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As a 1995 graduate of a respectable residency programme in obstetrics and gynaecology in the United States, I was given the usual collection of tools to treat and diagnose fertility and gynaecologic disorders. In fact, compared to many, my in-training exposures and teachers were exceptional. But looking back, I see how really handicapped physicians in training are by the conventional approach to ovulatory disorders. We rely on contraceptive products to treat the majority of gynaecologic disorders in a shotgun approach: "Try this and see if it helps." Moreover, we are taught that the non-contraceptive benefits of chemical contraceptives are as valuable as the contraceptive.

Armed with good training in ultrasonography and what I thought at the time was a good understanding of reproductive endocrinology, my first gynaecology patients were approached in the "standard" fashion. I prescribed progestins in a knee-jerk response to bleeding intervals longer than 28 days, prescribed oral contraceptive pills (OCPs) to "regulate" cycles and treat the multitude of other disorders for which they are now recommended. I soon realised, however, that the same women for whom I was prescribing very often had ovulatory activity on ultrasonography, as well as many side effect complaints which clogged up my telephone lines in the early days of my practice. I stopped prescribing on 1 March 1999.

Having made my decision for personal reasons, I sought a viable alternative to offer those patients who wished to limit family size. So I attended a physician seminar hosted by one well-known natural family planning (NFP) proponent. The instructors, while well-versed in the method, were not obstetrician/gynaecologists. Some were physicians of other specialties who quoted studies I had never heard of, and all the data conflicted with what I had been taught. A few months later I was befriended by Sue Ek, the Executive Director of the Billings Ovulation Method™ Association-USA and was invited to attend a teacher training session the following summer.

Australian senior teachers Marian Corkill and Gillian Barker presented scientific data which predated the Pill, and, surprisingly, was current and contemporary with modern gynaecology. I was also surprised to learn that scientists Erik Odeblad, MD, PhD and James Brown, MSci, PhD were two of several key scientists who introduced OCPs to the world market, but whose personal concerns about high-dose steroid use for the 35 plus years of female reproductive life, stimulated their research efforts in natural fertility detection.

My hubris, as an American-trained, Board-certified Fellow of the American College of Obstetricians and Gynaecologists was demolished by these Aussie “Mums” who had actually participated in the years of daily urine testing for oestrogen and progesterone throughout the cycle and knew reproductive endocrinology better than any lecturer I had ever heard.

The Billings Ovulation Method turned the menstrual cycle upside down. No longer was I questioning when the last “period” was in my clinical history-taking, but calculating the likelihood of ovulation. Anovulation leads to infertility, but my specialty is so wedded to the 28 day bleeding interval that we don’t even question whether ovulation is occurring normally in diagnosing and treating gynaecologic disorders. The Billings Ovulation Method™ made it clear to me that ovulation disorders cause menstrual disorders. And here, at last, was something which solved the mystery behind abnormal bleeding, Polycystic Ovaries, acne, hirsutism, fibroids, polyps, menstrual pain and even endometriosis. If you want to diagnose and treat gynaecologic problems, you first have to diagnose and treat ovulatory problems.

The Billings chart, which represents the actual ovarian production of oestrogen and progesterone throughout the cycle, is a road map.

I also learned how effective the Billings Ovulation Method is for preventing or postponing pregnancy. Various published studies document 99 per cent-plus effectiveness. There have been only three unplanned pregnancies among my Billings Ovulation Method patients within the past decade, and all admitted to breaking the second Early-day Rule. As there are only four simple rules, I take advantage of the teachable moment by instructing patients personally in just a few minutes. The availability of internet charting has increased the number of adherents. While the Billings Ovulation Method has an 80 per cent worldwide success rate for achieving pregnancy, the tools learned from Billings’ research, with my own clinical observations and surgical techniques, have far surpassed that.

In fact, most patients who seek my help in conceiving have exhausted their financial resources with failed IVF attempts or have suffered recurrent pregnancy losses. Their diagnoses range from “premature ovarian failure” to “unexplained infertility.” All infertility patients have a diagnosis. I simply have to “connect the dots.” Most have ovulatory or implantation disorders which are correctable. Now that I have this information, I would not return to the unenlightened methods of my early training. While I am grateful to all who played a part in my education, none deserve more credit than founders (the late) Dr John Billings and his wife Dr Lyn Billings, Professors Brown, Odeblad and Pilar Vigil, the senior teachers, instructors and, finally, the patients who have so faithfully provided the slate on which learning continues.

*Dr. Martin was Board Certified, American Board of Obstetricians and Gynecologist in 1997 with special interests in fertility and Natural Family Planning. She was elected to Fellowship, American College of Obstetricians and Gynecologist in 1999 and holds active licenses in Indiana, Virginia and Oklahoma, where she now practices. She received her Doctor of Medicine Degree in 1991 at the University of Illinois, College of Medicine at Rockford, IL. She completed her combined Internship and Residency in Obstetrics and Gynecology at Carilion Center for Women and Children at Roanoke Community Hospital in Roanoke, VA in 1995. She is an ambulatory active member of the St. Anthony Hospital staff and is an Attending Physician for the Family Medicine Residency Program. She was trained in the Billings Method in Australia and in the U.S. Dr. Martin has the first-ever application of Billings Method research in a clinical setting. She is a member of the Board of BOMA-USA and was recently named a Specialist Consultant to WOOMB International. In November of 2009, she celebrated the establishment of the first American Billings Center for Fertility and Reproductive Medicine in Oklahoma City, Oklahoma.*