ISSN 2202-7599

Bulletin of WOOMB International Ltd

Vol 48 No 3 November 2021

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we have put our faith in love

WOOMB International Ltd continuing the work of Drs John and Evelyn Billings of bringing the Billings Ovulation Method® to the world.

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In this Edition

The Holy Father, Pope Francis recently announced two years of "synodality"- 'journeying together' in the Church, leading to the Synod of Bishops on the topic of *Synodality* to be held in October 2023. *Synodality*, according to the preparatory document for the Synod, will grant Catholics the "ability to imagine a different future for the Church and her institutions, in keeping with the mission she has received." At the same time, the decision to "journey together" is defined as "a prophetic sign for the human family, which needs a shared project capable of pursuing the good of all." The main axes of a synodal Church are communion, participation, and mission, under the guidance of the Holy Spirit and listening to Scripture.

Marie Marshell, Director of WOOMB International, writes: "This seems to suggest that greater participation from the laity will be vital, which fits so well with the mission we have as Billings Ovulation Method® teachers.." The theme of "Family love: a vocation and a path to holiness" aligns with our understanding of the place of this Method in the lives of women and couples everywhere.

This issue of the Bulletin includes another important study by Dr Joseph V Turner dispelling some of the myths of the often quoted 'success rates' of contraceptive measures compared to fertility awareness method of natural fertility regulation. There is also a paper *From the Archives* by Marie Marshell, addressed to teachers, about the importance of correct teaching using only authentic materials. The paper was originally delivered to teachers in China in 1998 at a Conference to conclude a 3-year project to take the Method to medical professionals and health workers throughout Anhui Province.

Our Question to Senior Teachers deals with the sometimes complex situation of a couple when the woman is nearing menopause and no longer notices symptoms of fertility with the same intensity she did previously. Of course we know that the Billings Ovulation Method® is essentially a simple Method which applies in EVERY situation, but there is much an experienced teacher can bring to this situation to assist the couple to have the confidence to maintain their intimate relationship.

Also included are a report and the Final Statement of a Virtual Conference for Spanish-speaking teachers which was conducted by WOOMB Latinoamerica and followed by a Training Program with help from WOOMB International Directors Gillian Barker and Marian Corkill. And, as always, the News Around the World pages include reports and photographs from WOOMB International Affiliates all around the globe of the wonderful work that they are doing.

The back page includes a little more information about the Holy Father, Pope Francis's hopes and plans for the Synod to be held in 2023.

Happy reading!

Editor

Misrepresentation of Contraceptive Effectiveness Rates for Fertility Awareness Methods – Assessing the Evidence

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This is a Submitted Version of an article published by Wiley in the Journal of Obstetrics and Gynaecology Research on 13th December 2020, available online: https://obgyn.onlinelibrary.wiley.com/doi/10.1111/jog.14593

The final published article included the following definition and qualifier: Family planning methods that do not employ active biological, chemical or mechanical means to prevent sperm from fertilising an ovum or implantation of an embryo, such as FAMs, are not intrinsically contraceptive. However, FAMs may be considered a contraceptive method if used with the primary intent to prevent pregnancy. Reference to FAMs as being "contraceptive" in this article respects both these perspectives.

Abstract

AIMS

Simplified contraceptive method-efficacy and/or typical-use effectiveness rates are commonly used for direct comparison of the various contraceptive methods. Use of such effectiveness rates in this manner is, however, problematic in relation to the fertility awareness methods (FAMs). The aim of this review is to critically examine current international representation of contraceptive effectiveness for the various FAMs in clinical use. This review also details important issues when appraising and interpreting studies on FAMs used for avoiding pregnancy.

METHODS

Current international literature regarding contraceptive effectiveness of FAMs was surveyed and appraised. This included World Health Organisation and Centers for Disease Control (USA) resources, key clinical studies, and recent systematic reviews. Chinese literature was also searched, since these data have not been reported in the English literature.

RESULTS

Reliance on certain historical studies has led to the misrepresentation of contraceptive effectiveness of FAMs by perpetuation of inaccurate figures in clinical guidelines, the international literature, and the public domain.

Interpretation of published study results for FAMs is difficult due to variability in study methodology and other clinical trial quality issues. Recent systematic analyses have noted the considerable issues with study designs and limitations.

Several non-English published studies using the Billings Ovulation Method® have demonstrated that broader review of the literature is required to better capture the data potentially available.

CONCLUSIONS

A deeper understanding by clinicians and the public of the applicability of contraceptive effectiveness rates of the various FAMs is needed, instead of reliance on the inaccurate conglomerate figures that are widely presented.

Keywords : Contraceptive methods; Fertility control; Medical education; Natural family planning methods; Natural fertility

Introduction

There are a number of evidence-based fertility awareness methods (FAMs) that have been used to effectively avoid pregnancy (1). In spite of this, clinician knowledge of contraceptive effectiveness rates for FAMs is poor (2). This is due largely to widespread inaccurate and misrepresented data in clinical resources, as well as issues with clinical trials involving FAMs.

Literature perfect-use contraception rates for mucus-only methods such as the Billings Ovulation Method® have been shown to be 96.6% - 98.9% (3, 4), 99.5% for the Creighton Model System (CrMS) of FertilityCare (5), while for the sympto-thermal method (STM) a perfect-use contraception rate of >99% has been achieved (6). More recent advances have seen commercially available electronic monitors that detect urinary metabolites of luteinising hormone as well as estradiol, estrone-3-glucuronide, which give indications as to the daily fertility status of the woman. Utilising additional hormonal information has demonstrated improved contraceptive effectiveness over mucus-only (7) and calendar-based methods (8).

In spite of these encouraging figures, clinical trials of FAMs for contraception have suffered from quality issues in design of the studies to interpretation of data (9). Quality of individual published studies and, therefore, the evidence-base for FAMs is variable, although recent systematic reviews have provided more clarity in this area (1, 10).

The objectives of this review are to describe the current misrepresentation of FAM contraceptive effectiveness rates in the public clinical domain, and to highlight important considerations when appraising published evidence. Other published data that has not been reviewed elsewhere is also discussed. For the purpose of this article, method efficacy corresponds to perfect use, and typical-use effectiveness relates to both incorrect and/or inconsistent use by the woman or couple (11, 12). The principles of the Helsinki Declaration were followed in the writing of this review.

Misrepresentations within Clinical Resources and Guidelines

Contraceptive effectiveness is most commonly and simplistically presented as the number of unintentional pregnancies in 100 women during their first year of using the method.

Unfortunately, crude effectiveness rates expressed in this way have been collated into current clinical resources and guidelines, and incorrectly used to directly compare different contraceptive methods with one another. Clinical trial methodological differences, participant engagement and retention, and issues with reporting of results have left contraceptive effectiveness rates of FAMs unable to be directly compared (13). In spite of this, there are numerous clinical resources worldwide misleadingly making such direct comparisons, often in heirarchical and tabular form.

A key World Health Organisation (WHO) publication lists contraceptive methods in order from the most effective to the least effective based on "Consistent and correct use" for those with a 12 month pregnancy rate per 100 women of less than one (14). Subsequent listing of effectiveness rates is less consistent, with this grouping containing calendar methods, the "Ovulation method" and "Other fertility awareness methods". It is noted that "other fertility awareness methods" is not defined, is given an "As commonly used" pregnancy rate of 15%, and has no value provided for "Correct and consistent use." Values thus presented were drawn from a chapter (15) in one reference book, "Contraceptive Technology," and annotated as being from "best available source as determined by the authors." (14) p 383. The source studies for these figures in the WHO publication are not referenced, with the authors of the chapter in Contraceptive Technology not drawing any conclusions about the 33 FAM studies cited, and also inappropriately relying on pooled retrospective survey data from an older study (11).

The Centers for Disease Control and Prevention (CDC) in the United States of America (USA) provides an electronic resource classifying contraceptive methods broadly into groups, from most to least effective (16), sourced from a current textbook (17). This resource contains graphics of a thermometer, mucus, a calendar, and Cycle Beads grouped together as a single FAM entity. This blunt grouping is displayed on the lowest tier of the figure and given a contraceptive effectiveness of "more than 13 pregnancies per 100 women in one year". Although still providing inaccurate information, this is an improvement on a previous CDC resource (still available online) which lists contraceptive effectiveness for FAMs as 24% (18).

Data for the commonly accepted typical-use unintentional pregnancy rate of 24% for FAMs was originally collected as part of retrospective surveys in 1995 and 2002 in the USA (11). In these surveys, data for all FAMs was pooled without differentiating FAMs with low effectiveness, such as the Rhythm method, and those with high effectiveness, such as STM or the Billings Ovulation Method® (19, 20). Thus, the crude pregnancy rate of 24% for a conglomerate of methods estimated based on retrospective recollection of two surveys has come to erroneously be relied upon as applying to all FAMs. To draw a parallel, in a similar way that a crude conglomerate pregnancy rate of 9% would not be applied to "hormonal contraception" including the combined oral contraceptive pill (COCP), etonorgestrel implant, and levonorgestrel intrauterine device (IUD), the latter two of which have individual typical-use pregnancy rates less than 1%, such a generalisation about FAM effectiveness is both scientifically and clinically invalid.

Issues with Literature FAM Contraception Rates

Effectiveness of the various FAMs for avoiding pregnancy has been reviewed for individual methods (5, 21, 22) and in comparison with one another (1, 10, 23). For the most part, individual published studies have been retrospective

analyses or prospective cohort studies, which are subject to more bias than randomised controlled trails (RCTs).

Other factors that can influence the calculation of contraceptive effectiveness include the inherent fertility of the woman, her age, proficiency of use of her chosen FAM, and whether reporting of pregnancy is done for clinical pregnancy only or whether biochemical testing of β-hCG is included for assessment of pregnancy. Should biochemical assessment of pregnancy be included for every study, this would likely have the effect of generally decreasing apparent contraceptive effectiveness rates (12). This is compounded by methodological errors such as not separating out correct and incorrect use of the contraceptive method at each episode of intercourse, thus leading to incorrect classification of user versus method failure for a particular menstrual cycle. Frequency of intercourse has also been reported as a confounding factor. However, since the day-specific probability of conception relates only to the fertile window, the determination of which is an inherent part of FAMs, this should only be an influencing factor if frequency of intercourse is outside the rules of the specific FAM, thus contributing to the user rather than method failure rate.

It should be noted that method-efficacy (perfect use) rates for the Billings Ovulation Method®, CrMS, STM and Marquette Method are all high, indicating robustness of each of these FAMs.

The multitude of FAM studies that have been published also presents problems for determining reliable contraceptive effectiveness rates. As evidenced in a recent systematic review (1), numerous variants exist for particular methods. Specific criteria and rules for one method variant are not necessarily applicable to other variants or combinations of methods. Studies conducted in different countries and different cultures may also be confounded by approach of the investigating team, perspective of the study participants towards unintended pregnancy, cultural and political influences, and quality of the research methodology (6).

The question of how the intention of the couple is applied to their episode of sexual activity, has significantly affected reporting of unintentional pregnancy rates in the literature. Studies of the Billings Ovulation Method® (3) and Marquette Method (7, 24) determined pregnancy intentionality at the start of the study. If a woman changed her mind during the study period and wanted to achieve pregnancy instead, this was not recorded and any pregnancies in the study were still determined to be unintended pregnancies. Thus, when considering that the majority of unintentional pregnancies for studies using the Billings Ovulation Method® were for couples consciously departing from the rules for avoiding pregnancy, it was not possible to determine if at that point or for that cycle the couple were instead intending to achieve rather than avoid a pregnancy (25).

In published studies of STM, women were asked to record pregnancy intentionality prior to the start of each menstrual cycle, thus correctly allowing intended pregnancies to be recorded as such (6, 26). If a woman did not indicate prior to the start of her cycle that her intention was to achieve a pregnancy, then it was assumed that she wished to avoid pregnancy and any pregnancy achieved that cycle was considered unintentional.

In studies using the CrMS, sexual intercourse occurring on days of known fertility was considered a departure from use of the FAM to avoid pregnancy, with any pregnancies resulting from this being classified as being intentional (5, 27). There is some logic to this if the departure was a conscious decision by the couple, but under the study conditions it does not appear that intent was able to be verified.

Thus, direct comparison of typical-use contraceptive effectiveness rates for these three FAMs appearing in graphical and tabular form (1, 10, 28-30) is not adequate without sufficient explanatory detail in the table or in the accompanying text.

Assessment of Evidence Quality

An earlier systematic review utilized Strength of Recommendation Taxonomy (SORT) (31) to review effectiveness in avoiding pregnancy of a range of FAMs (10). Using the SORT approach, weighted criteria were developed that permitted assessment of quality of these studies.

This review evaluated 29 studies which included at least one for each of the major FAMs that was considered to be well-conducted and robust with Level 1 SORT evidence (10). Best evidence (SORT Level 1) demonstrated method-efficacy rates for avoiding pregnancy of 95.25% – 96.5% for calendar-based methods and 98.9% – 99.6% for mucus-only, STM and sympto-hormonal methods. Typical-use effectiveness rates were found to be substantially better than the commonly and erroneously published contraceptive rate of 76% for FAMs (11, 17).

A more recent and comprehensive review of FAM studies reporting on prevention of pregnancy identified 53 studies in English and several European languages. A quality assessment framework specific to the review was developed based on the U.S. Preventative Services Task Force framework. This modified framework consisted of 13 items which all had to be met in order for a study to be considered high quality (1).

As evidence of the variability in FAM study design and quality, of the 53 studies included in the analysis, zero (0) met all high quality criteria, 21 were ranked moderate quality, and 32 were designated as low quality. Calendar-based methods, mucus-only, STM and sympto-hormonal methods were all represented by moderate quality studies. Other moderate quality studies also included app-based and hormonal-only methods. Method-efficacy rates for moderate to high quality studies are given in Table I. Although there is evidence from more recent studies, the efficacy rates are broadly similar to those in the older systematic review (10). The main limitations identified by the review (1) in generalizing the results included heterogeneity of population and settings, and high attrition rate. This makes differentiation of method versus population effects on the calculated effectiveness rates problematic. Common key issues affecting the FAM studies included failure to prospectively and regularly collect pregnancy intentions and inappropriate inclusion or exclusion of pregnancies when calculating effectiveness at preventing pregnancy.

Table I. One-year perfect use contraceptive efficacy rates (%) for FAMs and calendar methods, for higher quality studies assessed in two different systematic reviews (1, 10).

FAM / Calendar Method	Method-efficacy (%)	Quality ranking (1)	SORT evidence level (10)	References
Billings Ovulation Method®	98.9	Moderate	1	(3)
Billings Ovulation Method®	96.6	Moderate	2	(4, 25)
Creighton Model System	99.5	Low	1	(5)
Creighton Model System	99.86	Low	1	(27)
Marquette Method	100	Moderate	1	(7)
Marquette mucus only	97.3	Moderate	1	(7)
Sympto-thermal method	99.6	Moderate	1	(6)
TwoDay method	96.5	Moderate	1	(32)
Standard Days Method	95.2	Moderate	1	(33)

[Table 1 here is adapted from the Accepted Version of the article.]

Chinese Literature

There have been a number of studies using the Billings Ovulation Method® published in Chinese (Table II) that are unable to be located using mainstream literature indexing and search platforms such as PubMed, Scopus and Google Scholar.

Significant issues to consider regarding studies not published in mainstream Western journals include concerns over quality and reliability of results, lack of oversight by an appropriate Ethics Committee, and applicability of outcomes to other cultures and demographics.

One prospective Chinese study recruited 654 women across 5 sites in Shanghai (34). The majority of them (577) used the Billings Ovulation Method® for more than 12 months, with continuation rate of 81.9% over the >2 years of the study. Life table analysis demonstrated overall effectiveness of 99.02%, with user-related pregnancies being 0.84%. All of the 6 user-related pregnancies resulted from intercourse within three days after Peak, while the remaining pregnancy occurred after intercourse on the 4th day post-Peak. One confounding issue was that the age of participants ranged from 17 to 54 years, with two women reaching menopause during the study, and therefore dropping out, and 15 other women being ≥50 years old.

Another study enrolled 290 women who were taught to use the Billings Ovulation Method® to avoid pregnancy in both hospital and community settings. (35). The one unintentional pregnancy occurred in a woman with a 21 day cycle with 8 days of menstrual bleeding. It was surmised that the fertile window occurred immediately following menstrual bleeding and that the woman did not follow the rules of the FAM correctly. Of note, however, was that women did not enter the study until they had used the Billings Ovulation Method® for 6-9 months, but there was no explicit mention of possible pregnancy during this pre-study period for women wishing to contracept.

One local study recruited 120 participants, aged 23-48 years, from three streets in a particular locality (36). After instruction in the Billings Ovulation Method®, 111 women used the method for >12 months, with a retention rate of 87.5% over the 48 month follow-up period. There were two unintentional pregnancies that were described as being due to the rules of the method not being adhered to. Menopausal women were excluded although 38 women were >40 years old and it was noted that 22 women used this FAM until reaching their own menopause during the study.

An RCT for women presenting at three provincial clinical sites enrolled 200 participants aged 20-40 years. These were randomly assigned into equal groups that were instructed to use either the Billings Ovulation Method® or condoms only in order to avoid pregnancy (37). Participants were followed for 24 months, with a retention rate of 94% and unplanned pregnancy rate of 3% for the FAM group over the entire study period (Table II). In comparison, the condom group had a 85% retention rate and 4% unintentional pregnancy over 24 months.

A similar, smaller RCT recruited 100 women at a hospital and perinatal centre, aged 20-35 years (38) who were followed-up for 12 months. There was one user-related unintentional pregnancy in the FAM group, after the woman was noted to have had intercourse 2 days after Peak, and 2 unintentional pregnancies in the condom group. Retention rates were 92% and 86% respectively.

The results of a larger, multicentre RCT involving 992 women using the Billings Ovulation Method® were not published in the peer-reviewed literature but were presented at two international conferences in Italy and Australia (39). This RCT compared effectiveness of the Billings Ovulation Method® and copper intrauterine device (IUD) for preventing pregnancy. A total of 1,654 women aged 24-35 years were recruited and randomly allocated into FAM and IUD groups, in a ratio of 3:2. In the FAM group there were five unintentional pregnancies (Table II) compared with 12 unintentional pregnancies in the IUD group, a difference that was statistically significant ($p < 0.01$). Retention rates were 96.4% and 89.3% respectively, also statistically significant ($p < 0.01$).

Table II. Studies from China showing number of women recruited to the Billings Ovulation Method® arm of each study and number of pregnancies due to either method or user failures in those wishing to avoid pregnancy.

Study	Type	Setting	Women	Pregnancies	
				Method	User
Feng 2005 (35)	Cohort	2 clinical sites in Yangzhong	290	0	1
He 2009 (38)	RCT	2 clinical sites in Guangzhou	50	0	1
Jin 2004 (34)	Cohort	5 clinical sites in Shanghai	654	1	6
Lu 2011 (37)	RCT	3 clinical sites in Guangdong province	100	1	2
Qian 2000† (39)	RCT	14 clinical sites across China	992	0	5
Wang 2014 (36)	Cohort	3-street sample in Chengbei district	120	0	2

†conference proceedings, not peer-reviewed

Given the strictness of Chinese government policy to limit children, there may be a higher motivation for Chinese

couples to avoid pregnancy, whatever contraceptive method is employed. Higher motivation is known to result in lower rates of unintentional pregnancy (40), such as in families who have limited their family size versus families who are spacing children, (41).

The Chinese studies described here demonstrate the existence of other data that needs to be reviewed for quality and reliability, and considered for possible inclusion in further meta-analyses of FAMs.

Discussion

As demonstrated in this review, figures for contraceptive effectiveness of FAMs are widely misrepresented in the literature and in clinical resources. The most common of these includes clinical resources that provide a single, collective figure for contraceptive effectiveness of FAMs based on blunt, retrospective data. The current prevalence of such misinformation thus prevents women from accessing accurate and relevant clinical advice applicable to their sexual and reproductive health.

FAMs are based on robust physiological and scientific principles and recent systematic reviews have confirmed high perfect-use efficacy rates of FAMs. Nevertheless, their practical application and testing in clinical trials has been plagued by multiple issues resulting in a lack of good quality evidence and thus uncertainty as to population-based contraceptive effectiveness. Further, well-designed, high quality studies are required to address these deficits in the evidence base for FAMs, while clinical resources need to be updated with more correct FAM contraceptive effectiveness rates and relevant explanatory text.

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From the Archives

Teaching the Billings Ovulation Method® in China

Marie Marshell

This address was given at a Conference held on 11th August 1998 in Wuhu to close the initial three year program of teacher training in China and provided the opportunity for the gathering of teachers from all areas of Anhui Province, as well as Nanjing, Shanghai and Kunming.

It is such a pleasure to be present at this final Conference of the Billings Ovulation Method® Teacher Training Program of the Anhui Province of China. This three year joint venture with Drs John and Evelyn Billings and Australian Teachers, supported by Australian and Chinese Governments, has produced many benefits, not only for the people of China but for all of us who have had the opportunity to deepen our friendships with China. This gathering together of all those involved over the last three years is a wonderful opportunity to review the achievements made and also plan for the future.

We have brought to you knowledge of the scientific advancements made in Natural Family Planning. Over the last three years, intensive Teacher Training Programs of the Billings Ovulation Method® have been organised all over the Anhui Province. We are grateful to all the Government Departments, the Family Planning bodies and the Health Department and all the leaders who have made this work possible especially the team from Yiji Shan Hospital in Wuhu. Very special thanks go to our team of interpreters who have been the bridge which has allowed us to make connections with each other, despite the barriers of language.

I want to speak today to my fellow teachers: to you who are accredited teachers of the Billings Ovulation Method®. I am sure you recognise what good news you bring to the couples who come to you for help with the achieving or the avoiding of pregnancy. I want to reiterate a few points at this time when you are planning for the continuation of this invaluable work.

The first point is that the Billings Ovulation Method® was perfected by all the years of clinical trials under the direction and supervision of Drs John and Evelyn Billings: clinical trials covering every situation of a woman's reproductive life – normal cycles, post chemical contraception situations, pre-menopause cycles, breastfeeding cycles and so on. It is scientifically validated by the work of experts such as Professor James Brown, with hormonal correlations and Professor Erik Odeblad, with his work on cervical mucus properties. It has been subjected to more rigorous trials than any method of natural family planning or contraception has ever had to withstand. Every trial has proven that what we teach is truth: a woman can understand her fertility on a day by day basis, and in sharing this information with her husband, empowers them to achieve the outcome they desire. On many occasions, they have achieved a long-awaited child because of their new knowledge.

It is therefore in the understanding first of all, and then the teaching of fertility, that the Billings Ovulation Method® teacher plays such an important role. This role is to help every woman to understand her own patterns of fertility and infertility.

So the second point. The success of the Billings Ovulation Method® depends on the quality of the teaching. From the beginning, this important aspect has been recognised in China and the intensive training programs have been organised for this very reason – to produce quality teachers. There are many attributes which make up the profile of a good Billings Ovulation Method® teacher and I would like to discuss some of these.

- Be a good listener. Listen to what the woman tells you. Do not tell her what she will expect to observe each day, whether in sensation or mucus appearance. Let her tell you what she notices, using her own words.
- Make sure she is making her observations correctly. She is not asked to do anything she has not done before except to pay attention to what she notices in the normal course of her day.
- Encourage her to keep a careful daily record, using symbols, of what she observes. If she can write, ask her to write a brief description of these observations, paying particular attention to the sensations at the vulva.
- Make sure the woman returns for follow-up reviews as long as she needs for her complete understanding. Look carefully at her record and make any corrections to the chart which are needed. She will look on her own chart as her teaching tool to manage her fertility so she needs to have an accurate guide for future use. Ensure that the woman understands the Rules of the Billings Ovulation Method® and that her charted record reflects the correct use of the Method for the particular life stage of the woman and the desire of that couple to achieve or avoid a pregnancy. Do not allow errors in the chart to pass without correction, as the woman may believe that her record is correct and continue to make mistakes in the application of the Rules.
- As a teacher, learn to think in patterns: remember the normal hormonal curves Professor Brown has taught us. Remember also the work of Professor Odeblad in explaining how the mucus pattern is unchanging when the hormones are low and how a changing pattern is produced when the ovarian hormones rise and affect the cervix. How we can see the rise of progesterone by the change in the sensation and mucus appearance. Of course it is not necessary to tell the couple all about the science: they want simple instructions they can easily understand and follow. A good teacher however, will always have these hormonal curves in her mind as she helps to interpret a chart.
- Think of the different phases of the cycle and remember how these phases are so well defined by the Slide Rule.

So a most important point is to teach the couple the Four Rules of the Billings Ovulation Method®. There are only four. Three relate to the pre-ovulatory phase of the cycle and the other relates to the occurrence of ovulation, indicated by the recognition of the Peak Day. I know the Rules are indelibly printed on your memories, but this is an opportunity to repeat them.

Whether the aim is to achieve or avoid pregnancy, the starting point in any life situation is the recognition of the Basic Infertile Pattern, that is, the unchanging pattern of infertility in the pre-ovulatory phase of the cycle.

To this, the Early Day Rules are applied. For the avoidance of pregnancy, these are:

1. Avoid intercourse during days of heavy menstrual bleeding as the bleeding may obscure the commencement of the changing pattern of fertility.

2. Alternate evenings of the Basic Infertile Pattern are available for intercourse. In this way, the woman has the opportunity to be sure of the infertility of each day chosen for intercourse.

3. They should wait when there is a change from the Basic Infertile Pattern, and if the change, whether in sensation or the appearance of mucus does not progress to a recognisable Peak, the couple counts three days after the return of the Basic Infertile Pattern before intercourse is resumed on the fourth Basic Infertile Pattern evening. They continue to follow the 2nd Early Day Rule until there is another change. Remember the change may also be bleeding or spotting, requiring the same rule to be applied. This rule we have all come to know very well as "wait and see. 1,2,3."

However, if the change from the Basic Infertile Pattern does progress with a changing and developing pattern, culminating in a slippery sensation at the vulva and followed by a definite change to no longer slippery, the woman can recognise her Peak. The Peak is often accompanied by a recognisably soft and swollen vulva. Identifying her Peak enables the couple to apply the Peak Rule which allows intercourse to take place at any time they choose from the morning of the 4th day after the Peak. The couple fertility for that cycle is at an end; the egg has gone.

All the Rules of the Method should be taught to those desiring to achieve a pregnancy, in order that the infertile and potentially fertile days can be recognised and thus the couple can time intercourse at the time of maximum fertility: close to the Peak. It is recommended that intercourse occurs when the slippery sensation is recognised and for one or two days following the Peak. It is also essential that they have an understanding of the Rules so they can avoid pregnancy after the birth of their child.

This brings me to another, and almost the most important aspect of teaching the Billings Ovulation Method®. There are only four Rules. Learn and teach all of them: don't change the Rules – they have been tried and tested for more than thirty years. Don't change the Rules for a particular couple or for a particular situation. The Rules of the Billings Ovulation Method® will take care of every situation, which we have had emphasised by reading the words of Professor Brown, and you, as a teacher, will do that couple a disservice by teaching them incorrectly. Such incorrect teaching may result in an unplanned pregnancy which could cause great heartache for that couple.

Remember that even if the situation seems very difficult because of the particular charting the woman is producing, some gentle and careful teaching may be all that is necessary to clarify the woman's understanding and confidence in her day to day fertility and infertility. Remember that there are times in every marriage where generosity of the couple towards each other is necessary in this very intimate area of their lives. Sometimes abstinence is necessary because of separation or ill-health - both situations that may come and go in the years of any marriage. In the same way, abstinence may be a demonstration of love between the couple when the charted pattern is unclear. This may especially be the case during the return of fertility after the infertility of a period of breast-feeding, or perhaps it may occur as she winds down in her fertility as menopause approaches. Perhaps her body is slowly recovering from the effects of chemical contraception. Never underestimate the love and generosity of which all couples are capable.

Very importantly, remember that the difficult chart may actually indicate some underlying pathology that needs medical referral. You have all been thinking of the diagnostic aspect of the Method. Perhaps this is what you are seeing in this woman's chart.

Therefore – don't change the four Rules in any situation or for any reason.

A teacher, in my view, has a privileged position in the very personal and private lives of a couple. She must always respect this position and always teach with gentleness and thoroughness – the woman who comes to learn the Billings Ovulation Method® should have all her questions on her fertility answered: she should not be afraid to tell her teacher if she does not understand, or if there are other problems. Perhaps her husband needs to be invited along to the Clinic to help him understand the importance of his role in the

application of the Billings Ovulation Method® to achieve their joint aim. His presence, understanding and encouragement of his wife would be a great benefit to them both.

The third point therefore is to learn to be a Teacher of Excellence.

The next important point on my list relates to the teaching materials to be used in the training of teachers. We are so fortunate here in China to have authentic translations of Billings Ovulation Method® materials. I stress the word "authentic". Enormous care and diligence has been exercised in the exact translation into Chinese of the authentic literature and we owe heartfelt thanks to Professor Qian Shao-Zhen for his contribution to the quality of our teaching programs because of this fact. Just to list them, we have Dr Lyn Billings' book "The Ovulation Method" and "Teaching the Billings Ovulation Method part 1" and "part 2." All the essential knowledge of the Billings Ovulation Method® is contained in these publications and every teacher should be familiar with all of them. We have the three wonderful wall charts which every teaching centre should have, use and display. They contain such a wealth of information. We have the Slide Rule, complete with the Four Rules of the Method. This simple device clearly and easily demonstrates the events and phases of the cycle. There are slides for presentation of training programs and there are record charts available for training and for a woman to keep her own record. Material which is approved by WOOMB International is your guarantee of authenticity.

The significance of all this authentic material should never be overlooked. There is no need for "commentaries" or other "explanations" from unreliable sources when you have available for your use, literature from our first and best teachers, Drs John and Lyn Billings. There is no need, and indeed it may be dangerous, for other literature to be included in Teacher Training Programs as this raises the possibility of erroneous teaching which will affect the results for the couples that are taught.

My final comments relate to the action which I suggest should be taken in all cases when an unplanned pregnancy occurs. It is vital that all such pregnancies should be investigated by the Billings Centre of that particular area so that the reasons are known and actions taken to correct any errors in teaching or in application of the Billings Ovulation Method®. The unplanned pregnancy should be looked at from three different aspects: that of the couple, the users of the Method; that of the teacher; and that of the Method itself.

The Couple.

We are all individuals with all our differences and similarities, and we all process and understand information in different ways and at different levels and speeds. This is just part of what makes us unique. It is possible that an error may arise because the couple failed to understand the information the teacher was giving. Perhaps there were insufficient follow-up interviews for the couple to really learn their fertility. Perhaps insufficient attention was paid by the teacher, at those follow-up interviews, to the record the woman kept and to any corrections which that charting needed. A pregnancy may have resulted from a misunderstanding of the Rules with an inadvertent use of a fertile day if the woman and her husband did not have a clear understanding of the four Rules of the Method and their proper application. Correction of this error in understanding is vital.

Perhaps the husband is not sure of the part he has to play in controlling their joint fertility. In this case, gentle discussion may reveal this problem and help the couple to achieve greater harmony in the future.

But if the pregnancy occurred because the couple deviated from following the Rules of the Billings Ovulation Method® despite their full understanding of the reasons why the Rules are what they are, and mean what they say, that amounts to the couple failing to use the Method correctly. Discussion with the couple of the reason for the pregnancy, and reiteration of the Rules and their importance, is usually sufficient to re-establish that couple on the Billings Ovulation Method®.

In the cases I have described, the couples failed to use the Method correctly, whether intentionally, by deviating from the Rules, or unintentionally, by incomplete understanding and application of the Rules. It is necessary to classify these mistakes carefully and deal with them by appropriate further counsel.

The Teacher.

It is possible that a new teacher may not yet have a sufficient grasp of the Billings Ovulation Method® to be

a good teacher. We must ensure that all teachers are supported by a network of supervision and on-going in-service training. This system is already in place in China and the quality of teaching has, so far, been excellent. It is paramount that this system continues and expands with the expansion of the Program. I cannot emphasise enough how necessary it is that the teachers, and the trainers of teachers, be consistently of the highest standard. The success of the Billings Ovulation Method® in China depends on the high quality of this education in fertility awareness.

Nevertheless, there may be occasions when there has been a failure on the part of the teacher to teach correctly. Perhaps the inexperienced teacher may have had difficulty in understanding the woman's record and so unnecessary and prolonged abstinence was required. This situation must be avoided: the new teacher must have recourse to more experienced teachers and a correct appraisal of the situation must be made for the sake of the couple, as unnecessary and prolonged abstinence may result in an unplanned pregnancy. Correct Rules and their application must be taught.

Once any problems such as I have suggested, are identified, the teacher should be supported and encouraged to attend further training to ensure not only her complete understanding of the Method, but also to equip her with the skills to transmit this information to those she teaches in a simple and logical way. The Billings Ovulation Method® is a highly scientific Method but it is not necessary or advisable to teach the couple all that complicated science. The woman and her husband may become confused and feel inadequate. The teacher must ensure that couples are encouraged to return for follow-ups until all the questions are answered and each feels confident in understanding and using the Method. Remember we are all different.

So, the second aspect is that of the teacher – of her failure to teach correctly. It is something that must be identified and rectified immediately.

The Method.

The last aspect to be considered is that of the Method itself. The results of the trials conducted here in China speak for themselves. There have been no pregnancies when the Rules of the Method to avoid pregnancy were followed. On the other hand, long desired pregnancies have resulted when couples were given this new information of their fertility. This Method is successful not only because it is true, scientifically validated, healthy and easy for the couples to learn and use, but also because it speaks to the goodness within every human heart, fosters the love between the couple, and the child is welcomed into love. This Method will not fail these couples.

In summary then, I would exhort you to become excellent teachers; to teach gently and with love; to teach simply but with no deviation from the Rules of the Billings Ovulation Method®; to teach with the authentic materials provided for your use and to support and encourage your fellow teachers as they start on the wonderful task of spreading the good news of the Billings Ovulation Method®.

As I look around at the vast sea of faces before me today, I see many familiar faces – teachers I have come to know so well, from different parts of this beautiful Province of Anhui. Thank you for the fun we have had together, but especially for the really hard work you have all done in your own training and now in your teaching of this Method. It has been a joy for me to have known all of you, and a privilege to today represent all the Australian teachers who have also been a small part of this China Teacher Training Program of the Billings Ovulation Method®.

I love you more today, more today than yesterday,

I love you less today, less than I will tomorrow.

(from a song by Elvis Presley which became the theme song of the work in China)

Question to Senior Teachers

When teaching the Billings Ovulation Method® to a pre-menopausal woman who never feels slippery, can we teach her to recognize the Peak? Our understanding is that the identification of the Peak has to be taught even if the woman doesn't feel the slippery sensation. But, what to tell her when she does not feel slippery, having in mind that she probably ovulates in some of her cycles?

We need to emphasise that the information below is the sort of management that the experienced teacher can bring to this situation.

In your question you mention that "she probably ovulates in some of her cycles." A point to remember is that ovulation occurs in every cycle and is followed by menstruation (if she is not pregnant). In our Billings Ovulation Method® teachings, we only recognise a cycle as one in which the woman has ovulated. She may experience the variants of the Continuum with breakthrough or withdrawal bleeding, not menstruation. The challenge, as you say, is to confirm Peak.

Firstly, whether a woman can experience slippery or not is often related to the teacher asking the right questions. Some women struggle with an understanding of the sensation of slippery. Some even think the mucus looks slippery. By asking the right questions e.g. "do you ever feel lubricated or have an oily feeling at the vulva? Perhaps when you are walking around? When you wipe with the toilet tissue? Some women will only experience slippery when they wipe and have ignored it, or their teacher has incorrectly told them that this cannot be classed as the slippery sensation. Slippery when wiping is significant - it shows that it is different from the other days when it does not slip and she just feels wet. If she says, yes, to these questions she actually does experience slippery but has not related slippery to this sensation. When this is pointed out to her, she will then be able to mark slippery on her chart. It may only be for one day and for a short time, however this is enough to mark slippery.

Another good question to ask a woman is if she has ever felt slippery when she was younger. Perhaps she does remember being slippery and has not experienced it recently. Perhaps this is because it is now much less and, as it is now a different experience, she is ignoring it. These questions all need to be asked before the teacher can say that this woman does not experience slippery.

As you have rightly stated, yes the 3 criteria for a Peak must be taught to every woman we teach. It is essential that the Peak Rule is not applied unless all the criteria for a Peak is present.

So what is the next step? How can you help her?

If the teacher is convinced that this woman does not experience slippery, a careful interpretation of her chart needs to be done. Is she ovulating? Think in hormone patterns.

- Is she having a changing, developing pattern of variable length? (Remember, the pre-menopausal woman will eventually have a diminished symptom - she needs to recognise this and not expect it to be the same as when she was in her 30s).
- Does she experience signs of potential fertility followed by a definite change? What happens then? Does this change include a change in sensation with mucus or discharge without fertile characteristics? Can you see evidence of progesterone? The definite change and also a drying of any mucus e.g. dry or sticky sensation - perhaps she notices a discharge she describes as thick or blobby. It may be white or yellow. These descriptions may only appear after the patch of mucus which may be indicating an ovulation.
- What is different about the days before the change? Was there a changing and developing pattern? If they were all the same, we would not be expecting there had been a steady rise of oestrogen, but rather a rise and then a stabilisation of the oestrogen levels without a progression to ovulation. Remember the Luteinising Hormone is the first hormone to fail as she approaches menopause. She may experience unsuccessful attempts at ovulation.

Ask her about the other signs of ovulation. Does she have a swollen vulva or more sensitivity at the vulva? If

so, on what days does this happen? Can she identify the lymph node sign?

Ask her about her breasts - does she notice they sometimes get fuller or feel tender? If so, when does this happen? Many pre-menopausal women will complain about sore breasts and they recognise that this happens after they have ovulated. Remember the recommended time for breast self-examination is after menstruation as, with low hormone levels, this is when the breast is soft and least likely to be swollen or tender.

But sore breasts may also be present with high oestrogen levels. Ask her to record when she has sore breasts - if it is during the time of potential fertility, it is not telling us that ovulation has occurred. If it is when you suspect it may be a luteal phase, it is most likely telling us that this is a result of progesterone. She may tell you that she has sore breasts in some "cycles" and not in others - this may be telling her that she is not ovulating before all her bleeds.

When you look at the chart and put all the pieces together it may be possible to see that she is ovulating within normal limits in some cycles while at other times, she is experiencing delayed ovulation with some ovarian activity causing mucus as well as breakthrough or withdrawal bleeding - all variants of the Continuum. If she has not ovulated, she is likely to go back to her BIP. Does this happen every time after there is a patch of mucus or is it sometimes different?

If it cannot be identified that ovulation has occurred, Early Day Rules would continue. The Peak Rule cannot be used. Her recognised BIP is only used in the pre-ovulatory phase.

But from a teacher's perspective, even if a Peak cannot be identified it is often still possible to see the phases of the cycle - pre-ovulatory BIP, fertile phase, and infertility after this fertile phase. There may be obvious patterns of infertility - the descriptions may be a little different both pre and post the potential fertility but if the Peak Rule cannot be used this would be very restrictive for the couple. Is there any more help we can give?

As Dr Lyn Billings has taught us: "Daily temperature measurements for a few cycles may prove helpful in indicating whether you are ovulating or not." This may be all she needs to establish confidence in her diminished symptoms. Remember too, it is a "common sense" method.

The next point is a fairly difficult one, so please think about it carefully.

Bleeding from an endometrium that has not been affected by progesterone is often clotty and the pre-menopausal woman may also experience flooding bleeding. If the woman is bleeding regularly and there are no clots, it is very possible she is menstruating and therefore has ovulated. If she habitually records a definite pre-ovulatory BIP, a change with fertile characteristics but no recognisable Peak which is then followed by a phase in which there are no fertile characteristics but rather, many days of a similar unchanging pattern, and then a bleed, it is reasonable to assume she is actually experiencing a luteal phase. This slightly different description she records after potential fertility can, with careful teaching, be treated as a pattern of infertility which applies ONLY to the time after the potential fertility. She should understand that this luteal phase pattern of infertility cannot be applied in the pre-ovulatory phase. Her recognised BIP is the only one that can be used in the pre-ovulatory phase and Early Day Rules would apply. The second pattern can only be used in the phase of the cycle which is the suspected luteal phase and again, Early Day Rules would apply. Unless Peak is identified, the Peak Rule is not used and as, subsequent bleeding cannot be recognised as menstruation, the application of EDR3 is necessary for this bleed, making sure to wait for the return of 3 days of BIP before applying EDR2. The counting days do not include days of spotting.

In summary then, if she can recognise a Peak, even though the symptoms are diminished, Peak Rule applies. If no Peak, but infertility can be identified, Early Day Rules continue to be applied, possibly with the careful teaching described above.

We know this is a complicated answer, but we have to help these women as they move to a diminished fertility and eventual total infertility. She may experience all the variants of the Continuum, including luteinised unruptured follicles, as she winds down to total infertility. She needs careful management and may need the eyes of a Senior Teacher to assist the teacher to interpret the chart. The woman herself will soon gain

confidence in her own patterns. Do not demand unnecessary abstinence - we can help these women.

We know we have given you much to think about!

Report of Virtual Conference held by WOOMB Latinoamerica
October 2021
Colombia

On October 26th, 2021, the first Virtual Conference and Training Program of WOOMB LATINOAMÉRICA ended.

This conference was organized and carried out by WOOMB Colombia under the motto ***The Billings Ovulation Method®: science at the service of life and love***. Approximately 200 people from twenty countries participated, mostly from the American continent. Special discounts were granted to 70 of them.

Almost everything was different this time. It is the first time that an international conference has been held in a totally virtual way. The methodology included the intervention of the participants, who reflected and made contributions to the topics addressed in the presentations. For their part, the WOOMB Directors planned trainings based on consultations made repeatedly by instructors.

The initial design was presented to the WOOMB Directors after the conclusion of the International Conference of Costa Rica in 2018, as a face-to-face event where we could meet and recognize each other, we could also hug each other and share the table and the break moments.

The global confinement, although it was close to causing the cancellation of the meeting, was an opportunity to change the design to a totally virtual event, in which as many people as possible could participate, sharing their experiences and learning together.

The objectives established from the beginning were maintained:

1. Recapitulate the doctrinal content that supports the teaching and practice of the Billings Ovulation Method®: to contribute to the understanding of its validity and value as a pastoral task within the Catholic Church.
2. Present the results of studies carried out in recent years that demonstrate the scientific bases that support the teaching and practice of the Billings Ovulation Method®.
3. Review the teaching and accompaniment experiences that the Billings Ovulation Method® instructors live with user couples, and the results they get, to identify elements that contribute to the construction of a respectful culture of life and love.
4. Reflect on the topics presented, to find ways to apply content to the reality of each country.
5. Share experiences, achievements and difficulties experienced and faced in different countries.

The conclusions of the reflections and analysis made by the participants in small groups, previously illustrated by the eight papers that were presented, were compiled into a document called "Final Declaration" and was read at the closing of the Conference.

The reports of the representatives of all the countries of WOOMB Latinoamerica, showed the courage, generosity, perseverance and love with which we are all involved in the task of teaching "knowledge that every woman should have" in response to the legacy of Dr. Evelyn Billings.

Final Statement of the WOOMB Latinoamerica Virtual Conference
October 11 and 12, 2021

The reflection and analysis of the participants around the issues addressed by the speakers during the WOOMB LATINOAMÉRICA Virtual Conference held on October 11th and 12th, 2021, concluded with the following **Final Statement**:

1. Life today, even with all the development of science and technology, is still a mystery and a miracle. If we want to understand man through the window of life, it is necessary to analyze human life as distinct from that of other living beings. Faced with the practice of breaking the intrinsic relationship between sexuality, love and life, it is important to hold events that show how science and social organization can and should be based on the beauty of love and the greatness of human life with an authentic anthropology. With the resources of science, they can illuminate the dignity of the human being above the ideological, demographic and technocratic conditions that currently denigrate and impoverish their dignity.

2. Those who teach the Billings Ovulation Method® have the challenge of not letting responsibility and honor wither in others, by sharing the thought and discipline that defends life and spousal love as the serious and respectful source where life is gestated. Couples are the ones that lead our society in the search for the common good. In a Christian anthropology, that is nothing other than to become aware that as we have been created in the image and likeness of God, we must live in relationship with the other, and starting from our neighbor, strive for our project of salvation.

3. The concept of menstrual health is fundamental as part of the instruction and accompaniment to users of the Billings Ovulation Method®, because it allows women to be empowered in relation to their fertile life, and it changes, among other things, the predominant approach to menstrual cycle disorders, moving from hormonal contraceptive treatments, to enabling the user to know the state of her gynaecological health through the observation and daily record of her fertility and infertility signs, and monitoring the progress achieved through the therapy that is applied.

4. In modern times, it seems to be a fact that the virtual teaching modality is here to stay, and it is an excellent resource that can be used to teach the Billings Ovulation Method® effectively and in a timely manner, if instructors consider the following recommendations:

- Develop new technological skills
- Have a good quality connection for meetings
- Use friendly platforms for instructors and learners
- Alternate virtuality with face meetings
- Use interactive applications that favor the attention, understanding and learning of the participants
- Establish clear rules

5. Professor Brown documented the four absolutes of fertility, which constitute the scientific basis of the Billings Ovulation Method® from which the 4 Rules have been formulated:

- Fertility is associated with rapid changes in hormone production, anything static is necessarily infertile.
- Once ovulation has occurred, a well-ordered sequence of events prevents more ovulations from occurring: there can only be one ovulation day in a cycle.
- A sustained pregnancy is proof of ovulation. Post-ovulatory progesterone surge is the next best ovulation test. This increase produces the Peak, which identifies ovulation in that cycle.
- Menstruation always follows ovulation, unless there has been a conception.

Science has confirmed that the rules of the Billings Ovulation Method® are correct and should not be changed. They must be taught in their entirety.

6. The Pedagogy of Continence that is required to practice the Billings Ovulation Method®, is the foundation that balances tenderness and sensuality between spouses. It prevents intimacy from becoming a mere hobby, because it makes us aware that it is a total donation of body and soul to the spouse, and also facilitates moments of non-sensual tenderness, with creativity and delicacy. (Saint John Paul II)

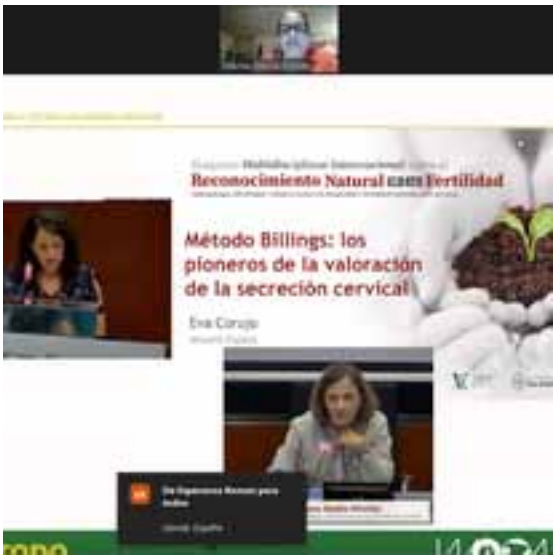
7. It takes spiritual life to properly live the Billings Ovulation Method®, and beyond that, when a couple understands the Method not simply as a Method, but as a spirituality, then in the life of the family, prayer is integrated, God begins to occupy a predominant place because the vision of everything has changed: the mind is decontaminated from all the erroneous conceptions of marriage, of God, of sexuality, of life, of the woman, of the man, of the world.

8. In clinics, informational material should be included, that guides couples to recognize the days of greatest fertility and thus achieve the goal of achieving pregnancy. This is a good example of how physiology, taken to the medical clinic, has a practical utility of great value in identifying both normality and some alterations (anovulation, short luteal phase, polycystic ovarian syndrome, subfertility cervical-vaginal infections). In short, it is a tool of great value that should be taught and learned more.

9. The Billings Ovulation Method® has put in our hands a tool as a way of life, as Drs Billings said, "It helps us to love ourselves more fully." This is what we ask every time we pray with our children: that mum and dad learn to love each other more and better every day.

10. The dialogue between the monitor (teacher) and the couple seeks and achieves openness. The monitor awakens confidence; has great power in his/her words and gestures; transmits security at all times with his/her experience and provides guidance and support in cases of personal problems. It is a close relationship, allowing good communication which may include the referral or the suggestion that they go to specialists who can solve their situation: couples therapy, psychologist, sexologist, depending on what they entrust to the monitor.

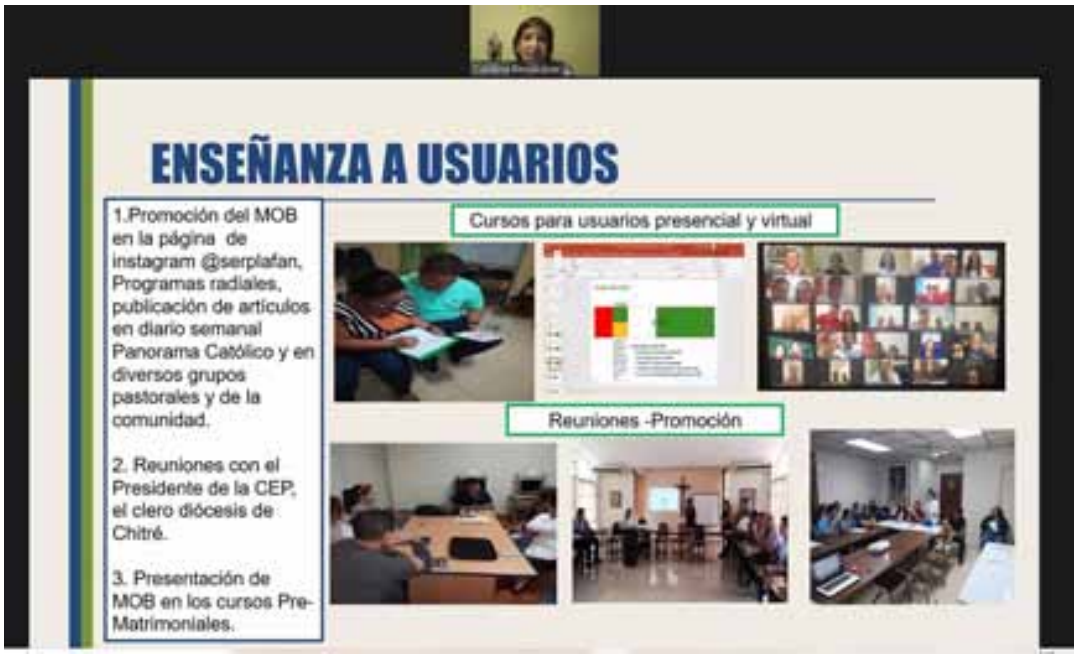
Given on October 12th, 2021, at the closing of the Virtual Conference of WOOMB LATINOAMÉRICA



News Around the World

We have so many happy examples of Good News as well as how WOOMB Affiliates have coped with pandemic restrictions. These are just some snippets.

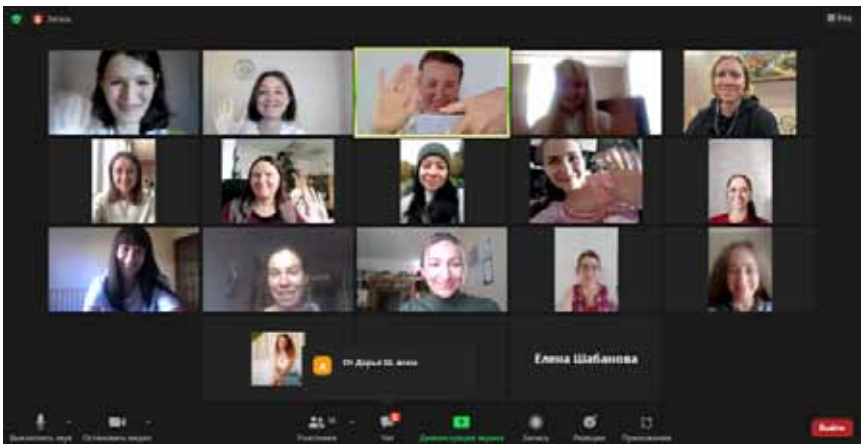
WOOMB Latinoamerica International Conference and Teacher Training Programs for all Spanish speaking teachers of the Billings Ovulation Method®. As already reported in the previous pages, WOOMB Colombia, with the support of the team from WOOMB Latinoamerica, took on the enormous challenge of offering the first Virtual International Conference. Two hundred and forty one people registered for the Conference from 15 countries of South and Central America as well as Spanish speaking participants from USA, Spain, United Kingdom, Germany and Belarus. This program was held over October 11-12 and offered excellent presentations from wonderful speakers. One highlight was the presentation of the activities of each of the WOOMB Latinoamerica Affiliates showing the vast range of activities undertaken by the teachers of Latin America. The Conference was followed on the following Saturdays by four hours of training with new material prepared and presented by two of the WOOMB Directors, Gillian Barker and Marian Corkill. Each of the WOOMB Latinoamerica countries were allocated 2 representatives to be participants in this program giving a total of 34 active participants. A further 134 registrants were able to view this training as auditors.



Australia. The Education Committee of OMR&RCA has had online National Teacher Sessions on the Philosophy of the Method over three Saturday sessions throughout the year. This has given teachers and trainees the opportunity to think more about why they teach and the reason why the Billings Ovulation Method® is more than a Contraceptive. The first session began with a video of Dr John Billings speaking about the philosophy of the Method, the second looked at how the Method could help all couples and in the last session, Fr Paschal Corby, a moral philosopher and Xavier Symons, a Bioethicist, addressed the topic to explain how the Billings Ovulation Method® is so very different from just a method of preventing or achieving pregnancy. A PowerPoint presentation challenging teachers to think about why they took on this teaching apostolate and why they continue to teach finished this excellent series. As it was stated, when Dr Lyn Billings was asked: "when should a teacher retire, her comment was "how could you stop teaching?"



Belarus. Svetlana Mokorova and Alisa Ivanova have embarked on training a new group of teachers. This is amazing and a testament to the great mentoring of Bernadette who has been working with this group since Alisa first joined the TTCC after discovering the Billings Ovulation Method®. It is an amazing story of hope!



Benin. Our team led by Dr Olivier and Mme Laure Salmon has been busy teaching and training as well as providing information to secondary college students. The latter innovation has been approved by both the Ministry of Health and the Ministry of Secondary Education, Technical and Vocational Training

The presentation in schools of information of the menstrual cycle of the woman constitutes a new approach to sexual and reproductive health education in Benin and made it possible to raise awareness, to train in a practical way, to evaluate and to have individual interviews with each student during six sessions with a team of educators of the Billings Ovulation Method® trained by PFNGC-WOOMB Benin. This knowledge could have a marked effect on their future health.

Included in the service provided to women and couples, twenty-four blind women were taught in Cotonou, and nineteen blind women in Porto Novo.

Hungary. Billings Centre of Hungary was invited to the Family Day of the 52nd International Eucharistic Conference (Saturday, 11th Sept.). Lots of people were interested in the Method! A photo was taken with their bishop.

Hungary is also working on a program to teach blind women. Through a webex program, Krisztina Lukacs was able to meet with Gustavo Machado and Silvia Ethchegoyen from Argentina so this was also a sharing of languages! Silvia has a long history and expertise in this area and she shared her presentation at the 2018 WOOMB Conference as well as showing the materials made for teaching blind people.

Krisztina is now making the slide rule, the charts of male and female reproductive systems, getting the beads for charting, then plans to contact the local Foundation for Blind People. It makes us proud of our international family!

Other Affiliates also have programs for teaching the blind.

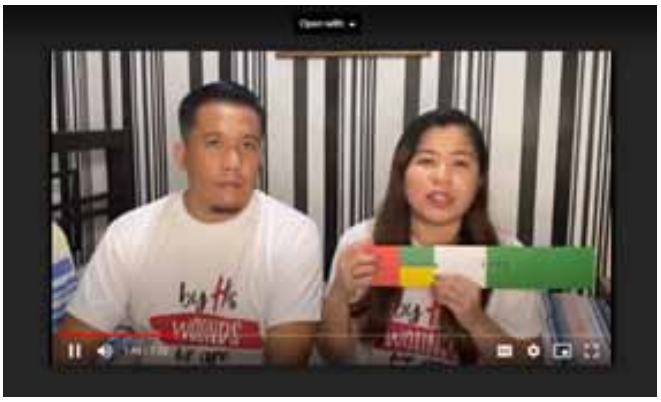
Pakistan. Pervez and Katherine Roderick are transferring to Lahore after many years of service to the Diocese of Islamabad-Rawalpindi as well as other dioceses of Pakistan. In a thanksgiving Mass, Bishop Arshad paid tribute to the long years of their service to the Family Life apostolate in Pakistan. Lahore will gain from their brave move.

Philippines. Raymond Ganar reports they were able to proceed with the Virtual Graduation last August 15, 2021 of 27 new teachers and was deeply touched by the messages of some of the graduates.

"Thank you for your support and for the prayers coming from our WOOMB Families all over the world.

I would also like to thank our Lord, for despite being a poor country, and at the same time suffering from COVID 19, we are able to proceed with our Virtual Teacher Training Program which started last November 2020.

The 2nd Virtual Graduation for students who have attended the Basic and Upskilling Course over a span of 11 Saturdays and 2 months of charting from 7th August – 23rd October, will be held on November 21. 68 individuals, the majority of whom are couples, have completed this course in which they had to provide a video of how they teach the 4 phase of the cycle and the 4 Rules using the Slide Rule.



Tanzania. Dr Didas Kapindi has taken on the role of coordinating and facilitating the upskilling of the Teachers who were part of Sr Birgitta Schnell's UFATA group. Following his attendance at the Benin Conference, Didas became aware of this need and has been determined to work on this process. Exciting news … He will begin a Teacher Training Program to update teachers in the Diocese of Kigoma in December.

Uganda. Emily Iradukunda is a regular radio host of a talk-back program and has also been involved recently in providing information on the Billings Ovulation Method® through a WhatsApp meeting with 150 members of Life and Family Forum, as well as participating in a dialogue meeting organised by Action on Women Foundation and Rwenzori Peace and Justice Forum.

Unites States of America. We were delighted to learn recently that a long-time devoted advocate and teacher of the Billings Ovulation Method®, Sue Ek, of St Cloud, Minnesota, was honoured with the *Humanae Vitae* Award at a Mass and presentation on July 29 at St. Mary's Cathedral in St. Cloud. The award was given for many years of dedication to promoting *Humanae Vitae* and specifically natural family planning.

Sue has done this through teaching and training teachers of the Billings Ovulation Method® both in her home diocese and nationally through BOMA-USA. Sue became the first Executive Director of BOMA and currently serves as their Director of Operations. She continues to teacher and to organize webinars and workshops. We congratulate her on this well-deserved recognition and honour from her diocese.

Vietnam - Testimony. Recalling the memory of the first Billing Ovulation Method®Teacher Training course in Vietnam. The course helped me to solve the problems that I had learned over the years through book research, and then many Natural Family Planning courses: at La san Mai Thon Institute; consulting room of Notre Dame Cathedral, Saigon; Redemptorist Order in District 3, Ky Dong, Saigon. I have asked many questions to the lecturers and doctors, but I have received unsatisfactory explanations.

Then that longing was met and satisfied, when studying Billing Ovulation Method® with Senior Teachers of WOOMB International, Mrs Joan Clements, Mrs Gillian Barker and Dr On Lien, I found this wonderful gift from God!!! Because through this course I came to understand not only the academic scientific method, but it also helped me to understand more deeply the Church's teaching in Humanae Vitae of Pope St Paul VI, and Familiaris Consortio of Pope St John Paul II.

Thank you to the Directors, teachers and Bishop Louis, for organizing the course, and may God bless you all. My great gratitude is to Drs John and Lyn Billings, and Professors Brown and Odeblad who contributed so much effort and research to our success today. Thank God for all His blessings. Alleluia!

Joseph Do Trong Linh
19/9/2021

"For a Synodal Church: Communion, Participation and Mission"

Pope Francis, on Oct.ober 10, officially launched the Vatican's two-year synod process in an opening Mass where he urged the global Catholic Church to master the "art of encounter."

In the first stage, Catholics in parishes and dioceses around the world will discuss issues such as whether the Church listens enough to young people, women, minorities, and those on the margins of society.

They also will discuss how to identify stereotypes and prejudices in their local communities and what type of Church they think God wants in today's world.

Following discussions at national and continental levels, bishops will meet at the Vatican for a month in 2023.

"Are we prepared for the adventure of this journey? Or are we fearful of the unknown, preferring to take refuge in the usual excuses: 'It's useless' or 'We've always done it this way'"? Francis said in his homily.

"Let us not soundproof our hearts; let us not remain barricaded in our certainties. Let us listen to one another," the pope said at the Mass. In his homily he said **synodality**, which comes from the Greek and means roughly walking together on a common path, could not become "a Church convention, a study group, a political congress or a parliament, but rather a grace-filled event, a process of healing guided by the Holy Spirit."

"And so, brothers and sisters, let us experience this moment of encounter, listening and reflection as a season of grace that, in the joy of the Gospel, allows us to recognize at least three opportunities. First, that of moving not occasionally but structurally towards a synodal Church, an open square where all can feel at home and participate. The Synod then offers us the opportunity to become a listening Church, to break out of our routine and pause from our pastoral concerns in order to stop and listen. To listen to the Spirit in adoration and prayer."

"Finally, it offers us the opportunity to become a Church of closeness. Let us keep going back to God's own "style", which is closeness, compassion and tender love. God has always operated that way. If we do not become this Church of closeness with attitudes of compassion and tender love, we will not be the Lord's Church. Not only with words, but by a presence that can weave greater bonds of friendship with society and the world. A Church that does not stand aloof from life, but immerses herself in today's problems and needs, bandaging wounds and healing broken hearts with the balm of God. Let us not forget God's style, which must help us: closeness, compassion and tender love."

> Come, Holy Spirit! You inspire new tongues and place words of life on our lips: keep us from becoming a "museum Church", beautiful but mute, with much past and little future. Come among us, so that in this synodal experience we will not lose our enthusiasm, dilute the power of prophecy, or descend into useless and unproductive discussions. Come, Spirit of love, open our hearts to hear your voice! Come, Holy Spirit of holiness, renew the holy and faithful People of God! Come, Creator Spirit, renew the face of the earth! Amen.

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