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WOOMB
World Organization of the Ovulation Method (Billings)

Teacher Training Curriculum Correspondence Course 2003, 2019

Review of the Billings Ovulation Method®

WOOMB International Ltd

REVIEW OF THE BILLINGS OVULATION METHOD®

The Billings Ovulation Method® is a reliable, scientifically proven method of natural fertility regulation which can be used not only to achieve or avoid pregnancy but acts also as an excellent monitor of reproductive health. The recognition of the role of the cervix in regulating fertility forms the basis of the Method. The woman is taught to identify her cervical changes as she goes about her normal daily activities. The Method is based on a daily recognition of infertility or possible fertility and is not reliant on ovulation occurring or regular cycles. The Billings Ovulation Method® is unique because it provides the couple with reliable information about the state of their fertility without the use of other aids or devices.

The couple learns that the cervical response is what controls fertility. During the Basic Infertile Pattern, the life of the sperm is very limited as the cervix is occluded by the G mucus which not only prevents the passage of sperm cells into the cervix but also protects the body from infection. Sperm cells which are kept out in the vagina are very quickly destroyed by surrounding defense cells.

Recognition of her Basic Infertile Pattern is therefore the key to the woman's understanding and management of the pre-ovulatory situation. The record presented to the teacher may be of a cycle with either a dry Basic Infertile Pattern (BIP) or one of unchanging discharge. In cycles of less than 35 days three cycles of average length are advised in order to establish a BIP of discharge whilst the dry BIP is identifiable immediately. Dry BIP means that there is no hormonal stimulation of the cervix or vagina. The Early Day Rules are then applied. In short cycles fertility may begin during or soon after menstruation so that no BIP is evident. Peak Rule is applied from the first cycle that Peak is identified.

Perhaps a chart indicates a delay of ovulation and again the Early Day Rules are applied to the BIP which is usually identifiable with two weeks of charting with abstinence and where there has been no bleeding. When ovulation is delayed, there may be changes to the BIP as the woman either approaches fertility, for example at menarche, after childbirth, breastfeeding, weaning or ceasing hormonal contraception, or alternatively, as fertility declines and disappears at the menopause. Small shifts in the oestrogen levels may cause a change to her symptoms and a new BIP will be established. The Early Day Rules apply in all cycles regardless of how long or short, and all possible variations in a woman's reproductive life are covered by the Rules of the Billings Ovulation Method®.

When the change from the BIP alerts the woman to the beginning of her fertile phase. L, S and P mucus are now being produced by the cervix under the influence of the rising oestrogen. Each mucus type has a significant role to play in couple fertility. The changing, developing pattern is a reflection of this cervical activity which now enables sperm to live within the reproductive tract for 3-5 days. If it is the intention of the couple to avoid pregnancy, abstinence from all genital activity is now required.

Recognition of the slippery sensation indicates to the couple wishing to achieve a pregnancy that this is the optimum time of fertility as ovulation is imminent.

The Peak Rule is used when Peak is positively recognised at the time, that is, in retrospect on Day 1 past Peak. It is never presumed or assumed but recognised on its own merits. Ovulation usually occurs on Peak Day, sometimes on Day 1 past Peak and occasionally on Day 2. As the ovum survival time is of 24 hours a count of 3 days past Peak is required to allow for the possibility of ovulation occurring as late as Day 2 in that cycle. Over these three days, under the influence of rising progesterone, the cervix is gradually closing up with the G mucus. From the beginning of the 4th day past Peak the cervix is once more occluded with the G mucus preventing entry of sperm or infection. The couple is now infertile until the beginning of the next cycle which begins with menstruation.

There are other natural indicators of ovulation, apart from the Peak symptom, which many women have already observed. The Lymph Node sign and the softness and swelling of the vulva are both indicative of ovulation.

The Pituitary Hormones play an important role in controlling fertility. The Follicle Stimulating Hormone (FSH) is responsible for the growth and development of the follicle and the Luteinizing Hormone (LH) is responsible for the occurrence of ovulation as it initiates the rupture of the follicle (ovulation) and the formation of the corpus luteum. The FSH rise may be rapid, causing a very early ovulation or delayed with ovulation postponed for some time as the FSH levels fluctuate, until finally the FSH reaches the intermediate level, at which point the follicles (usually one) will either progress to ovulation, or will atrese and become scar tissue. The LH surge prior to ovulation prepares the follicle for release at ovulation.

The Ovarian Hormones, oestrogen and progesterone influence the cervical response so that the woman is able to identify where she is in her cycle. The rapid rise of oestrogen (produced by the developing follicles) causes the changing, developing pattern, recognisable as a time of fertility. The LH surge causes a rise in progesterone, the functioning of the Pockets of Shaw and the change in symptoms which enables her to identify Peak. The Pockets of Shaw, under the influence of the rising progesterone withdraw moisture from any discharge leaving the vagina, allowing the woman to recognize the absence of the slippery sensation. Once the ovum leaves the follicle, the corpus luteum (yellow body) is fully formed and this now controls the luteal phase of the cycle. Progesterone, from the developing corpus luteum, is already rising just before ovulation. Progesterone will not continue to rise if ovulation does not occur. This is the case with a Luteinized Unruptured Follicle (LUF).

Professor Brown has explained how a woman may experience many of the cycle variants of the Continuum as she personally makes the journey from menarche to menopause. In every situation the Rules of the Billings Ovulation Method® apply.

The Billings Ovulation Method® is based on understanding this complex science, which has been verified by the work of Professor James B Brown and Professor Erik Odeblad. Drs John and Lyn Billings have shown how this understanding can be applied simply, through use of the Billings Ovulation Method®. This reliable method of natural fertility regulation requires only that the woman record daily her sensations at the vulva as well as any discharge or bleeding she may happen to observe in the normal course of her day. She is not asked to do anything she has not done before, except to pay attention to these two symptoms. Sometimes anxiety or stress may appear to disturb the mucus pattern but simple guidance by the Billings Ovulation Method® teacher will help to manage any situation. Any unusual bleeding or discharge will reveal itself in the woman's chart enabling her to monitor her own reproductive health and seek medical attention.

The Billings Ovulation Method® teacher occupies a very privileged position in the life of the couple and accepts the responsibility to teach only the authentic Billings Ovulation Method® without deviation.

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