovulation. BBT is the temperature of the body at rest after at least three hours of continuous sleep before temperature taking. A woman's BBT rises during her ovulation period and stays high until the next menstruation because of a rise in progesterone level.



HOW EFFECTIVE IS THE BBT?

About 1 per 100 women who consistently and correctly use the method and abstain on fertile days become pregnant over the first year of use.

HOW IS THE BBT METHOD USED?

- The client takes her body temperature at the same time each morning before she gets out of bed or does anything. She records her temperature on a special graph using a special thermometer. She watches for her temperature to rise slightly— $0.2\text{ }^{\circ}\text{C}$ to $0.5\text{ }^{\circ}\text{C}$ ($0.4\text{ }^{\circ}\text{F}$ to $1.0\text{ }^{\circ}\text{F}$)—just after ovulation (about midway through the menstrual cycle).
 - The couple should avoid sex or use another method from the first day of menses until three days after the rise in temperature.
 - A BBT that has risen above the client's regular temperature and stayed high for three full days indicates that ovulation has occurred and that the fertile period has passed. The couple can have unprotected sex on the fourth day and until her next monthly bleeding begins.
 - A client who has fever/colds or other changes in the body temperature may find the method difficult to use.

WHAT ARE THE SIDE EFFECTS OF THE BBT?

The BBT method has no known side effects.

Symptothermal Method (BBT + CERVICAL SECRETIONS + OTHER FERTILITY SIGNS)

WHAT IS THE SYMPTOTHERMAL METHOD?

The client identifies her fertile and infertile days by combining BBT, cervical mucus observations, and other fertility signs, such as breast tenderness and ovulatory pain to avoid unprotected sex on fertile days.

HOW EFFECTIVE IS THE SYMPTOTHERMAL METHOD?

About 2 per 100 women who consistently and correctly use the method and abstain on fertile days become pregnant over the first year of use.

HOW IS THE SYMPTOTHERMAL METHOD USED?

The couple avoids unprotected sex between the first day of monthly bleeding and either the fourth day after peak cervical secretions or the third full day after the rise in temperature (BBT), whichever occurs later. Some women who use this method have unprotected sex between the end of menses and the beginning of secretions, but not on two days in a row.

WHAT ARE THE SIDE EFFECTS OF THE SYMPTOTHERMAL METHOD?

The symptothermal method has no known side effects.