

Natural Family Planning

The World Health Organization (1988) defines Natural Family Planning (NFP) as "Methods for planning and preventing pregnancies by observation of naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle, with the avoidance of intercourse during the fertile phase if pregnancy is to be avoided."

NFP methods can be divided into two groups according to how the fertile time is identified:

1. *Identification Using Fertile Sign Indicators in the Current Cycle*

In which fertility signs (such as cervical mucus, basal body temperature (BBT), symptothermal methods, and others) are observed in the *current* cycle, and

2. *Identification Using a Calculation or Counting Days*

In which a formula is used to predict the fertile time using *past* cycle lengths. This approach is called the Calendar or Rhythm method.

NFP methods are based upon "fertility awareness" which is the basic information about male and female reproduction that helps people understand how and when a woman can become pregnant. NFP methods provide rules to guide couples how to time intercourse to either avoid or achieve a pregnancy, based upon their observations.

Lactational Amenorrhea Method (LAM)

The Lactational Amenorrhea Method (LAM) is a method of family planning (FP) that is based upon the natural postpartum infertility that occurs when a woman is amenorrheic and fully breastfeeding her infant (see section on LAM for definitions and criteria for using LAM). When using LAM, the woman is not cycling normally. Therefore, LAM does not meet the criteria for a NFP method using the strict WHO definition. Nevertheless, LAM is a method based on observing naturally occurring signs (i.e. return of menses) and upon guidelines established with scientific research showing the relationship between LAM criteria and the return to fertility.

Combining NFP with other methods

Methods which combine use of NFP methods and the use of a barrier method or withdrawal during the fertile time are referred to by various names including "Fertility Awareness Methods", "Combined Methods", "Mixed Methods", or "Multi-Index Methods". By definition, these methods are not considered to be NFP, because couples do not abstain from vaginal intercourse during the fertile time.

Citations:

- 1) World Health Organization. Natural family planning: a guide to provision of services. Geneva: WHO, 1988.

Q.1. How effective are NFP methods?

Recommendations	Rationale
<p>a) NFP Effectiveness</p> <p>Estimates of NFP effectiveness vary widely.</p>	<p>a) NFP effectiveness depends upon several factors, including:</p> <ul style="list-style-type: none">● the indicator(s) used,● the validity of the rules used,● the type and quality of teaching,● the ability of the woman to observe and interpret her fertility signs,● the ability of the couple to abstain from vaginal intercourse when indicated by the rules, and● individual characteristics of the couple, such as the age of the woman and her past history of pelvic infection or other determinants of lowered fertility.
<p>b) Calendar-based methods</p> <p>Estimates from clearly reported trials which state the rule used range from 5% to 14%. A recent re-analysis of calendar method clinical studies found a typical failure rate estimate of about 20%.</p>	<p>b) It is difficult to estimate the effectiveness of the calendar method because very few well-designed studies have been conducted. Many of the estimates are based upon surveys and do not report the requisite information required to calculate effectiveness rates. It is difficult to compare studies on the calendar method because many reports do not state what rule was used to identify the fertile time or if couples understood the basis for the method.</p> <ol style="list-style-type: none">1) Dicker D, Wachsman Y, Feldberg D. The vaginal contraceptive diaphragm and the condom: a reevaluation and comparison of two barrier methods with the rhythm method. <i>Contraception</i> 1989; 40(4):497-504.2) Laing J. Periodic abstinence in the Philippines: new findings from a national survey. <i>Studies in Family Planning</i> 1987;18(1):32-41.

Recommendations	Rationale
<p>c) Single indicator methods (basal body temperature (BBT), cervical mucus or ovulation methods)</p> <p>Estimates range from 3% with perfect use to about 20% with typical use.</p>	<p>c) The probability of accidental pregnancy when using single indicator methods is highest when couples do not abstain during the fertile period. For users of the cervical mucus or ovulation methods, having intercourse during periods of stress on the woman also increases the risk of pregnancy by affecting the quality of mucus. Stress, illness, travel or interrupted sleep can disrupt a woman's typical biphasic pattern, thereby making it difficult to identify the fertile period for that cycle using the BBT method.</p> <ol style="list-style-type: none">1) World Health Organization. A prospective multicentre trial of the ovulation method of natural family planning II. The effectiveness phase. <i>Fertility and Sterility</i> 1981; 35(5):591-8.2) Trussell J, Grummer-Strawn L. Contraceptive failure of the ovulation method of periodic abstinence. <i>Family Planning Perspectives</i> 1990;22:65-75.3) Hatcher RA, Trussell J, Stewart F, Stewart GK, Kowal D, Guest F, et al. Fertility Awareness. In: <i>Contraceptive Technology</i>. New York: Irvington Publishers, 1994:327-40.
<p>d) Two or more indicator methods (symptothermal methods)</p> <p>Estimates range from about 2% with perfect use to about 15% to 20% with typical use.</p>	<p>d) The use of two or more indicators can be somewhat more effective than the use of a single indicator.</p> <ol style="list-style-type: none">1) Hatcher RA, Trussell J, Stewart F, Stewart GK, Kowal D, Guest F, et al. Fertility Awareness. In: <i>Contraceptive Technology</i>. New York: Irvington Publishers, 1994:327-40.2) Frank-Herrmann P, Freundl G, Baur S, Bremme M, Doring G, Godehardt E, et al. Effectiveness and acceptability of the symptothermal method of natural family planning in Germany. <i>American Journal of Obstetrics and Gynecology</i> 1991;165:2052-4.

Q.2. Who can use NFP?

Recommendations	Rationale
<p>a) Women in different stages of their reproductive lives can use NFP. However, certain NFP methods are inappropriate during long periods of anovulation, amenorrhea, or irregular cycles, e.g., the calendar method.</p> <p>b) Because of the large range of failure rates of NFP methods, women with conditions that may be seriously affected by pregnancy must be counseled on the degree of risk of an unintended pregnancy.</p>	<p>a) Most women who are regularly cycling can use NFP. Women who are post-menarche, postpartum, breastfeeding, postabortion, or peri-menopause can also use NFP. However, since the hormonal patterns are altered in these situations, a woman may find it more difficult to interpret her fertility signs and must follow special rules to track her fertility. The specific rules used will depend upon the circumstances and the NFP method chosen. Calendar-based methods are <i>not</i> recommended for women in the situations mentioned above because many of these cycles are not ovulatory and are often very irregular, requiring prolonged required abstinence intervals, which may be difficult for many couples.</p> <p>1) World Health Organization and BLAT Centre for Health and Medical Education. Family fertility education: a resource package for teachers of Natural Family Planning Methods. Geneva: WHO, 1982.</p> <p>b) The higher range of failure rates of these methods may expose the user to an unacceptable risk of unintended pregnancy. (See Question 1)</p> <p>1) World Health Organization. Improving access to quality care in family planning: medical eligibility criteria for contraceptive use. Geneva: WHO, 1996.</p>

Q.3. Can women who have vaginal infections use NFP?

Recommendations	Rationale
<p>Calendar-based or BBT methods do not depend upon interpretation of cervical secretions and may be used if a woman is unable to interpret cervical mucus patterns.</p> <p>It is not recommended that women rely on the cervical mucus method (CMM) if they have an abnormal vaginal discharge.</p>	<p>Abnormal pathologic discharge interferes with a woman's ability to observe changes in cervical mucus patterns. If a woman has an abnormal discharge she should be referred to a health care provider for appropriate diagnosis and treatment. If possible, couples should abstain until treatment is complete, or be advised to use condoms to prevent re-infection. The male partner should also be treated at the same time, if required. Once the discharge has returned to normal, women can begin using the cervical mucus method.</p>

Q.4. Who can teach NFP?

Recommendations	Rationale
<p>NFP is best taught by experienced, qualified counselors who preferably have experience in observing their own fertility signs.</p>	<p>NFP counselors must be able to provide accurate information to couples throughout all the stages of a woman's life cycle. They must be able to observe, chart, and correctly interpret fertility indicators (e.g., physical signs, cycle length) and be able to teach this skill to others. Qualified NFP teachers must have good communication skills, and be able to follow-up clients as necessary until a couple becomes autonomous.</p> <ol style="list-style-type: none">1) World Health Organization. Natural family planning: a guide to provision of services. Geneva: WHO, 1988.

Q.5. How long does it take to learn NFP?

Recommendations	Rationale
a) Most women can learn to identify the fertile time within one to three cycles.	a) In a study conducted by the World Health Organization, 91% of subjects demonstrated a "good" or "excellent" grasp of the ovulation method after the initial cycle of charting, 94% after two cycles, and over 97% after three cycles. 1) World Health Organization. A prospective multicentre trial of the ovulation method of natural family planning. I. The teaching phase. <i>Fertility and Sterility</i> 1981;36(2):152-8.
b) The time required to teach NFP varies depending upon client needs and circumstances. Some programs use less than a week of instruction. Initial instruction in how to use NFP may be spread out over two to six weeks so that couples can practice observing fertility signs and charting over the course of at least an entire cycle.	b) Women who are in "special circumstances" – including those who are breastfeeding or postpartum – require more time to learn NFP. Teacher time may be made more efficient by teaching NFP in groups, or using videos to teach some of the material. 1) World Health Organization. <i>Natural family planning: a guide to provision of services</i> . Geneva: WHO, 1988. 2) Kass-Annese B, Aumack K, Goodman L. <i>Guide for natural family planning trainers</i> . Los Angeles, CA: Institute for International Studies in Natural Family Planning, 1990.

Q.6. What follow-up schedule is recommended?

Recommendations	Rationale
<p>A fixed follow-up schedule is not necessary. However, close supervision is required in the initial weeks and months of NFP use. Thereafter, less frequent visits are required, depending upon the individual needs of the clients. Most couples can become autonomous NFP users after charting for about four to six cycles.</p>	<p>The goal of NFP training is for couples to reach autonomy – the ability to correctly interpret the woman's fertility signs and avoid or achieve a pregnancy according to the couple's wishes. One comparative study shows that poor follow-up of clients leads to fewer couples becoming autonomous, while closer supervision leads to greater numbers of autonomous users. More research is required to determine optimal follow-up schedule in various settings.</p> <ol style="list-style-type: none">1) World Health Organization. Natural family planning: a guide to provision of services. Geneva: WHO, 1988.2) Kambic R, Gray R. Factors related to autonomy and discontinuation of use of natural family planning for women in Liberia and Zambia. American Journal of Obstetrics and Gynecology 1991;165:2060-2.

Q.7. What client counseling is required?

Recommendations	Rationale
a) Commitment by both the man and the woman is required for the effective use of NFP.	a) NFP is a "couple method" and requires good communication and cooperation between partners. NFP is not only a method of FP, but is also a method of self-knowledge and self-control, and mutual respect.
b) NFP requires the ability to observe and interpret fertility indicators accurately.	b) A couple must be willing to monitor the changes in the woman's fertility signs consistently so that the fertile time can be identified accurately.
c) NFP requires abstinence from vaginal intercourse for up to half the days of the menstrual cycle.	c) On average, most NFP methods require 10 to 12 days of abstinence per cycle. The length of abstinence depends upon the NFP method chosen and individual characteristics of the woman's cycle.
d) If the man or the woman abuses drugs or alcohol, the couple should be offered another method of FP.	d) If either the man or the woman abuses alcohol or drugs, it will be difficult for the couple to follow the rules of abstinence.
e) If the male partner is not interested in NFP, then the woman or couple should be informed of alternative methods.	e) NFP will not be effective in preventing unplanned pregnancy if the male partner is unwilling to accept abstinence during the fertile period. Such couples should be informed of other FP options.
f) If the man or the woman is at risk for acquiring or transmitting a sexually transmitted disease (STD), the couple should be counseled about risk factors for STD transmission.	f) NFP is not protective against STDs, and couples at risk should be informed that to reduce their risk, they should abstain or use condoms.

Q.8. Can a woman use NFP if she has irregular cycles?

Recommendations	Rationale
<p>a) Using Fertility Indicators?</p> <p>Yes. If the couple uses fertility indicators (such as cervical mucus and basal body temperature [BBT]) to identify the fertile time, then ovulation can be predicted and detected despite irregular menstrual cycles. Past cycle lengths do not influence the length of abstinence in the current cycle.</p> <p>b) Using a Calendar method based on a formula?</p> <p>For a woman with very irregular cycles, a calendar method based on a formula to predict the fertile time may be unacceptable due to the prolonged abstinence required.</p>	<p>a) Women with irregular menstrual cycles can still ovulate and be fertile. The fertile period in such women can only be identified by prospective NFP methods such as cervical mucus and BBT. In the presence of irregular cycles, the period of abstinence may be excessively long and unacceptable to some couples.</p> <p>b) In the absence of relatively regular cycles, it is impossible for a woman to predict the fertile days in her current cycle using the calendar method. As cycle length variation increases, the number of days of abstinence increases. The most common "rule" used to predict the fertile time using a formula is subtracting a certain number of days from the shortest cycle (usually subtract 18 to 20 days) and longest cycle (usually subtract eight to 10 days) lengths in the past 6 to 12 months. If, for example, the longest cycle is 45 days and the shortest cycle is 20 days, a couple would have to abstain for more than 30 days in the woman's current cycle.</p> <p>(NOTE: Cycle length is determined by starting to count on Day 1 of menses, and counting forward until the day before the next menses begins.)</p> <p>Prolonged abstinence may lead to increased risk taking, and greater risk of pregnancy if intercourse occurs during the fertile time.</p> <p>1) Lamprecht V, Grummer-Strawn L. Development of new formulas to identify the fertile time of the menstrual cycle. <i>Contraception</i> 1996;54(6):339-43.</p>

Recommendations	Rationale
<p>c) Using a Calendar method based on a "blanket" rule?</p> <p>Couples using a "blanket" (calendar) rule may be at increased risk for pregnancy if the woman has a very short or very long cycle.</p>	<p>c) When the fertile time is predicted using a "blanket" rule – in which a set number of days each cycle is identified as the fertile time – the length of abstinence is not increased if the woman has irregular cycles. An example of a "blanket" rule is if all couples abstain starting on Day 8 of the woman's cycle and resume vaginal intercourse on Day 21. Couples using this rule would abstain for 13 days each cycle, regardless of whether the woman has irregular cycles. However, in the presence of long and irregular cycles, it is very likely that the couple will have intercourse on a fertile day as ovulation usually occurs around two weeks before the next menstruation. Thus a woman with a 39 day cycle would resume intercourse on day 21 and probably ovulate around day 25.</p> <p>1) Lamprecht V, Grummer-Strawn L. Development of new formulas to identify the fertile time of the menstrual cycle. <i>Contraception</i> 1996;54(6):339-43.</p>

Q.9. Are there any risks, or harmful effects, of using NFP?

Recommendations	Rationale
a) No medical side effects are associated with the use of NFP.	a) No drugs or devices are used with NFP. Fertility awareness-based methods produce no medical side effects. However, periodic abstinence and fear of unplanned pregnancy may create tension and psychological stress in some couples. 1) Hatcher RA, Trussell J, Stewart F, Stewart GK, Kowal D, Guest F, et al. Fertility Awareness. In: Contraceptive Technology. New York: Irvington Publishers, 1994:327-40.
b) The best evidence indicates that there is no increased risk to the fetus associated with the use of NFP.	b) Recent studies show that there is no increased risk of spontaneous abortion, small birth size, low birth weight, or malformation to fetuses among users of NFP. 1) Gray R, Simpson J, Kambic R. Timing of conception and the risk of spontaneous abortion among pregnancies occurring during the use of natural family planning. American Journal of Obstetrics and Gynecology 1995;172(5):1567-72. 2) Castilla E, Simpson J, Queenan J. Down's syndrome is not increased in offspring of natural family planning users (case control analysis). American Journal of Medical Genetics 1995; 59(4):525.

Q.10. Can NFP be used to select the sex of a child?

Recommendations	Rationale
No, timing intercourse according to fertility indicators does not increase the chances of having a boy or a girl.	<p>A few NFP programs suggest that NFP can be used to increase the probability of conceiving a boy or girl. However, review of several scientific studies shows that the sex of a child cannot be reliably determined by timing intercourse.</p> <ol style="list-style-type: none">1) Gray R. Natural Family Planning and Sex Selection: Fact or Fiction? American Journal of Obstetrics and Gynecology 1991; 165(6 Part 2 Suppl):1982-4.

Q.11. Can NFP be combined with other methods?

Recommendations	Rationale
<p>Yes. By definition, NFP requires that only abstinence during the fertile time be used to avoid pregnancy. However, couples who know how to identify the fertile time may choose to use a barrier method or withdrawal during the fertile time. These alternative approaches are not NFP, but are referred to by different names, such as "fertility-awareness methods" or "mixed methods."</p> <ul style="list-style-type: none">● For example, women who wish to breastfeed can use the Lactational Amenorrhea Method (LAM) in lieu of, or before, using NFP. When the criteria for LAM use (see LAM chapter) are no longer met the woman can use NFP to identify her potentially fertile days.	<p>For couples who are not at risk for sexually transmitted diseases, an approach which combines the use of fertility awareness and barrier methods or withdrawal may increase the acceptability and effectiveness of these methods, since the use of other contraceptive methods is needed only when the woman is fertile. Further research is necessary to establish guidelines for combining fertility awareness and barrier method use.</p> <ol style="list-style-type: none">1) European Natural Family Planning Study Group. Prospective European multi-center study of natural family planning (1989-1992): interim results. <i>Advances in Contraception</i> 1993;9:269-83.2) Rogow D, Rintoul E, Greenwood S. A year's experience with a fertility awareness program: a report. <i>Advances in Planned Parenthood</i> 1980;15(1):27-33.3) Kennedy KI, Gross B, Parenteau-Carreau S, Flynn AM, Brown JB, Visness CM. Breastfeeding and the symptothermal method. <i>Studies in Family Planning</i> 1995; 26(2):107-15.

Classification of Selected Procedures for Natural Family Planning (NFP)

Procedure	Class	Rationale
Pelvic examination (speculum and bimanual)	C	<ul style="list-style-type: none"> ● A pelvic exam would only be indicated if a woman were unable to identify the fertile period after several cycles of NFP use. ● If she complains of abnormal vaginal discharge and wishes to use the CMM, a pelvic exam becomes Class A.
Blood pressure	C	Blood pressure screening is not needed for the safe use of NFP ¹ .
Breast examination	C	Breast cancer screening is not needed for the safe use of NFP ¹ .
Sexually transmitted disease (STD) screening by lab tests (for asymptomatic persons)	C	Clients at risk for STDs (by personal history or socio-demographic risk factors) should be offered STD screening where possible.
Cervical cancer screening	C	Cervical cancer screening is not needed for the safe use of NFP ¹ .
Proper infection prevention procedures	C	Beyond hand washing and personal hygiene, infection prevention procedures are not applicable to NFP use.
Specific counseling points for NFP: <ul style="list-style-type: none"> ● instructions for use and teaching points specific to the method ● signs and symptoms of fertility ● efficacy ● importance of partner cooperation ● STD protection (when/as appropriate) 	A	Accurate client education (training and counseling) is essential for couples to learn NFP methods and use them effectively (See Question 7).

KEY:

- Class A** = essential and mandatory or otherwise important in all circumstances, for safe and effective use of the contraceptive method
- Class B** = medically/epidemiologically rational in some circumstances to optimize the safe and effective use of the contraceptive method, but may not be appropriate for all clients in all settings
- Class C** = may be appropriate for good preventive health care, but not materially related to safe and effective use of the contraceptive method
- Class D** = not materially related to either good routine preventive health care or safe and effective use of the contraceptive method

Citations for Procedures Table:

- 1) World Health Organization. Improving access to quality care in family planning: medical eligibility criteria for contraceptive use. Geneva: WHO, 1996.