

# FERTILITY AWARENESS BASED METHODS

A MEDICAL UPDATE



Dear Colleague,

Our purpose with this short guide is to provide a brief overview of fertility awareness based methods (FABMs) and present the best evidence available for their effectiveness in family planning. The use of FABMs in the U.S. has grown from 2.3% in 1982 to 4.1% in 2006-2010 (CDC). Interest in these methods is growing, as more women desire family planning options that are free of hormones and side effects, especially since digital technology now makes it easier to track one's fertility.

Yet, many of us in the medical sector are not informed about the variety of evidence based FABMs that are available and the actual effectiveness rates of the individual methods. We also may not be aware of the benefits of these methods or how we can best support patients who may be interested in using them.

Our hope is that this short guide will be a quick reference for you and help you support patients who inquire about them.

Marguerite Duane, MD, MHA, FAAFP  
Executive Director of FACTS  
Adjunct Associate Professor Georgetown University School of Medicine

Robert Motley, MD  
Chairman, Community Health, Lehigh Valley Health Network

Amina White, MD, MA, FACOG  
Assistant Professor, Department of Obstetrics and Gynecology  
Howard University College of Medicine

## About FACTS

The Fertility Appreciation Collaborative is comprised of physicians, other health care professionals and educators working together to Teach the Systems (FACTS) of Fertility Awareness Based Methods (FABMs), also called natural family planning. Our goal is to share the best evidence available with our health care colleagues so they can educate women and men about their fertility, empower them to make more informed choices about family planning, and enable women to collaborate with their physicians to better monitor and manage their reproductive health. [www.FACTSaboutFertility.org](http://www.FACTSaboutFertility.org)

## About Natural Womanhood

Natural Womanhood's mission is to encourage women to understand their individual fertility cycles by charting them, not just for pregnancy prevention, but for health benefits and for women's empowerment. We exist to change the common belief that contraceptives are the only way to avoid pregnancy or to treat certain women's health disorders. Natural Womanhood helps young women and couples, regardless of their income, ethnicity, or religion, find the best way to learn about their bodies, charting, and avoiding or achieving pregnancy. [www.naturalwomanhood.org](http://www.naturalwomanhood.org)

# FERTILITY AWARENESS BASED METHODS

## CORRECT USE EFFECTIVENESS RATES

### RANGE FROM 95.2 – 99.6%.

From: FABMs for Family Planning. A review of effectiveness for avoiding pregnancy using SORT. Osteopathic Family Physicians, (2013) 5, 2-8, Elsevier

Individual effectiveness rates for FABMs vary, but even with typical use they are all as effective as the most commonly used forms of birth control. Unfortunately, the most widely published typical use effectiveness rate for Fertility Awareness Based Methods reflects data derived from retrospective patient recall surveys. Then this data for all methods, including outdated ones, is combined to produce one overall effectiveness rate. Quoting one effectiveness rate for all FABMs is like quoting one effectiveness rate for all forms of birth control that only contain progesterone, such as the IUD and the mini pill. It is an inaccurate reflection of the effectiveness of individual methods.

| METHOD                 | PREGNANCY RATE (%) CORRECT USE | PREGNANCY RATE (%) TYPICAL USE | EVIDENCE LEVEL (SORT) | CITATION                  |
|------------------------|--------------------------------|--------------------------------|-----------------------|---------------------------|
| Billings               | 1.1                            | 10.5                           | 1                     | Indian Medical Task Force |
| Creighton              | 0.5                            | 3.2*                           | 1                     | Hilgers(1998)             |
|                        | 0.14                           | 3.6*                           | 1                     | Howard & Stanford (1999)  |
| Sympto-Thermal         | 0.4                            | 1.6                            | 1                     | Frank Hermann (2007)      |
|                        | 0.6                            | 2.2                            | 1                     | Frank Hermann (2007)      |
| Marquette              | 2.1                            | 14.2                           | 1                     | Fehring (2007)            |
|                        | 0                              | 7                              | 1                     | Fehring, et all (2012)    |
| Two-Day                | 3.5                            | 13.7                           | 1                     | Arevalo (2004)            |
| Standard Days          | 4.75                           | 11.96                          | 1                     | Arevalo (2002)            |
| Lactation Amenorrhea** | 1.5                            | 1.7                            | 1                     | Labbok (1997)             |

## Who can use FABMs

- Women interested in increasing knowledge of their bodies and their menstrual cycles
- Women interested in a natural alternative to using devices or taking hormonal medication
- Women with ongoing gynecologic symptoms, subfertility or infertility.
- Couples interested in achieving or avoiding pregnancy
- Couples who want to work together on their relationship and sexual decision-making for family planning

These methods, like most artificial methods, do not protect against sexually transmitted infections.

**This table lists the methods and their rates of pregnancy in patients using them to prevent pregnancy. It lists only the methods with research published in peer reviewed journals and based on studies with the best evidence (Level 1 using SORT).**

\* Typical use effectiveness rates cannot be defined as in other trials due to the differences in approaching pregnancy intentionality. Unlike studies of other family planning methods in which pregnancy intentions were recorded at the beginning, in the larger prospective Creighton studies, intentionality was defined by the couple's behavior during the fertile window.

\*\* Limited to women who are exclusively breastfeeding and have not had a return of menses in the first 6 months postpartum.

Table adapted from Manhart M., Duane M., Lind A., Sinai I., Golden-Tevald J. Fertility Awareness-Based Methods: A Review of Effectiveness for Avoiding Pregnancy using SORT. Osteopathic Family Physician 5 (1) 2-8, 2013.

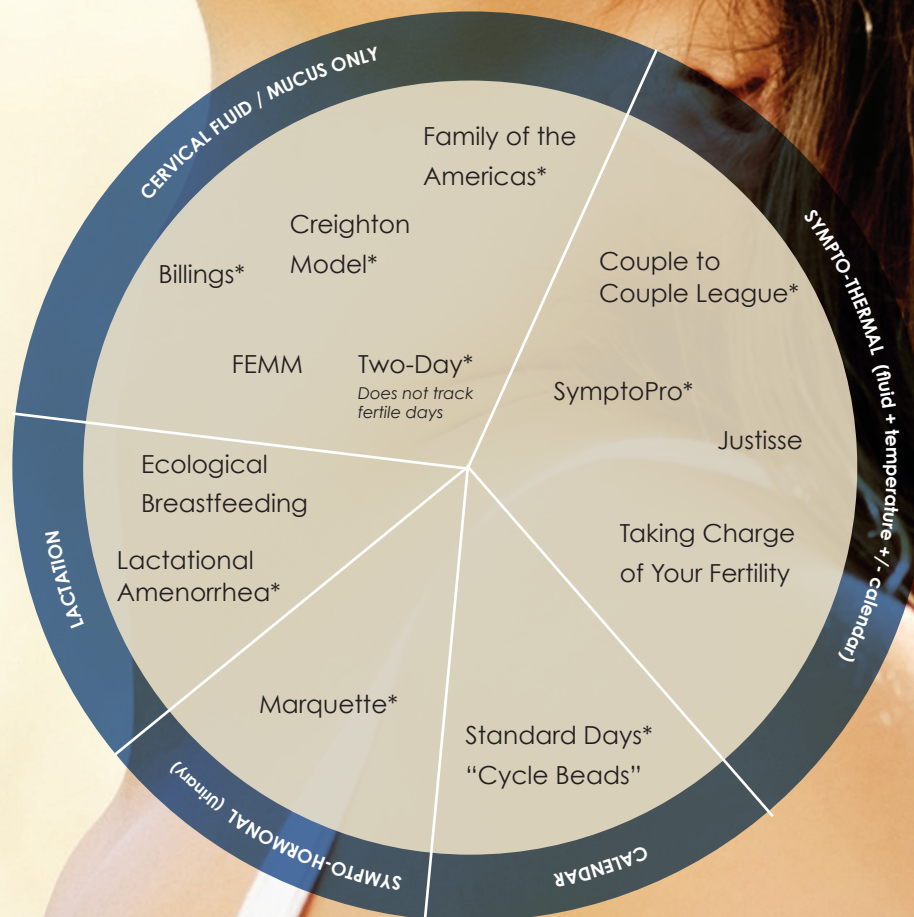
# HOW DO FABMs WORK?

## Biomarkers

The following methods track different natural biomarkers of a woman's cycle or other indicators that signify when she is fertile. Key signs of fertility include cervical mucus or fluid (its presence and characteristics), basal body temperature and urinary hormone metabolites. These signs indicate when a woman is fertile, when she is about to ovulate, when she has ovulated and she is past the time of fertility.

## Does it matter which method the patient uses?

The best method is the one that works best for the patient and her partner. Some factors to consider include: health literacy, learning style, availability of distance learning, the presence of cycle abnormalities or problems with fertility.



\* Methods taught in accordance with evidence based guidelines



# FABMs ARE IMPORTANT TO YOUR PATIENTS

Between 40 and 60 percent of surveyed women report that they are interested in learning more from their physicians about non-hormonal, non-barrier, and nonsurgical methods of birth control.

CRISTA B. WARNIMENT, MD, and KIRSTEN HANSEN, MD, University of Virginia Family Medicine Residency Program, Charlottesville, Virginia American Family Physician. 2012 Nov 15;86(10):online.



The American Academy of Pediatrics recommends using fertility awareness based charting for evaluating the menstrual cycle to assess normal development and detect irregularities.

American Academy of Pediatrics and American College of Obstetricians and Gynecologists. (2006). Clinical report: Menstruation in girls and adolescents: Using the menstrual cycle as a vital sign. *Pediatrics*, 118(5), 2245-2250.

A study found that about 4 out of 5 women will continue to use ovulation methods after 12 months.

Fehring, R., Lawrence, D., & Philpot, C., (1994). Use effectiveness of the Creighton Model ovulation model of natural family planning. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 23(4), 303-312.

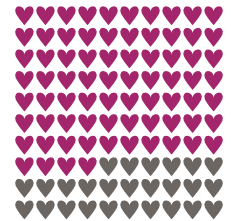


Typical use unintended pregnancy rates for the Sympto-Thermal Method are comparable to rates seen with long acting reversible hormonal contraceptives with 1 to 2 unintended pregnancies per 100 women.

Manhart MD, Duane M, Lind A, Sinal I, Golden-Tevald J. Fertility awareness-based methods of family planning: a review of effectiveness for avoiding pregnancy using SORT. *Osteopathic Fam Physician*. 2013; 5(1): 2-8.

74 in 100 couples report NFP to be beneficial, resulting in stronger bonds, better communication, and improved knowledge.

VandeVusse, L., Hanson, L., Fehring, R., Newman, A., & Fox, J. (2003) Couples' views of the effects of natural family planning on marital dynamics. *Journal of Nursing Scholarship*, 35(2), 171-178



## Learn More

The FACTS website is a resource for medical professionals and students. Read the latest research about FABMs, learn how FABMs can be used to monitor a woman's reproductive health and address a range of health issues, such as infertility, and download free guides for patients. [www.FACTSaboutFertility.org](http://www.FACTSaboutFertility.org)

For more information about FABMs for your patients, check [www.naturalwomanhood.org](http://www.naturalwomanhood.org).

