

Avoid or Achieve Pregnancy Naturally



Avoid or Achieve Pregnancy Naturally

EMERGENCE

"One of the few publications written by women for women in language and phraseology to which women can relate to . . . The explanation of the reproductive physiology involved is well phrased, orderly and clear . . . Highly recommend it to those interested . . ."

Dr. Charles Norris, M.D., OB., GYN.,
Medical Advisor to Natural Family
Planning Teachers, Inc. of Oregon.

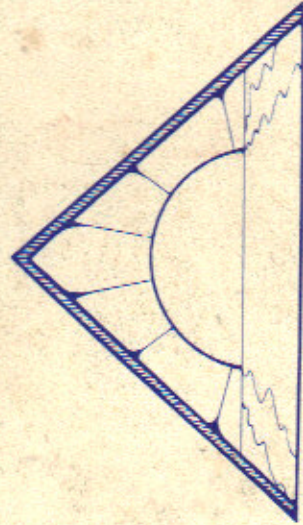
"Gives more real and helpful information than the best seller, Our Bodies Ourselves!"

Margaret McGauley, Executive
Director for the World Organization
of the Ovulation Method-Billings,
USA, Inc., also Editor of Integrity.

"An extremely well done book . . ."

Natural Family Planning Teachers
Inc. of Oregon.

" . . . Outstanding . . ." Bookpeople



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\$3.00

Dedicated to the Bright Spirit within
ALL OF US

*And, special thanks to Doctors John and Evelyn Billings
who devote their time and energy to bring the Ovulation
Method to people of the world.*



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Creative Health Research

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Library of Congress Number
77-73144

ISBN-089465-004-1

First Printing - August 1976
Second Printing - March 1977
Third Printing - May 1977
Fourth Printing - October 1977

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INTRODUCTION . . .

There is much dissatisfaction amongst women with the various chemical and mechanical methods of birth control available to them.

At present, there are over 60 known side effects due to the use of the "pill." It interferes with the pituitary (the master endocrine gland of the body), upsets a multitude of bodily functions; and over 50 metabolic changes have been found due to the "pill." It truly is a potential time-bomb in a woman's body.

The physical discomfort that many women experience using the IUD is due to its main function, which is to set up inflammation in the uterus and thus abort any fertilized egg. At times, the IUD causes very serious effects such as infection, puncture of the uterine cavity and there is also a possibility of it causing cancer.

Being dissatisfied, some women have turned to what seemed more natural ways, such as the rhythm and temperature methods, but have found them not only cumbersome but unreliable.

In desperation, even young women are turning to sterilization which forces them to decide permanently NEVER to have children. It is OVERWHELMING to think that frustrations concerning pregnancy can bring a woman to such drastic action as this.

THERE IS A WAY TO AVOID OR ACHIEVE PREGNANCY WHICH IS BOTH RELIABLE AND HARMLESS.

It is the OVULATION METHOD, developed by Dr. John J. Billings of Melbourne, Australia, a neurologist (specializing in the pituitary gland and its relationship to the reproduction process) and specialist in endocrinology (the study of the ductless glands). Over twenty years of research have gone into this method, and it is now being used successfully in many parts of the world.

This method teaches us how to AVOID OR ACHIEVE PREGNANCY by showing us how pregnancy depends not only upon SPERM and EGG, but also upon FERTILE MUCUS secreted by the cervical mucus glands. After we learn to recognize this fertile mucus and understand its function, we will be able to tell if we are fertile or infertile from day to day.

EMERGENCE has discussed this method with Dr. Billings and leading West Coast authorities and many women who now use it. We all agree that "IT WORKS!"

THE OVULATION METHOD IS SIMPLE.

It is harmonious to your body, requiring only the applied knowledge of your bodily functions.

It is based upon sound scientific knowledge.

It is more effective than the IUD or the "pill."

It can be used to AVOID or ACHIEVE PREGNANCY.

It is a day-to-day method, based on what your body tells you today.

It does not require regularity of cycles.

ANY woman can utilize this method throughout her reproductive years.

This method is one that we as mothers can confidently teach our daughters, with peace of mind.

And most importantly, it leaves the fertility of both persons undisturbed.

DEFINITION OF TERMS . . .

ABORT: to cause the destruction of a human life at any time between conception and birth.

CERVICAL MUCUS: a fluid secreted by glands in the cervix.

CERVIX: lower, narrow part of the uterus.

CONCEPTION: term applied to the creation of a new human life through the union of sperm and ovum; fertilization.

CORPUS LUTEUM: name given to ovarian follicle after it has released the ovum; as a gland, it secretes progesterone for about 10-14 days after ovulation.

CYCLE: an interval of time during which a sequence of a recurring succession of events or phenomena is completed.

EJACULATION: spasmodic expulsion of semen from the penis.

ENDOCRINE GLANDS: glands that secrete substances into the blood stream for the purpose of controlling metabolism and other bodily functions.

ENDOMETRIUM: lining of the uterus that builds up in each cycle and then is discharged in menstruation if no pregnancy occurred.

ESTROGEN: a hormone that causes the cervix to secrete mucus that becomes watery and stretchy before and at the time of ovulation.

FALLOPIAN TUBES: pair of tubes that conduct the egg from either ovary to the uterus.

FERTILE, FERTILITY: being able to conceive.

FOLLICLE: any one of thousands of tiny ovarian containers which each hold one ovum; upon release of its ovum, it becomes the gland called corpus luteum.

FSH: abbreviation for follicle stimulating hormone, a substance secreted by the pituitary gland to stimulate the maturation of ovarian follicles.

HORMONE: a glandular secretion that influences the action of cells in another part of the body.

HYPOTHALAMUS: a part of the brain below the cerebrum (higher brain center), which may be influenced by health, travel and physical or emotional stress.

IMPLANTATION: process of a newly conceived life at the blastocyst stage of development embedding in the lining of the uterus; occurs about 7 days after fertilization.

INFERTILITY: state of a woman being unable to conceive or of a man to fertilize an ovum.

IUD: abbreviation for intrauterine device which is placed in the uterus so that the endometrium is not a suitable environment for implantation.

LUTEINIZING HORMONE: a hormone secreted by the pituitary gland causing ovulation.

MENES, MENSTRUATION: a bloody discharge from the womb caused by the sloughing off of the outer layer of the endometrium.

MENOPAUSE: cessation of menstruation and ovarian activity.

ORGASM: physical and emotional climax to the act of sexual intercourse.

OS: Latin word for mouth, opening of the cervix.

OVARY: almond-shaped, female reproductive organ containing the ova, or eggs.

OVULATION: escape of the ovum or egg cell from the ovary, occurring about two weeks PRIOR to the next menstrual period.

PEAK DAY: last day of the sensation of slippery wetness; at this point fertility is greatest.

PILL: birth control, oral contraceptive pill which usually prevents ovulation, alters the cervical mucus and makes the endometrium a sterile environment so that implantation does not occur.

PITUITARY GLAND: a gland located at the base of the brain that controls many bodily functions through various secretions.

PREMENOPAUSE: stage in life between the years of normal fertility and menopause.

PROGESTERONE: female hormone secreted by the corpus luteum.

RHYTHM METHOD: (Ogino-Knaus) a system of estimated fertility based on previous cycles lengths.

SPERM: male cells that unite with the female ovum to cause conception.

STERILIZATION: process of a female or male rendering themselves incapable of becoming pregnant or causing pregnancy.

TEMPERATURE METHOD: based on the elevation of the basal body temperature.

UTERUS: female organ in which the baby grows during the nine months of pregnancy, also sometimes called the womb.

VAGINA: or birth canal, connects uterus to the exterior.

Studies have shown that pregnancy depends not only upon SPERM and EGG (ovum), but also upon another essential ingredient, FERTILE MUCUS.

What women often refer to as 'discharge' is in reality MUCUS.* Many women are unaware of any connection between their changing vaginal mucus discharge and their fertility cycle. Most women have noticed occasional changes in the amount of normal 'discharge' or in the color and consistency, but are unaware of what these changes indicate. This MUCUS 'discharge' comes from the glands situated in the cervix (see illustration on page 18). MUCUS is an indication that we are normal and healthy.

According to Dr. Billings, "It is the mucus pattern which is the reliable indication of fertility in every case. The significance of the mucus symptom has been verified by careful scientific investigation, but the practical application of this scientific knowledge is essentially simple." Those who have learned to observe their own bodies according to Dr. Billings' method have found an infallible guide to tell them whether they are in an infertile or fertile phase of their cycle - A GUIDE WHICH ENABLES THEM TO TRULY CHOOSE TO HAVE OR NOT TO HAVE A CHILD.

*Infectious secretion, accompanied by itching, burning or odor is not mucus.

TYPES OF MUCUS . . .

There are TWO distinct types of MUCUS AND SENSATIONS that accompany them.

INFERTILE MUCUS IS:

- * opaque, yellowish
- * sticky, tacky, gummy
- * does not stretch
- * flakes, when dry on undergarments

INFERTILE MUCUS SENSATION IS:
A DEFINITE SENSATION OF STICKINESS IN THE GENITAL AREA.

FERTILE MUCUS IS:

- * clear or slightly cloudy
- * slippery like raw egg white
- * stretches without breaking
- * thin, watery
- * dries, leaving no residue on undergarments

FERTILE MUCUS SENSATION IS:
A DEFINITE SENSATION OF WETNESS, LUBRICATIVENESS OR SLIPPERINESS IN THE GENITAL AREA.

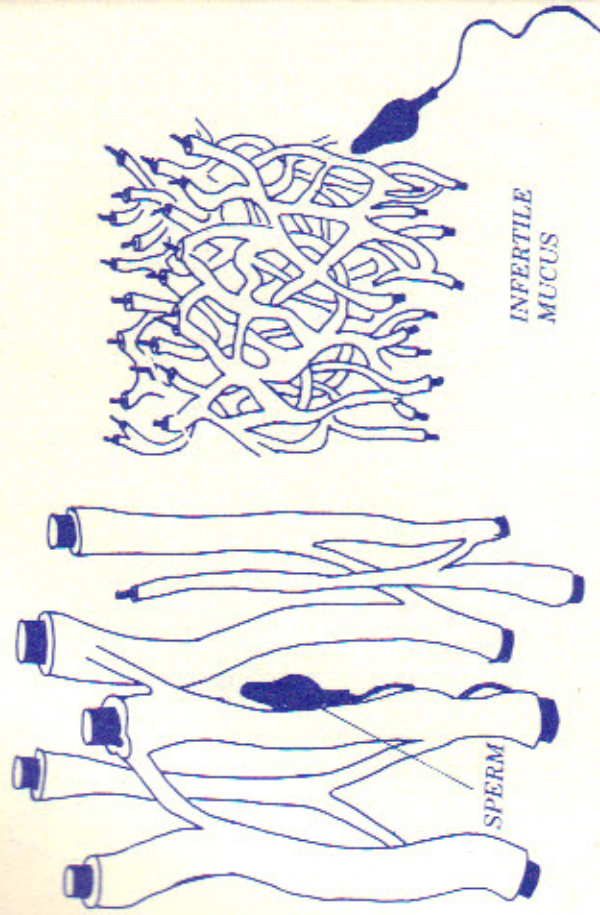
FUNCTIONS OF FERTILE MUCUS . . .

- * allows sperm entry into the cervical canal at or near Ovulation.
- * nourishes sperm cells.
- * forms a ladder-like channel in which the sperm is transported from the vagina to the outer portion of the fallopian tube where conception takes place.
- * sperm selector, prevents unhealthy sperm from passing through the cervical canal.
- * lubricates the vagina and facilitates intercourse.
- * forms a protective envelope for the sperm to protect it from the hostile environment of the vagina.

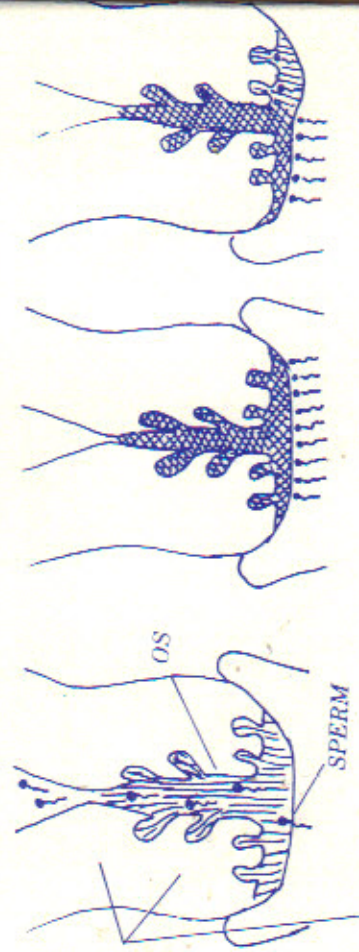
FUNCTIONS OF INFERTILE MUCUS . . .

- * forms an effective barrier blocking sperm entry.
- * prevents entry of bacteria into the cervical canal.
(Before Ovulation infertile type mucus is considered possibly fertile as the mucus can change to the fertile type very quickly).

Three-dimensional view of the structure of fertile and infertile mucus. (from Cervical Mucus in Human Reproduction)



MIXTURE OF MUCUS



HORMONAL SEQUENCE . . .

Cervical mucus and the changes that occur within the organs of reproduction, are a reflection of the changing of the chemistry within due to hormones.

The process of ovulation begins as the pituitary gland sends out the follicle stimulating hormone. FSH is responsible for the growth of the follicle in the ovary which contains the egg cell.

As this follicle begins to develop, it secretes estrogen, which prepares the vagina, cervix, uterus and fallopian tubes for the transport of the sperm and egg. As the level of estrogen rises in the blood stream, the mucus becomes very thin and watery, much like raw egg white.

About a day before ovulation, as estrogen reaches its peak, another hormone is released from the pituitary gland; this is the luteinizing hormone which causes the follicle to release the egg from the ovary. This is ovulation.

After ovulation has occurred, the follicle then collapses within the ovary and becomes the corpus luteum and begins to secrete the hormone, progesterone.

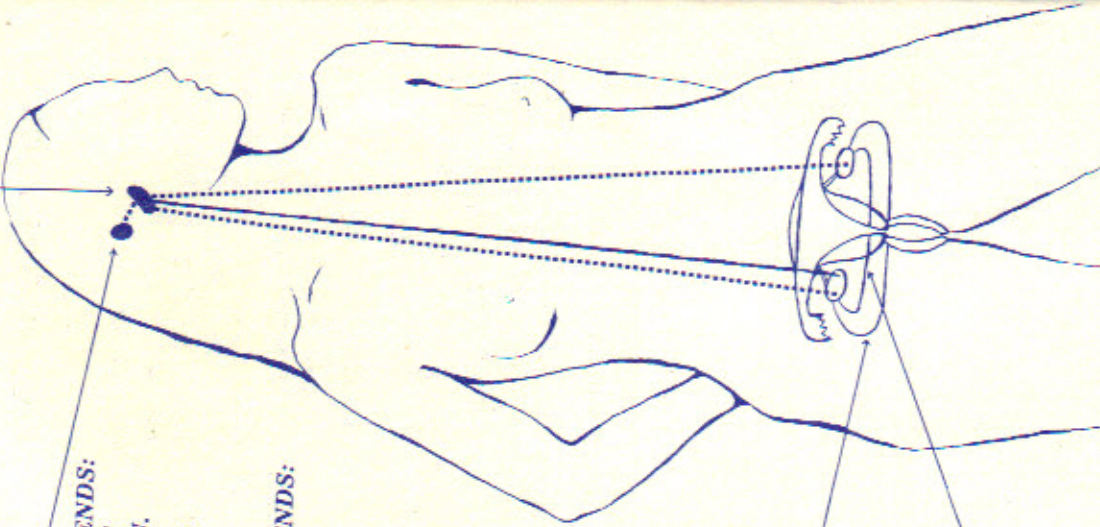
The function of progesterone is to prevent another ovulation from occurring, to thicken the mucus, to finish preparing the endometrium to sustain a newly created life and also to cause the basal body temperature to rise.

If pregnancy does not occur, it is the withdrawal of progesterone and estrogen that causes the menses.

PITUITARY GLAND

HYPOTHALAMUS

1. PITUITARY GLAND SENDS:
F.S.H. TO STIMULATE
EGG TO MATURATION.
2. RIPENED EGG SENDS:
ESTROGEN TO
PITUITARY GLAND.
3. PITUITARY GLAND SENDS:
L.H. TO STIMULATE
OVULATION AND
CORPUS LUTEUM.

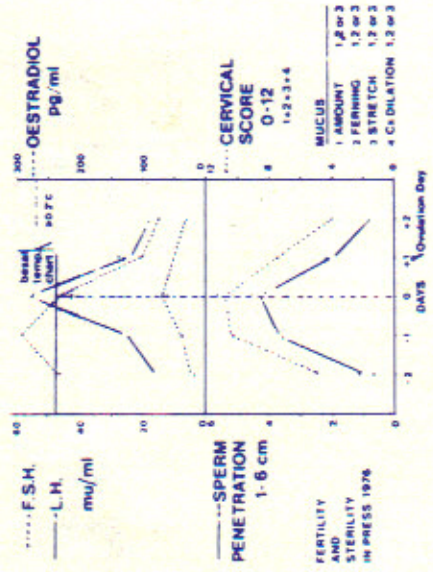
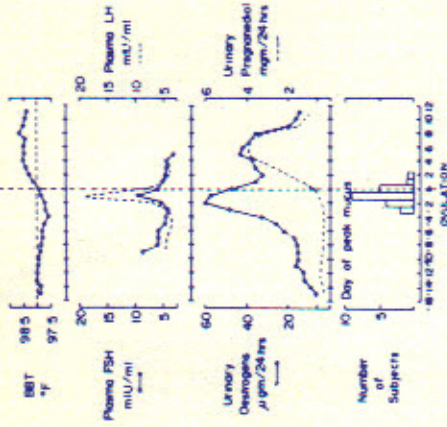


1. ESTROGEN SECRETED
FROM OVARIES:
A. ACTS ON
ENDOMETRIUM
B. ACTS ON
MUCUS GLANDS
2. PROGESTERONE
SECRETED FROM
CORPUS LUTEUM:
A. ACTS ON
ENDOMETRIUM
B. ACTS ON
MUCUS GLANDS

Hormonal Changes and Mucus Observations Affecting Sperm Penetration in Normal Menstrual Cycle

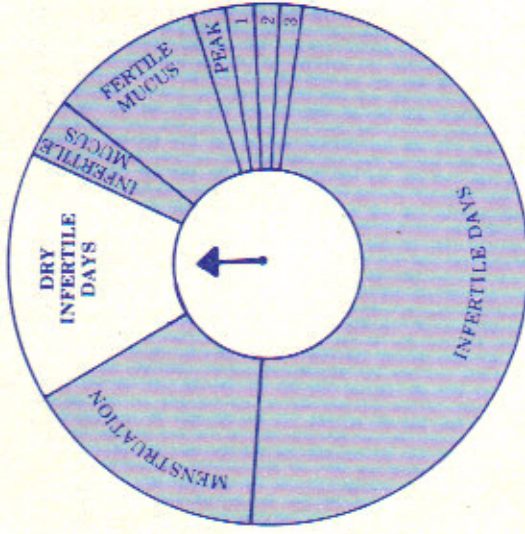
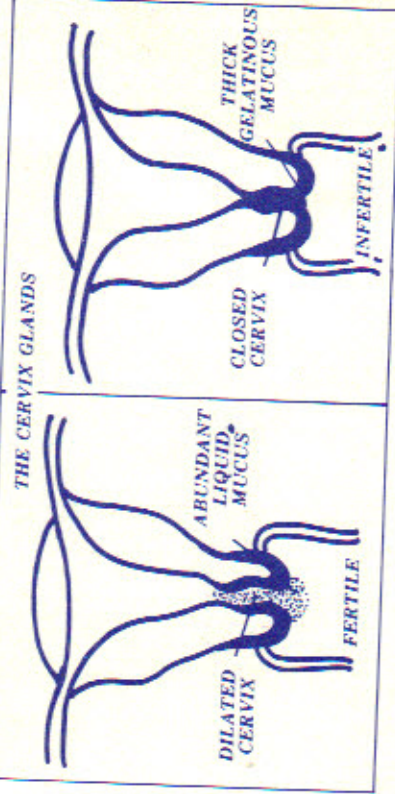
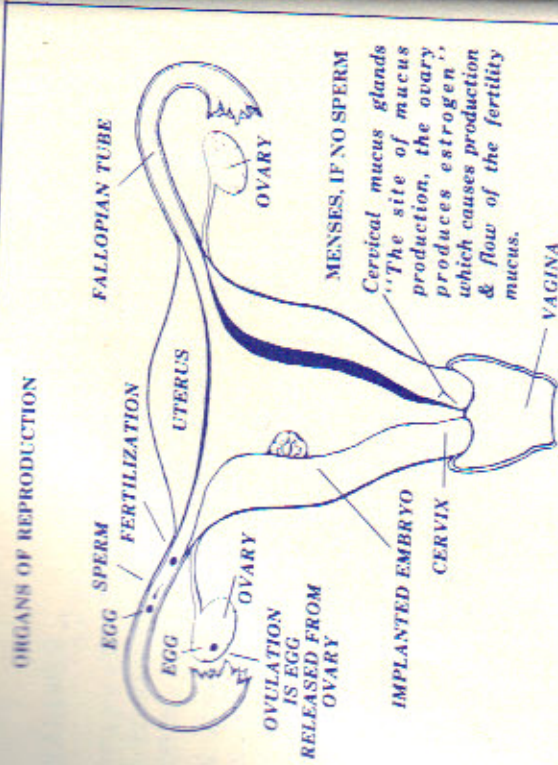


HORMONAL CHANGES AND PEAK MUCUS SYMPTOMS
DURING NORMAL MENSTRUAL CYCLE



EXPLANATION OF A GENERAL CYCLE . . .

Let us take you through a general cycle and explain this method as we proceed. Even with the few rules, you will find it quite simple after a light study. It is certainly worth a few minutes' study for a lifetime knowledge on how to **AVOID OR ACHIEVE PREGNANCY** without the use of chemicals or mechanical devices of any kind.



Let us start the cycle right after menstruation. This is the period when our uterus has just shed the unutilized lining (nest) for the egg that was never fertilized. Here our body is regenerating itself for the coming cycle.

These days following menstruation are **DRY DAYS**, days without mucus. **DRY DAYS** are recognized by a **DEFINITE DRY SENSATION IN THE GENITAL AREA.**

As fertile mucus is not present on the DRY DAYS, and Ovulation has not yet occurred, two of the three essential ingredients for pregnancy are not present. Pregnancy therefore would not occur with genital contact.

On DRY DAYS, if intercourse is desired and pregnancy is not, remember this rule.

EARLY DRY DAY RULE:

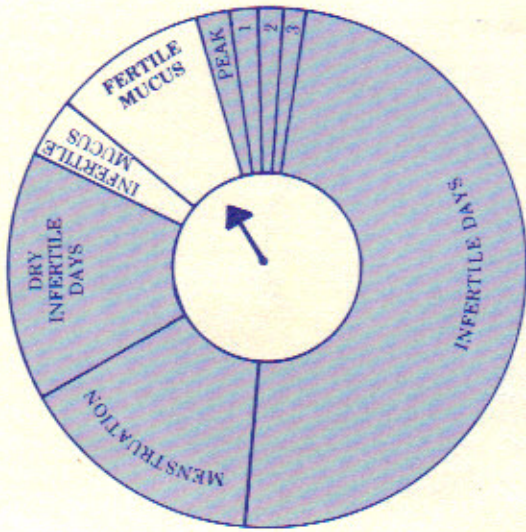
If intercourse occurs on a DRY DAY, (let us call it DAY 1), the following day, DAY 2, is considered fertile. WHY? Because if mucus is developing, the presence of the seminal fluid on the second day could prevent you from observing and sensing a mucus beginning. It is quite common for seminal fluid to 'come down' the day following intercourse.

When pregnancy is to be avoided and you are unsure of your observations, consider yourself fertile. A more accurate observation can usually be made later in the day, following a bath or shower.

If Day 3 is dry and intercourse occurs again, consider DAY 4 fertile and so on.

This Early Dry Day Rule need not always be applied. Once you can DEFINITELY tell the difference between seminal fluid and fertile mucus, you can then treat all DRY DAYS as infertile, since all three essential ingredients for pregnancy are not present.

The end of these DRY DAYS (which vary in number, cycle to cycle, woman to woman) is an indication to you that Ovulation is approaching and MUCUS is beginning to be secreted from your cervical mucus glands. (See page 18).



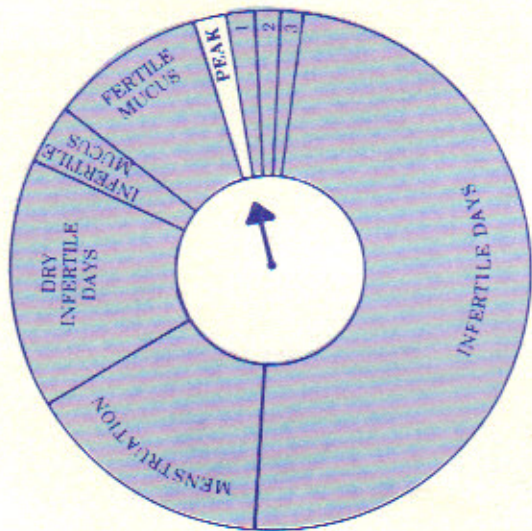
MUCUS generally begins as infertile (usually yellowish or opaque which is sticky, tacky, gummy) and as Ovulation is approaching it changes to the fertile type mucus (clearer in color, slippery much like raw-egg white, which stretches without breaking) and is ALWAYS ACCOMPANIED BY A DEFINITE SENSATION OF WETNESS IN THE GENITAL AREA.

The moment that infertile mucus changes to fertile mucus is difficult to pinpoint, and the mucus can change quickly; that is why ANY MUCUS THAT APPEARS PRIOR TO OVULATION IS CONSIDERED FERTILE.

If intercourse occurs prior to Ovulation with FERTILE MUCUS being present, the sperm could be kept "alive" until the egg is released at Ovulation, and pregnancy could occur.

THE AMOUNT OF MUCUS IS NOT IMPORTANT, THE SENSATION OF WETNESS IN THE GENITAL AREA IS.

It is not necessary to examine the vagina internally. This fertile sensation makes you think that you have started your menstrual period, (and are experiencing some external wetness) but when you look you see that your period has not begun.



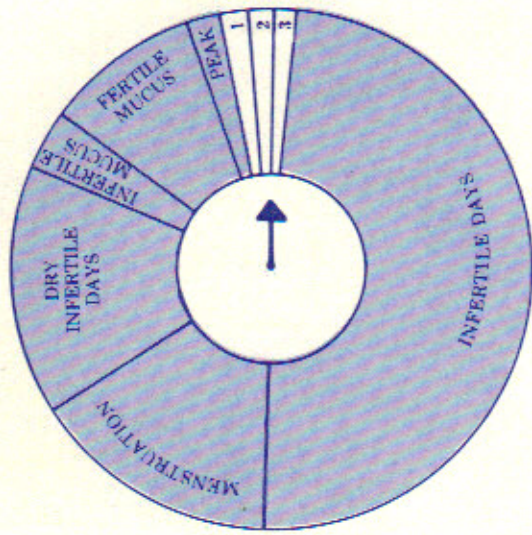
The LAST DAY of the FERTILE MUCUS SENSATION in the MUCUS PATTERN, this DEFINITE SENSATION OF WETNESS, is called the PEAK DAY.

This PEAK DAY can only be recognized on the following day. The MUCUS WILL CHANGE its color from the fertile clear, slippery raw egg white type with the sensation of wetness TO the infertile yellow, sticky type, OR ONLY the sensation of dryness will return.

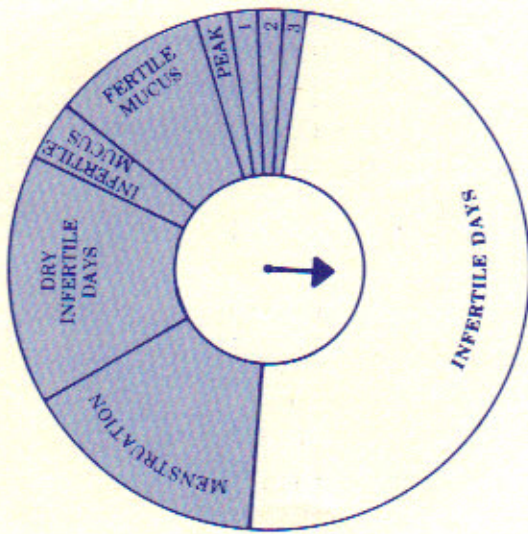
OVULATION occurs in the next 24 to 48 hours after the PEAK DAY. Since fertile mucus and egg are both present at this time, it would not be an appropriate time for genital contact if pregnancy is to be avoided.

THE PEAK IS THE TIME OF GREATEST FERTILITY.

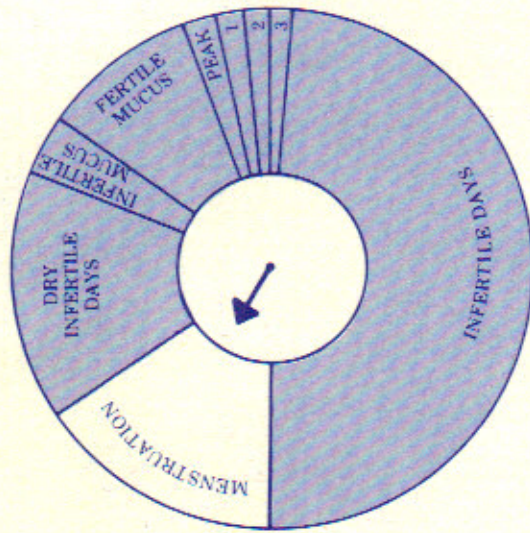
YOUR MENSTRUAL PERIOD SHOULD BEGIN ABOUT 11 to 16 DAYS AFTER THE PEAK.



To allow for Ovulation to occur and fertile mucus to dissipate, THE THREE DAYS AFTER THE PEAK ARE ALWAYS CONSIDERED FERTILE. EVEN THOUGH the MUCUS WILL CHANGE to the infertile type, sticky and yellowish, OR the dry sensation will return.



As the egg and fertile mucus will no longer be present on the 4th day, this begins the infertile days until menstruation. Generally these days are DRY DAYS or the mucus is of the infertile type, yellowish or opaque. It is wise to observe the fourth day to make certain that fertile mucus or the sensation of wetness have not returned which may happen if Ovulation has been delayed.



As a precaution, the menstrual period must be considered fertile, because in the event of an early ovulation in a short cycle, the menstrual flow would make mucus that has started to develop difficult to recognize. Occasionally, a woman will miss a menstrual period even though she is not pregnant. If the menstrual period does not begin on the 17th day after the Peak, use the Early Dry Day Rule.

Now that we have gone through a general cycle, we will explain a few essentials . . .

*** THE THREE ESSENTIAL INGREDIENTS FOR PREGNANCY ARE: EGG, SPERM AND FERTILE MUCUS.**

*** ALL DRY DAYS are INFERTILE, EXCEPT the possible THREE DRY DAYS AFTER THE PEAK DAY.**

* Mucus days after menstruation indicate that you are in a short cycle and Ovulation is approaching. Since the mucus has already started you are considered fertile.

* "Stress (physical or emotional) can prohibit, delay, [or interrupt] Ovulation and change the mucus pattern in that particular cycle. In such a situation, watch closely for the possible return of the fertile mucus or the fertile sensation after the PEAK." (Dr. Charles Norris)

* If after the dry days following menstruation, you have 1 or 2 days of infertile type mucus, and then a dry day, this dry day would be safe. If however, you have 3 or more days of infertile type mucus, you must wait till the 4th day following this mucus patch, even though these days may be dry.

* It is best to confine intercourse to the nights during the dry days, as this allows the mucus to descend through the vagina, helped by the force of gravity.

* ANY TIME that fertile mucus is present or the sensation of wetness has been present, the THREE DAYS AFTER this ends must be counted as fertile.

* The first appearance of mucus is generally of the infertile type. However, some women normally produce only the fertile type of mucus prior to Ovulation.

* There are some R A R E cases where a woman's cervix has a thick, plug-like lining which prevents the fertile mucus from emerging from the vagina for several hours. In these cases, a woman may be unaware that she is secreting fertile mucus unless she examines the cervix. A softening, rising, and slight dilation of the cervix indicates impending Ovulation. (See page 32).

* Douching can alter the mucus sign and really has little medical value. Cleansing the outside of the vagina as we bathe is quite sufficient.

* A small amount of bleeding or spotting sometimes occurs at about the time of Ovulation, which may cause the Peak to be cloudy pink or tan. It will be stretchy and slippery though. Occasionally, spotting or even heavier bleeding occurs close to Ovulation and may conceal the mucus altogether. If pregnancy is to be avoided, wait till the 4th day following any intermenstrual bleeding or spotting.

THE ESSENCE OF THE OVULATION METHOD

according to Dr. J.J. Billings

Ovulation occurs only on 1 day in each cycle. If there is more than one egg cell released, it will still occur within this same 24 hours span of time.

The egg lives only 12-24 hours if not fertilized.

Sperm needs mucus to survive.

Sperm without mucus dies within hours. Sperm with best mucus may live 3-5 days. Mucus "nurtures" and aids sperm in the journey to the egg.

Fertility depends on Ovulation and satisfactory mucus.

Pregnancy can result from contact of sexual organs on fertile mucus days without penetration or ejaculation.

Genital contact on days of possible fertility may cause conception, even though contraceptive devices are employed.

Orgasm or emotional shock does not bring on Ovulation.

Success depends on understanding, accurate observations, accurate charting and mutual motivation.

SPECIAL CIRCUMSTANCES . . .

Dr. Charles Norris, OB., Gyn., of St. Vincent's Medical Center in Portland, Oregon, says "A word concerning each of three special circumstances . . . 1) Breast Feeding, 2) Approaching Menopause, and 3) Discontinuing the "Pill" . . . is appropriate to help those in these circumstances effectively use the Ovulation Method to avoid pregnancy."

BREAST FEEDING . . .

"Breast Feeding on occasion does cause some difficulty but **MAINLY BECAUSE OF MISUNDERSTANDING**. Primarily, if and when a woman, nursing or not, is about to ovulate, she will have the mucus symptom. **THAT IS ABSOLUTELY BASIC!** Special rules which apply to the nursing situation: 1) any one day of fertility must be succeeded by three days of abstinence, as Ovulation can occur while nursing following only one day of fertility mucus; 2) any bleeding must be considered ovulatory until in retrospect it is recognized to have been menstrual, and intercourse avoided for the three days following such bleeding; 3) apply the **EARLY DRY DAY RULE** throughout all of the nursing experience; 4) before each act of intercourse **ALWAYS** check the mucus at the cervix. (See page 32). 5) remember that the amount of breast stimulation in nursing determines the suppression of ovulation and therefore the mucus symptom. Full breast feeding is **STRONGLY RECOMMENDED**, as this will normally suppress Ovulation the longest. When the infant is weaned it should be done over a relatively short period of time, to re-establish a symptomatic cycle as rapidly as possible."

AFTER BIRTH . . .

Charting should begin three weeks after birth. Many women who are totally breast feeding may experience months of dry days or the mucus will be of the infertile type which stays the same day after day without any change at all. This is an indication of infertility. Anytime that there is a change, (an increased amount, a less opaque mucus, slight stretchiness or a little wetness), in the mucus or sensation, one should wait till the 4th day following this change even though these days are dry or the mucus is of the infertile type.

If you are not ovulating, you will continuously be dry or will have mucus which stays the same day after day without any change.

APPROACHING MENOPAUSE . . .

"The approach of menopause may be accompanied by such menstrual and ovulatory irregularity that if it were not for the mucus symptom many women would not know where they were with respect to their fertility. Once again, any fertile Ovulation will be preceded or accompanied by the mucus symptom."

Always **REMEMBER** that the infertile days will not begin until the 4th day after the fertile mucus or sensation of wetness ends.

DISCONTINUING THE PILL . . .

"The synthetic hormones, such as the "pill", are the only medication a woman can take which will alter the mucus symptom. Since the pill works by suppressing Ovulation and the production of a woman's own natural hormones, and since the production of the mucus symptom depends upon the estrogen hormone levels, when women stop the "pill" anything can happen. Coming off the "pill", a woman may be "dry" for weeks or she may be "wet" with a non-changing (non-fertile), wetness for days or weeks; or she may proceed into a normal, regular ovulatory cycle with (of course) the mucus symptom and all the other symptoms of ovulation which are normal to her. After the "pill", her mucus symptom and cycle may be difficult to discern for months. This is one time when the recommendation to check the mucus at the cervix on a daily basis is imperative, as this may be the only way a woman can tell where she is in her cycle."

After the last oral contraceptive has been taken, the withdrawal bleeding will occur within a few days. One should use this withdrawal bleeding as a menstrual period and begin charting.

Sometimes Ovulation does not occur for several cycles. Even though Ovulation does not occur, there will emerge a pattern of dry days or the infertile type mucus will continue the same day after day perhaps even weeks. When there is ANY change, (an increased amount, a less opaque mucus, slight stretchiness or a little wetness), one must abstain until the 4th day after the fertile mucus or sensation of wetness ends.

CHECKING THE MUCUS AT THE CERVIX . . .

Checking the cervix is not an integral part of the Ovulation Method. Most women will find that if they notice the mucus SENSATION as if they were blind that there is no need for an internal exam.

It is offered here for information for certain women.

During the infertile phases of the cycle, the cervix remains firm and is very easy to reach. This firmness is like the cartilage at the end of your nose.

As Ovulation approaches, the cervix undergoes the following changes:

- * progressively softens and becomes mushy like your lips.
- * feels more slippery or wet with the abundance of mucus present.
- * os dilates enough to accept the tip of your finger.
- * rises and becomes more difficult to reach. (This is a very useful sign in itself.)

After Ovulation has occurred:

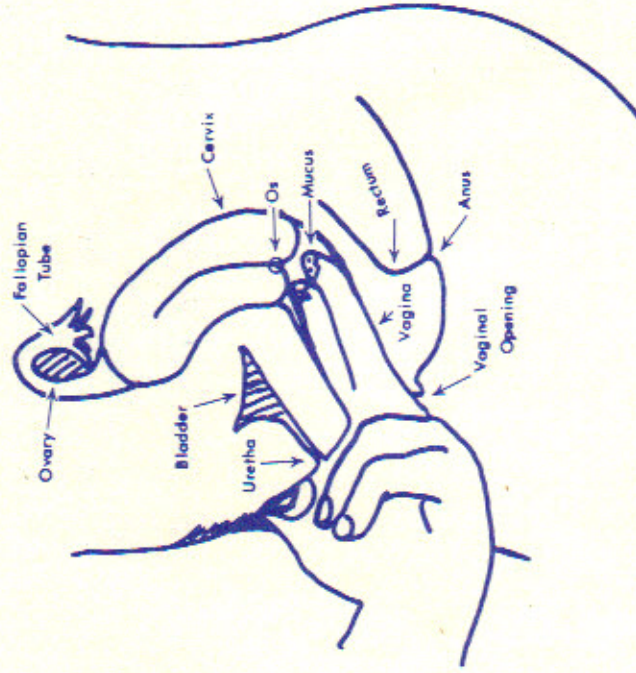
- * cervix becomes firmer, like the tip of your nose.
- * mucus changes in amount and type. Where before it felt quite wet it now seems dry.
- * os closes.
- * cervix moves lower and is much easier to reach.

When checking the mucus at the cervix, remember that the inside of the vagina is always moist.

Checking the cervix should be done somewhat at the same time daily, after emptying the bladder, with clean hands and nails trimmed. One may use two fingers and actually squeeze the cervix to obtain a sample of mucus.

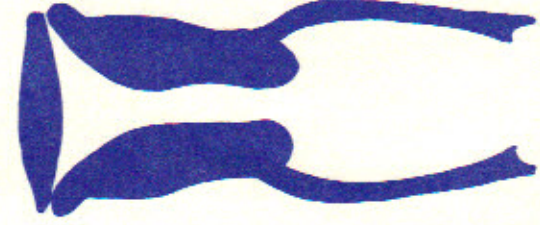
It takes several cycles of observing the cervix and its position to be able to appreciate these changes.

Checking the Mucus at the Cervix

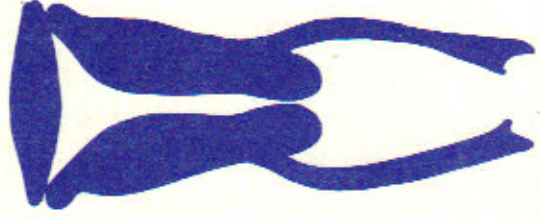


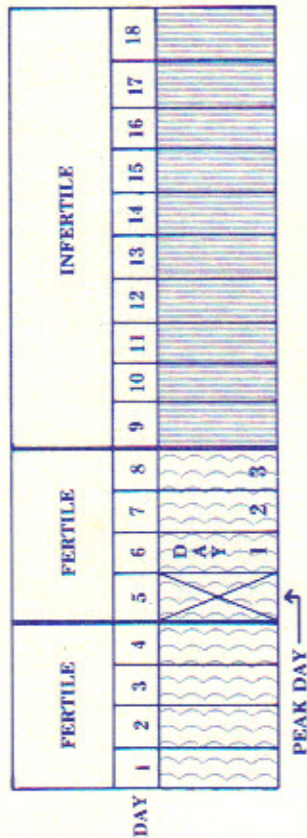
Checking the mucus at the cervix is especially helpful when ovulation is delayed or one has a very minimal amount of mucus discharge.

At Ovulation



After Ovulation





SHORT CYCLE . . .

The first four days on this chart are the menstrual period. They are considered fertile.

On DAY 4

there is fertile mucus present in the menstrual flow; it is slippery and stretchy, making us aware that the menstrual period was indeed fertile, and also that a short cycle has started and Ovulation is near. Since Fertile Mucus is present, it is a FERTILE DAY.

On DAY 5

the mucus is definitely clear, like raw egg white, which stretches without breaking. There is a DEFINITE SENSATION OF WETNESS in the genital area. This day is definitely fertile.

On DAY 6

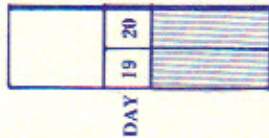
there is a DRY SENSATION in the genital area. As this day is dry you are aware that DAY 5 was the PEAK DAY. (This is the first of the three days of fertility after the peak day.)

On DAY 7

it is dry. (It is the second of the three days of fertility after the peak day.) It is again dry. (It is also the third day of fertility after the peak day.)

On DAY 8

To allow for the time of Ovulation to occur and fertile mucus to dissipate, these three days after the Peak Day are always considered fertile.



On DAY 9

there is a definite dry sensation in the genital area. As egg and fertile mucus are no longer present on this fourth day past the peak, pregnancy could not occur. This begins the span of infertile days until menstruation.

On DAY 10

this is a dry infertile day.

On DAY 11

this is a dry infertile day.

On DAY 12

the infertile mucus appears as yellow and is sticky.

On DAY 13

this is a dry infertile day.

On DAY 14

this is a dry infertile day.

On DAY 15

this is a dry infertile day.

On DAY 16

the infertile mucus appears as yellow with a sticky sensation in the genital area.

On DAY 17

this is a dry infertile day.

On DAY 18

the infertile mucus appears as yellow which flakes when dry on undergarments.

On DAY 19

this is a dry infertile day.

On DAY 20

this is a dry infertile day.

TO ACHIEVE PREGNANCY . . .

If you wish to have a child:

- * watch for the days of stretchy, wet and slippery mucus. These may not occur in every cycle.
- * the best chance of having a child is likely to occur if intercourse occurs on the days when you are most aware of the feeling of wetness produced by the mucus.
- * the male's fertility may be increased by abstinence from intercourse for a few days beforehand.
- * checking the mucus at the cervix (see page 32), maybe helpful if you have a very minimal amount of mucus.

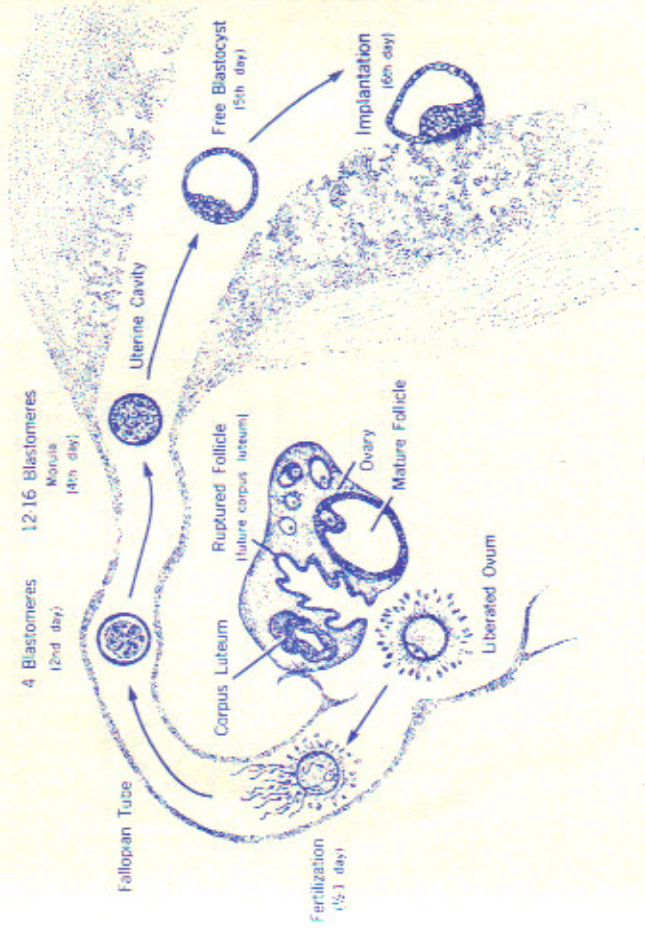
Suggested reading . . .

"Birth Without Violence" by Frederick Leboyer
(Published by Alfred A. Kroph, Inc., 1976)

"Your Baby's Sex Now You Can Choose" by D.M. Rorvik, and
L.B. Shettles, M.D., P.H.D.
(Published by Dodd, Mead and Co., N.Y., 1970)

"The Womanly Art of Breast Feeding" by La Leche League
International, Franklin Park, Illinois 60131

FERTILIZATION and IMPLANTATION . . .



PERSONAL CHART INFORMATION . . .

Charting is an important part of the Ovulation Method, as it is very easy to forget what prior days were if we don't chart. The observations are made at various times during the day and are recorded at night.

By the keeping of a daily chart, where you note your own observations, you can visualize your entire cycle and the changing of the mucus pattern.

During this first cycle that you chart, it is suggested that you avoid all genital contact, the reason being, that it is possible to become pregnant by mere contact on the outside of the vagina, without actual penetration or ejaculation. A drop of semen prior to ejaculation has a very high count of sperm.

Also, it is quite common even the following day after intercourse for the seminal fluid to "come down". This makes it difficult to be sure of what you are observing, since fertile mucus and seminal fluid seem somewhat alike.

By observing yourself for this first cycle without genital contact, you will make it much easier for yourself.

It is MOST IMPORTANT THAT YOU BE DEFINITELY AWARE OF THE DIFFERENCE BETWEEN DRYNESS AND WETNESS.

THERE ARE AS MANY DIFFERENT CYCLES AS THERE ARE WOMEN! A normal cycle is only WHAT IS NORMAL FOR YOU! All women have infertile cycles from time to time where they will not observe a fertile mucus pattern.

This method will work for you IF you follow the rules.

CHART INFORMATION . . .
personal chart . . .

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
Observation of Day																																						

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
Observation of Day																																						

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
Observation of Day																																						

Remember that you are observing color, consistency and sensation. **THE SENSATION IS MORE important** than the quantity of mucus.

A good way to chart is to use:

- RED:** for the menstrual bleeding or spotting
- GREEN:** for the dry days
- YELLOW:** for days of sticky, tacky, opaque, creamy mucus.
- CLEAR:** for lubricative, stretchy, raw egg white slippery and transparent.
- X:** for the Peak

1, 2, 3 for the days following the **PEAK**.
I: for days of genital contact.

Many women find it very interesting to also chart their moods.

With care you can remove this chart page from the book if you wish.

In the event that after charting your observations for a cycle you are unable to find answers to any particular questions you may have, please contact EMERGENCE. We will help and are most anxious to assist you. We would be happy to review your chart to make sure that you fully understand the method, or to refer you to the nearest teacher of the Ovulation Method. We ask that you enclose a stamped, self-addressed envelope.

It is wonderful that NATURE does indeed give us a way to truly enjoy the pleasure of our bodies without worry concerning pregnancy. Worry is destructive and certainly does not aid in relaxation.

Once you understand, you will NEVER NEED TO WORRY ABOUT CONTRACEPTIVES AGAIN!

EMERGENCE is most happy that now you are

PLEASE AWARE. 

STATISTICS . . .

"The Ovulation Method of birth control has the smallest failure rate, according to Robert Harrison, of the Institute of Obstetrics and Gynecology, London, ("Modern Medicine", October, 1975, p. 18-24). It has a failure rate of 0.69 per 100 women per year being better than the IUD (2.4) and the Pill (1.3). The writer also find this method to be "extremely satisfying, effective and ethically acceptable." from ENSIGN Magazine, Leinstere Leader Ltd. Naas.

	Number of women	Length of Study	Method Failure
Dr. John Billings 1972-Melbourne	165 women	10,560 cycles	0%
Dr. Lyn Billings 1972-Premenopause	98	5 yr.	0%
Tonga 1972	282	2,503 cycles	.5
St. Cloud 1974	260	1,823	.6
Dr. Maria De Borro 1975-Mexico	485		0%
J.T. France 1975-Auckland	13	132	0%
Dr. Klaus St. Louis	100		0%
Korea 1976	5,460	2½ yr.	0%
Dr. Klaus 1976	147	2 yr.	.6
Dr. Anne Flynn 1976-London	9	29	0%
Dr. S.C. Bernard 1976-India	702	12 mo.	0

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