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World Organization of the Ovulation Method (Billings)

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SUMMARY OF THE CORRELATION BETWEEN THE SCIENCE AND THE WOMAN'S CHART

WOOMB International Ltd.

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The Billings Ovulation Method® is a method of natural fertility regulation which can be used to achieve or postpone a pregnancy and to monitor reproductive health.

It teaches a woman to understand the natural signs which indicate times of fertility and infertility during her reproductive cycles from menarche to menopause.

A cycle is the time from the first day of menstruation to the day before first day of the next menstruation. It includes all phases of the cycle, menstruation, pre-ovulatory infertility -BIP (if the cycle is long enough to include this phase), the fertile phase - follicular development and ovulation followed by the luteal phase - post ovulatory infertility.

The bleed is recognised as menstruation because it has been preceded by the Peak symptom identifying ovulation. For much of her reproductive life the woman will experience cycles of regular length, however there will be variations in cycle length due to delayed ovulation at times of stress, following birth, lactation and during the peri-menopause. The Billings Ovulation Method® enables her to identify fertility and infertility on a day by day basis throughout all stages of her reproductive life. It is not dependent on regularity of cycles.

The Billings Ovulation Method® is a unique method in that it teaches the woman to identify her own **patterns of fertility and infertility**. She is asked to keep a daily record of the sensations she experiences at the vulva as she goes about her normal activities. She is also asked to record any visible signs of discharge. She is told not to internally examine for the mucus as this will give incorrect information as the vagina is always moist. Internal investigations bypass the Pockets of Shaw which are activated by the rise of progesterone at the time of ovulation and which change the sensation, enabling the woman to recognise her Peak. Internal investigations can also introduce infection. A chart showing an unchanging pattern is a reflection of an unchanging hormonal pattern which indicates the time of infertility. The changing, developing mucus pattern in turn is a reflection of rising oestrogen accompanying the time of fertility.

The teacher is encouraged to keep at the back of her mind a recollection of the ovarian hormonal patterns, as this will often help her interpret the record which at first sight appears to be difficult.

During this course it will be important for you to constantly review the wall charts as displayed in Appendices on pages 41- 47 of Teaching the Billings Ovulation Method Part 2.

Pages 41-43. Pituitary and Ovarian Hormones of a Woman's Reproductive Cycle by Professor James Brown. Chart on Page 43 -points to look at:

Review the phases of the endometrium and ovarian and pituitary hormones in a normal fertile cycle (refer to text on pages 41-42). Identify the proliferative and secretory phases of the endometrial growth. Oestrogen stimulates growth of the endometrium in the proliferative phase and after ovulation progesterone also acts on the oestrogen-primed endometrium making it suitable for implantation (secretory phase). Note that the endometrial response to the oestrogen rise is immediate. A withdrawal of oestrogen can result in bleeding

Note that both the ovarian hormones, oestrogen and progesterone are low in the pre-ovulatory phase. The rise in oestrogen is reflected in the mucus pattern by the change from the Basic Infertile Pattern (BIP). The continuing rise in oestrogen before ovulation is reflected in the changing developing pattern of mucus as it progresses to the slippery sensation associated with Peak.

Progesterone begins to rise just before ovulation. The woman experiences a change in her sensation. She is no longer slippery. This is a direct result of the activity of the Pockets of Shaw under the influence of rising progesterone. Both oestrogen and progesterone are

elevated in the luteal phase (the time from ovulation to menstruation), reaching peak levels about day 6 past ovulation and then falling gradually to low levels just prior to menstruation. In a fertile cycle the normal length of the luteal phase is 11-16 days.

Pages 44- 45. Anatomy and Physiology of the Cervix – Professor Erik Odeblad Chart on Page 45 points to note:

This chart shows the work of Professor Erik Odeblad. Note the various mucus types that occur during the fertile phase. You will learn the names of these types of mucus and the role they play in fertility.

G mucus occurs during the infertile phases of the cycle. It closes the cervix preventing the entry of sperm. Survival time of sperm is very short when G mucus is blocking the cervix. G mucus also forms part of the immune system protecting the woman's reproductive system from infection.

L mucus production begins as oestrogen levels rise, signaling the commencement of the fertile phase. It attracts low quality sperm which are then eliminated. L mucus locks high quality sperm into the S crypts. It forms a support structure for the P and S mucus.

S mucus provides nourishment for the high-quality sperm and channels for their transport to the S crypts.

P mucus The liquefying effect of the P mucus dissolves the G mucus at the beginning of the fertile phase and later unlocks the S crypts allowing sperm to rapidly continue on their journey to the ovum. The P mucus close to ovulation is responsible for the intense slippery sensation, often without visible mucus, experienced at that time.

The unlocking of the G plug at the beginning of the fertile phase allows entry of sperm and sperm survival is now extended to 3-5 days over the fertile time.

Pages 46 – 47 The Billings Ovulation Method®: Observations, Charting and Rules. Chart on Page 46 points to note:

In most cycles, ovulation occurs on Peak day but may be delayed to Day 1 or Day 2 following Peak. The ovum survival time is 12-24 hours. **Peak Day is the last day of the slippery sensation following a changing, developing mucus pattern of variable length.** There may no longer be any visible mucus on Peak Day because of the action of the P mucus.

The progesterone rise is reflected in the chart by a change in symptom, ensuring the recognition of Peak day. Peak is marked in retrospect on this day of change.

Mucus leaving the cervix is dried by the Pockets of Shaw which are also activated by the rising progesterone. Over the three days following Peak the cervix is progressively closing with G mucus. Channels for sperm transport exist in diminishing numbers over these three days. By the beginning of the 4th day following Peak the cervix is once more blocked by G mucus and the couple is again infertile.

There are four simple Rules which cover all phases of reproductive life.

3 Early Day Rules and the Peak Rule

Learn them well and the reasons for them. Teach them simply.

Couple fertility, the ability to become parents, involves both man and woman.

The requirements for fertility are:

- Satisfactory ovulation with adequate hormone levels
- Healthy sperm
- Healthy cervix responding to rising oestrogen
- Healthy fallopian tubes
- Healthy endometrium
- Emotional harmony between couple (an often important element before a couple can conceive)

You are asked to study the ovarian hormone levels provided with many of the charts in this course. Learn to think of the hormones and the cervical and vaginal responses when you are reviewing

charts. As the course progresses, you will be asked to record your interpretation of the hormones after studying a woman's descriptions of her symptoms.

This course will equip you to help couples in this very important aspect of their lives. Through this course you will not only learn about the science but will experience the practical application of the Billings Ovulation Method® by completing a variety of charts in which you will see the correlation between the science and the woman's charted record. When assisting couples, you will also need to be a good listener and learn to ask the right questions so that you have the information you require to give good advice.

Always remember that the value of the Billings Ovulation Method® is that it is a scientifically proven, reliable method of fertility regulation but it is also **SIMPLE**. Don't complicate it by giving the couple all the information that you have learned.

Teach only the authentic Billings Ovulation Method®. Do not depart from the authentic principles and rules set out in the approved literature which forms background reading for this course.

The information on this paper gives you only a brief overview but will be a handy reference for you throughout the course. We recommend you refer to it as you complete each session.