



NATURAL FAMILY PLANNING TEACHERS' ASSOCIATION

# How to Change to NFP

Managing our own fertility by observing our own body's natural signs is both empowering and very satisfying. Many women report feeling less depressed, having increased libido and feeling more feminine.

Changing to natural methods is not problematical, but the course of action depends whether *hormonal methods* or *non hormonal methods* are being used.



Before making any changes, become familiar with the first three tutorials on our website, as they are beautifully written and clearly teach the basic facts of fertility, the signs by which we recognise our fertility, and how to use these signs by keeping a daily record of them. This builds up into a cycle chart which over time is a valuable record of your own individual fertility.

If you need further help after reading the Tutorials please use the **Contact** page on our website: <http://www.nfpta.org.uk/contact.php>

## HOW TO CHANGE TO NFP FROM NON-HORMONAL METHODS

Condoms, withdrawal and IUDs do not alter the Body's natural mechanism for control of the menstrual cycle. This means that it is possible to start observing the signs of fertility as soon as you make the decision.

**It is very important that the IUD is not removed while sperm may be present. Do not have sexual intercourse for 7 days before removal of the IUD. The IUD should be removed by a trained Nurse or Doctor, usually during menstruation.**

### IF PREGNANCY IS DESIRED

there is no need to avoid sexual intercourse once the IUD has been removed. Please download a chart ([www.nfpta.org.uk/chart.html](http://www.nfpta.org.uk/chart.html)) and follow the instructions in the tutorial **Charting to Achieve Pregnancy**. ([www.nfpta.org.uk/tutorials.html](http://www.nfpta.org.uk/tutorials.html))

### IF PREGNANCY IS NOT DESIRED

please download a chart ([www.nfpta.org.uk/chart.html](http://www.nfpta.org.uk/chart.html)) and follow the instructions in the tutorial **Charting to Postpone Pregnancy**. ([www.nfpta.org.uk/tutorials.html](http://www.nfpta.org.uk/tutorials.html))

It may look complicated at first but there are only two or three observations to be made and charted on each day. Using two signs of fertility together to decide the onset and the end of the fertile phase is much more effective than using one sign alone.

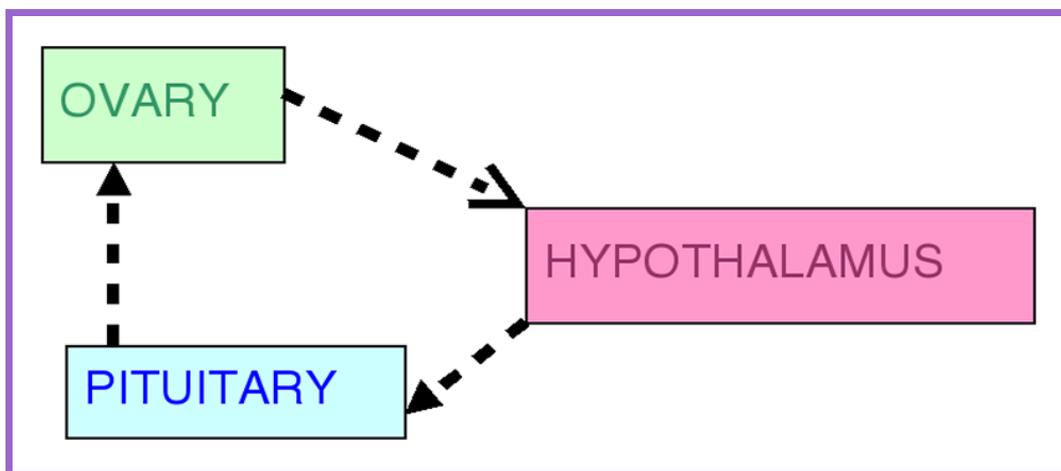
## HOW TO CHANGE TO NFP FROM HORMONAL METHODS

The return of fertility after hormonal methods have been used will depend upon the age of the woman and upon how long the hormonal method has been used.

For 50% of women the return of fertility is immediate but for others patience is needed as the body may need a few months to readjust to the return of the body's natural hormonal control of fertility and the re-establishment of the menstrual cycle.

The hormones in the pill, IUS, implants and injections are not the ones the body produces. They are synthetic look-a-likes which trick the higher brain centres to suppress the natural cycle of fertility and infertility. They are designed to prevent ovulation or implantation and so avoid pregnancy. The bleeding is not a true menstrual bleed but breakthrough bleeding.

Natural control of the menstrual cycle is masterminded by the pituitary gland situated just below the brain. It stimulates the ovaries to produce, in turn, firstly the natural hormone Oestrogen and then natural Progesterone. The pituitary itself is stimulated or inhibited by an even higher centre in the brain, the hypothalamus. The interaction of these three organs, the Ovaries, the Pituitary and the Hypothalamus are held in a very delicate natural balance that the synthetic hormones have interrupted.



**Natural Family Planning cannot be learned while the synthetic hormones are still present in the body.**

If pregnancy is desired, there is no need to avoid sexual intercourse, but please note that the return of fertility may not be immediate.

## RETURN OF FERTILITY AFTER STOPPING THE HORMONAL METHOD

When the Combined Hormone Pill, COC, is stopped protection against pregnancy remains for 7 days.

When Progestagen Only Pill, POP, is stopped protection against pregnancy is lost after 1 day.

Hormone patches can be stopped at the end of the 3 patch cycle and protection remains for 7 days

Implanon and Mirena have little residual effect, though it may take some time for fertility to return.

**Hormone Injections cannot be removed. The earliest that fertility can return is 14 weeks after the date of the last injection.**

*This is the latest (2010) advice on return of fertility, if in doubt please consult your prescriber.*

**An IUS must be removed by a trained Nurse or Doctor. Remember that sperm can live in the woman's body for 5-6 days and could fertilise the ovum once the IUS is removed. It is important not to have sexual intercourse for 7 days before the IUS is removed.**

For the 50% of women whose fertility returns straight away the menstrual cycles can be charted without a problem as in the tutorial [Charting to Postpone Pregnancy](#). ([www.nfpta.org.uk/tutorials.html](http://www.nfpta.org.uk/tutorials.html))

Please download a chart ([www.nfpta.org.uk/chart.html](http://www.nfpta.org.uk/chart.html)) and begin observing the returning signs of fertility.

Day 1 of the chart is the first day of bleeding, even if it is breakthrough bleeding. The second chart starts on the first day of true menstruation after a temperature rise, although a continuation sheet may be necessary if there is no temperature rise for several months.

For the other 50% of women the return of fertility is slower averaging 5.5 months but for some women have to wait as long as 10-15 months.

Irregular bleeding may occur which may not be connected to a previous ovulation. This is called Breakthrough bleeding. Bleeding is not a true menstruation unless preceded by a recognisable temperature rise. All episodes of bleeding must be considered fertile until the true pattern of fertility returns, as the bleeding may mask the signs of ovulation.

If you have read the previous tutorials you will know about the four signs of fertility. These will return to a recognisable pattern gradually. However this slow onset of fertility requires new double check rules which will be explained below.





**The Calendar Sign** The lengths of the cycles before the use of synthetic hormonal methods cannot be used; neither can the length of cycles while using the hormone methods. A new series of cycle lengths must be collected and written in the boxes on the side of the chart. Each new cycle gives more information.

## THE DOUBLE-CHECK RULES FOR SEXUAL INTERCOURSE AFTER SYNTHETIC HORMONES

**If pregnancy is desired** there is no need to avoid sexual intercourse. Start pre-pregnancy care. If conception does not happen after charting for six cycles consult your General Practitioner.

**If Pregnancy is not desired** Start charting immediately you have taken the decision to stop the hormonal method. This gives you practise in taking your temperature routinely and charting it, and also looking for signs of mucus and charting them.

**RULES A**, are straight forward for the 50% of women whose fertility returns straight away, but there are separate **RULES B** for those whose return of fertility is delayed.

### RULES A

#### Pre-ovulatory Double-check Rules for normal return to fertility

##### CYCLES 1,2,3

***There are NO days of pre-ovulatory infertility for the first three cycles***

While you are learning the different types of mucus, intercourse must be restricted to after the temperature rise; in the first cycle, after 4 high readings but after 3 high readings in subsequent cycles.

##### CYCLES 4,5,6

The first 5 days are infertile but with three conditions

- a) There must have been a temperature rise in the previous cycle
- b) There must be no mucus present
- c) If any of the previous cycles has been shorter than 26 days, calculate the last infertile day to be length of shortest cycle minus 21 i.e. S-21

##### CYCLES 7 – 12

Now you have the length of the shortest cycle in the last 6 months and you are familiar with the fertility signs. Use the rule of the shortest cycle minus 21 ( S - 21) with two conditions

- a) There must have been a temperature rise in the previous cycle
- b) There must be no mucus present before day S – 21

##### CYCLES 13+

Now you can lengthen the pre-ovulatory time for sexual intercourse using the standard rule i.e. shortest cycle minus 20. (S – 20) with two conditions:

- a) There must be no mucus present before day S – 21
- b) There must have been a temperature rise in the last cycle.

## RULES B

### Pre-ovulatory Double-check Rules for slow return of fertility

When the Pituitary Gland gives weak signals to the ovary there will only be patches of white tacky mucus from the cervix which stops and starts. The ovary is responding to the Pituitary signals by sending out some oestrogen but stops producing it before an ovulation happens. There is no temperature rise.

Gradually, as the Pituitary signals become stronger, there will be an increased production in quantity and quality of the mucus, predicting an ovulation which will be confirmed by a good temperature rise. But sometimes these on/off mucus patches may persist for some time.

So as not to confuse the residual semen in the vagina with mucus the rule for sexual intercourse is to use alternate evenings when no mucus is seen and the sensation is dry. Because each mucus patch may continue to develop to ovulation each one must be considered as fertile. The last day of any mucus is counted as a Mucus PEAK Day and intercourse resumed after PEAK+ 3days, again on alternate nights until another Mucus PEAK Day+3. Eventually the Mucus PEAK Day will be confirmed by a sustained temperature rise.

**If there is no temperature rise after the mucus disappears, it means that ovulation has not occurred and the woman is still in the pre-ovulatory phase.**

Since a single fertility sign is being used, a count of three dry days must be made after the Mucus Peak (the last day of that mucus patch) P+1,2,3

The non-consecutive rule for intercourse resumes, enabling the woman to more easily distinguish the change from dryness to another mucus patch starting.

If the count of three dry days is not completed because more mucus appears, start counting again at the end of the new mucus patch.

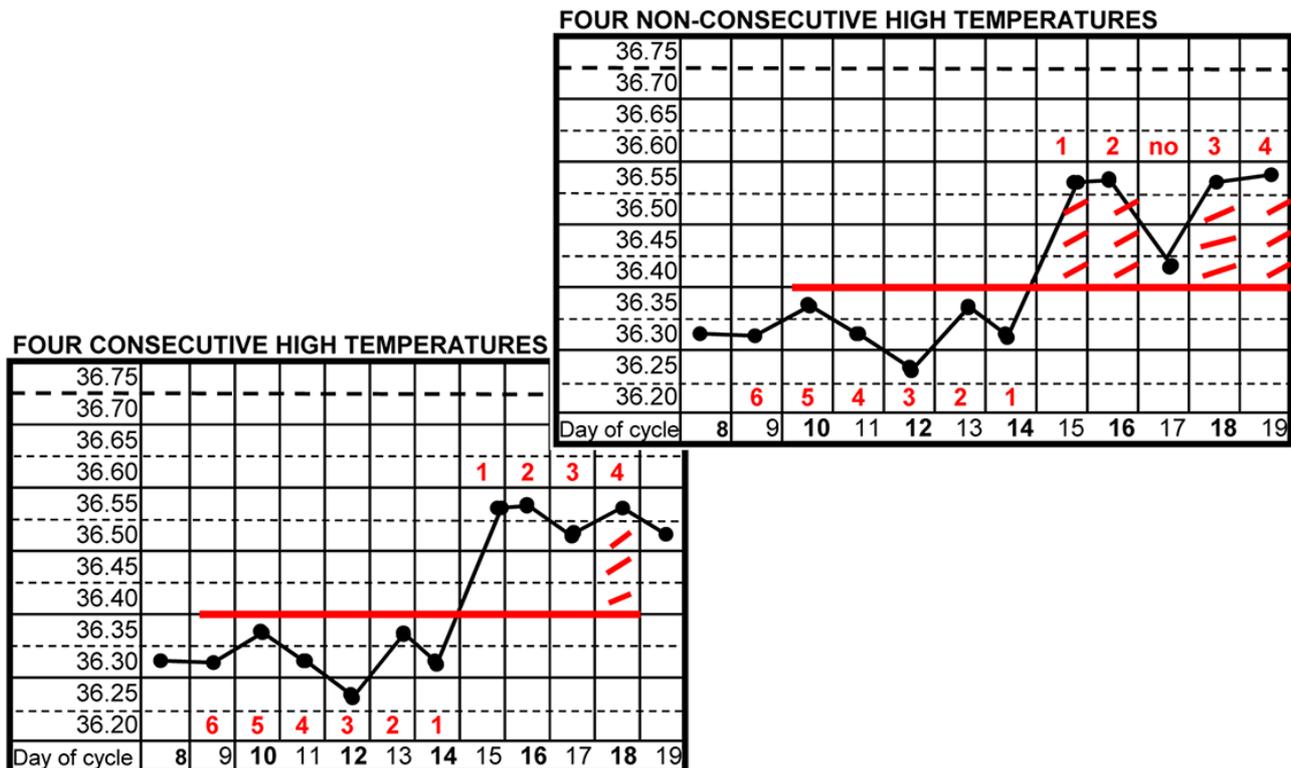
## RULES A and B

### Post-ovulation Double-check Rules

#### First Cycle only

There should be 4 high temperatures all of which must be 0.2°C above 6 previous low temperatures. These may not be consecutive so it may take 5 or 6 days to collect the 4 high readings. There is one condition:

- If the mucus PEAK Day + 3 is after the 4<sup>th</sup> high temperature reading infertility starts on whichever is the later day.



#### Second cycle onwards

Wait for 3 high readings at 0.2°C shift above the previous 6 low readings. There are three conditions:

- There was a temperature rise in the last cycle
- If the mucus PEAK Day is after the 4<sup>th</sup> high temperature reading infertility starts on the evening of that third day.
- If the day of the 4<sup>th</sup> high temperature is after the PEAK Day +3, infertility starts on the evening of the 4<sup>th</sup> high temperature.

**If there is no temperature rise the cycle is still in the pre-ovulatory phase and intercourse should be on alternate nights. The post ovulatory phase starts after the temperature rise.**

## Returning Fertility after synthetic hormones are stopped

At least 50% of women will return to normal cycles immediately, others will experience some delay in return to normality, but most women will be able to interpret most cycles. Some of the variations are:

1. Cycles without ovulation (anovulatory) no temperature rise or mucus, are more common initially  
*Charts from women aged 19-25 showed 18% anovulatory cycles after the pill*  
*Charts from those aged 25+ had 13% anovulatory cycles after stopping the pill*
2. Ovulation may be very late in the cycle
3. Cycles with attempted ovulation, when the ovum starts to develop but is not released. There will be some mucus but no temperature rise.
4. The mucus sign may precede the temperature sign for a few cycles. Take the later sign.
5. Rarely, spotting or bleeding may hide the mucus sign. Ovulation may happen quickly.
6. The flow of mucus might at first be heavy due to cessation of the effects of the synthetic hormones but only until the natural hormonal pattern is re-established.

**REMEMBER THAT NO METHOD OF ACHIEVING OR AVOIDING PREGNANCY IS 100%**

## A GOOD TEACHER CAN HELP YOU LEARN YOUR OWN SIGNS OF FERTILITY

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