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GLOSSARY
OF
NATURAL FAMILY PLANNING
TERMS

FIRST EDITION
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Natural Family Planning

Methods for planning and preventing pregnancies by observation of the 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.

World Health Organization, 1982

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The Institute for International Studies in Natural Family Planning was established in 1985 by Georgetown University pursuant to a cooperative agreement with the United States Agency for International Development (USAID). This agreement represents the Institute's commitment to promote and support the development of effective research, training, communication, and service delivery programs in natural family planning and breastfeeding.

While the Institute for International Studies in Natural Family Planning is based in the Department of Obstetrics and Gynecology at the Georgetown University School of Medicine, the University of Pittsburgh Graduate School of Public Health and the Los Angeles Regional Family Planning Council are major collaborating institutions. In addition, the Institute cooperates with health institutions and professionals from developing countries supporting their natural family planning and breastfeeding development efforts.

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FOREWORD

The field of natural family planning involves individuals from the health, education, and social disciplines as well as community workers, religious counselors, and involved citizens. Despite their varying personal and professional experiences, these individuals share a common concern and responsibility for enhancing natural family planning services in their communities. This glossary provides a common terminology for everyone working in the field of natural family planning.

The glossary provides concise, working definitions of the most commonly used terms in natural family planning. It does not provide a complete list of all natural family planning terms, nor does it endorse a particular method. It has been developed especially for use by individuals in developing countries who are familiar with natural family planning methods and who have at least a primary education.

The glossary should complement other client education, training, and resource materials. Trainers and other users of this glossary should modify and adapt it as necessary to make it appropriate for local use.

The terms included in the glossary have been grouped into ten major sections. A quick review of the detailed table of contents will explain the organization of the glossary. The groupings are somewhat arbitrary, since few of the terms fit neatly under a single classification. An alphabetical index of all terms in the glossary is found at the end of the document.

This is the first edition of the Institute's *Glossary of Natural Family Planning Terms*. We welcome your comments and suggestions for making it a more useful resource to those working in natural family planning. If you would like to comment or recommend changes, please write to:

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I. TERMS SPECIFIC TO NATURAL FAMILY PLANNING

BASAL BODY TEMPERATURE (BBT)

The temperature of the body at rest. Because it rises slightly after ovulation, basal body temperature can indicate when ovulation has occurred. To obtain the basal body temperature chart, the woman records her temperature every day in the morning before beginning any activity. The temperature may be taken orally, rectally, or vaginally, but it must be taken in the same body location throughout any single menstrual cycle. (See Figure 5.)

BASAL BODY TEMPERATURE METHOD

A method of natural family planning that uses the woman's basal body temperature to identify the infertile phase of the menstrual cycle after ovulation has occurred. This information is used to plan intercourse and abstinence so as to achieve or to avoid pregnancy.

BIPHASIC TEMPERATURE

The common two-phase temperature pattern that is comparatively lower before ovulation and higher after ovulation.

COVER LINE

A line drawn on a basal body temperature chart to separate the lower temperature days that occur before ovulation from the higher temperature days that follow ovulation. A horizontal line—the cover line—is drawn about $.05^{\circ}\text{C}$ ($.1^{\circ}\text{F}$) above the highest point of the low phase temperatures.

FALSE TEMPERATURE RISE

A temperature rise due to causes other than ovulation, such as fever, restless sleep, or taking the temperature later than usual.

MONOPHASIC TEMPERATURE

A temperature pattern that does not show lower and higher temperature levels, usually indicating that ovulation has not occurred.

TEMPERATURE CURVE

A graph drawn on paper to show temperature variations during the menstrual cycle.

TEMPERATURE SHIFT (THERMAL SHIFT)

A shift in basal body temperature from the lower preovulatory level to the higher postovulatory level, indicating that ovulation has occurred. The shift usually ranges from about $.2^{\circ}\text{C}$ to $.5^{\circ}\text{C}$ ($.4^{\circ}\text{F}$ to 1°F).

THERMOMETER

A device to measure body temperature. Special expanded scale thermometers make it easier to measure basal body temperatures.

BILLINGS METHOD (See CERVICAL MUCUS METHOD)

BREASTFEEDING

The process in which the mother nourishes her infant with her breast milk.

EXCLUSIVE BREASTFEEDING

The infant receives only breast milk from its mother; no other liquids or solids are given. Mothers who exclusively breastfeed whenever the child demands feeding usually experience delayed ovulation, which in turn delays pregnancy. Some women experience an early return to fertility despite exclusive breastfeeding.

PARTIAL BREASTFEEDING

The infant is given liquids and solids in addition to breast milk. Mothers who partially breastfeed usually ovulate regularly. A woman cannot avoid pregnancy through partial breastfeeding alone.

CALENDAR METHOD (RHYTHM METHOD)

A traditional method of natural family planning. The fertile phase of the menstrual cycle is determined by calculating the length of at least six previous menstrual cycles. The beginning of the fertile phase is determined by subtracting 18 to 20 from the length of the shortest menstrual cycle. The end of the fertile phase is determined by subtracting 10 or 11 from the longest menstrual cycle. When used alone, the calendar method may be unreliable, especially for women with irregular menstrual cycles, and may be overly restrictive for some couples.

CERVICAL MUCUS METHOD (BILLINGS METHOD; OVULATION METHOD)

A method of natural family planning developed by Drs. John and Evelyn Billings. A woman determines her days of infertility, possible fertility, and greatest fertility by observing changes in her cervical mucus and sensations at the vulva. To avoid pregnancy, abstinence is practiced during the fertile period. The Billings Method refers to the "authentic" method as outlined and modified by Drs. Billings. Several adaptations of this method, and the rules for observing the mucus and practicing the method, have been developed. These modified, generic methods are referred to as cervical mucus methods.

BASIC INFERTILE PATTERN (BIP)

The pattern, observable by a woman, in which the vulva, prior to the beginning of the fertile phase, is characterized by a positive sensation of dryness with an absence of mucus or the presence of unchanging mucus discharge. During long cycles or long periods of anovulation, e.g. during breastfeeding, the BIP may last for several weeks or more.

FERTILE-TYPE MUCUS

Cervical mucus that is slippery, stretchy, and resembles raw egg white. A sensation of slipperiness is felt at the vulva. Fertile-type mucus appears around the time of ovulation; sperm can live and travel in this mucus for about three to five days.

INFERTILE-TYPE MUCUS

A thick and sticky cervical mucus that usually produces a sensation of dryness or stickiness in the vulvar area. Sperm cannot live or travel in this type of mucus.

CERVICAL PALPATION

A technique used by women, in conjunction with other fertility signs, to help identify the fertile and infertile phases of the menstrual cycle. The woman uses her index finger to assess the texture, position, and width of the opening of the cervix. During the fertile phase, the cervix becomes softer and moves up away from the vaginal opening, and the cervical os gradually becomes more open. During the infertile phase, the cervix becomes harder and closer to the vaginal opening, and the cervical os gradually becomes more closed.

COVER LINE (See BASAL BODY TEMPERATURE METHOD)

DRY DAYS

Days when no mucus or menstrual bleeding is felt or seen and the sensations at the vulva are dry.

EARLY DAY RULE

A set of instructions governing the use of the Billings ovulation method prior to the fertile phase which includes the recommendations to:

- Abstain during days of heavy menstrual bleeding;
- Restrict intercourse to alternate evenings during the basic infertile pattern; and
- Abstain on any day when a change in the basic infertile pattern occurs until the fourth consecutive evening.

FERTILE PHASE

The days of the menstrual cycle when sexual intercourse or genital contact are most likely to result in pregnancy. A woman is normally fertile for several days around the time of ovulation.

FERTILITY AWARENESS

Basic information and education on male and female reproductive anatomy and physiology as it relates to fertility; self-knowledge about how one's body works with reference to the fertile and infertile phases of the woman's cycle and the combined fertility potential of the woman and man.

INFERTILE PHASES

The phases of the menstrual cycle when pregnancy is least likely to occur.

POSTOVULATORY PHASE (LATE INFERTILE DAYS)

The infertile phase of the cycle after ovulation and before the next menstruation when pregnancy is least likely to occur.

PREOVULATORY PHASE (EARLY INFERTILE DAYS)

The days between menstruation and the onset of the fertile phase when pregnancy is unlikely to occur.

KEGEL EXERCISE

An exercise to contract and relax pelvic floor muscles. The Kegel exercise strengthens pelvic floor muscles and helps push semen and mucus down the vaginal canal to the vaginal opening. The exercise is also used to help women prepare for childbirth.

LUBRICATIVE SENSATION

The slippery and wet sensation at the vulva when fertile-type mucus is present.

MUCUS PLUG

The accumulation of infertile-type mucus in the opening of the cervix. The mucus plug usually impedes the passage of sperm through the cervix.

OVULATION METHOD (See CERVICAL MUCUS METHOD)

PEAK MUCUS SYMPTOM

The last day of wet, slippery mucus and the sensation of slipperiness at the vulva. This is the day when intercourse is most likely to result in pregnancy. In the Cervical Mucus Method, three days of abstinence are recommended after the peak mucus symptom day if pregnancy is to be avoided.

PERIODIC ABSTINENCE

Intentional avoidance of sexual intercourse on fertile days to prevent pregnancy.

PLANNED PREGNANCY

A pregnancy that is desired and sought before it occurs.

RHYTHM METHOD (See CALENDAR METHOD)

SPINNBARKEIT

The elastic, stretchy characteristic of fertile-type mucus.

SYMPTO-THERMAL METHOD

A method of natural family planning. Fertile and infertile days are identified by observing and interpreting cervical mucus, basal body temperature, and other signs and symptoms of ovulation. The other signs and symptoms include intermenstrual bleeding, breast tenderness, abdominal pain, cervical changes, and calendar calculations.

II. GENERAL FAMILY PLANNING TERMS

ABSTINENCE

Refraining from sexual intercourse.

BIRTH CONTROL (See FAMILY PLANNING)

COITUS INTERRUPTUS (WITHDRAWAL)

Sexual intercourse in which the penis is deliberately withdrawn from the vagina so that ejaculation occurs outside the vagina; commonly called withdrawal.

CONTRACEPTION

The conscious use by sexually active people of chemicals (spermicides), drugs (hormones), devices (condoms, diaphragms, intrauterine devices), surgery, or withdrawal to prevent pregnancy.

BARRIER METHODS

Devices such as the condom, diaphragm, cervical cap, or sponge used to prevent sperm from meeting with an ovum. Some methods prevent sperm from being deposited in the vagina or entering the cervix.

INJECTABLE CONTRACEPTIVES

Hormones (usually progestins alone, but sometimes with estrogens) injected into muscle to prevent conception. Their effects usually last a few months.

INTRAUTERINE DEVICE (IUD)

A device, usually made of plastic, often containing copper, inserted into the uterus to prevent pregnancy.

ORAL CONTRACEPTIVES

A pill containing hormones (estrogen and progestin) that is taken daily by mouth to prevent pregnancy, primarily by preventing ovulation.

SPERMICIDES AND CHEMICALS

Jelly, cream, suppositories, or foam that contain sperm-killing agents and are placed in the vagina to prevent conception. Sometimes used in combination with barrier methods.

STERILIZATION

A surgical procedure to cause sterility: in the male, vasectomy; in the female, tubal ligation or occlusion. Some newer methods are non-surgical.

FAMILY PLANNING

Methods used by sexually active people to prevent, space, or achieve pregnancy in order to attain the desired family size.

NATURAL FAMILY PLANNING (NFP)

Methods for planning and preventing pregnancies that are based on observing the naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle. To avoid pregnancy, couples using natural family planning methods abstain from intercourse during the fertile phase of the woman's menstrual cycle. No drugs, devices, or surgical procedures are used to prevent pregnancy. When sexual intercourse occurs, it is always complete. Natural family planning methods include the Cervical Mucus or Billings Ovulation Method, Breastfeeding, the Calendar Method, and the Sympto-Thermal Method (see Section I, Terms Specific to Natural Family Planning).

TRADITIONAL METHODS

Family planning methods which have been practiced by couples for many generations. Coitus interruptus (withdrawal) and abstinence for varying periods of time after pregnancy are traditional methods of family planning. Some societies consider the use of various herbs and plants to be traditional methods.

III. HUMAN REPRODUCTION

ADOLESCENCE

The years from puberty to adulthood; usually the middle to late teen years.

CLIMACTERIC (MENOPAUSE)

The transitional phase in middle age when the ability to reproduce gradually ends. Changes in hormones and the reproductive organs cause physical and mental changes in women and men. The climacteric often refers to the bodily and mental changes that accompany the end of menstruation in women.

FERTILITY

The ability to reproduce: the ability of a man to father a child and of a woman to conceive and carry a pregnancy to live birth.

GLAND

An organ of the body that produces chemical substances, including hormones.

GONADS

The primary sex glands: the ovaries in the female and the testes in the male.

HYPOTHALAMUS

A part of the brain located just above the pituitary gland that controls several functions of the body. The hypothalamus produces hormones that influence the pituitary gland and regulate the growth and activity of the gonads.

INFERTILITY

The inability to reproduce: the inability of a man to father a child or of a woman to conceive and carry a pregnancy to live birth.

PITUITARY GLAND

A pea-sized structure at the base of the brain that produces a number of hormones, including those that control the functions of the testes and the ovaries and influence the production of breast milk.

PUBERTY

The period when the ability to reproduce is first established: the genital organs become mature and secondary sex characteristics appear. In the male, the testes mature, the voice changes, and facial and body hair appear. In the female, breasts develop, underarm and pubic hair appear, and the first menstruation occurs.

IV. FEMALE REPRODUCTIVE ANATOMY

BARTHOLIN'S GLANDS

Two small fluid- and mucus-producing glands located at the base of the vaginal opening. During sexual arousal, these glands produce a few drops of liquid that act as lubrication of the woman's vulva. (See Figure 1.)

BLADDER

A muscular sac in the pelvic cavity in which urine is stored. (See Figure 2.)

CERVICAL CRYPTS

Pockets in the cervical canal that contain mucus-producing cells and store sperm. (See Figure 3.)

CERVICAL OS

The opening of the cervix.

CERVIX

The narrow bottom part or neck of the uterus. Located in the back of the vagina. (See Figures 2 and 3.)

CLITORIS

A sensitive external organ located just above the urinary opening (urethra). Responds to sexual stimulation by becoming firm and enlarged. (See Figure 1.)

CORPUS LUTEUM

A small yellow gland that develops in the ovarian follicle after ovulation. It secretes the hormone progesterone. (See Figure 3.)

ENDOMETRIUM

The inner lining of the uterus composed mostly of functioning tissue, mucus, and blood that develops during each menstrual cycle in response to female sex hormones. In pregnancy the early embryo implants in the endometrium. If no pregnancy occurs, part of the endometrium is shed during menstruation. (See Figures 3 and 5.)

FALLOPIAN TUBES

Two tubes that extend toward the ovaries from the upper sides of the uterus. After ovulation, the ovum passes from the ovary into the fallopian tubes. Following intercourse, spermatozoa travel through the uterus and into the fallopian tubes, where fertilization normally occurs. The fertilized egg normally travels through the fallopian tube and implants in the uterus. (See Figures 2 and 3.)

FIMBRIA (Plural: FIMBRIAE)

The end of the fallopian tube near the ovary. The fimbriae pick up the egg after ovulation. (See Figure 3.)

FOLLICLE

A temporary, fluid-filled structure within the ovary that contains an ovum. (See Figure 3.)

GENITALIA

The reproductive organs. Sometimes the term is used to refer to the external reproductive organs. (See Figures 1 and 2.)

HYMEN

A thin membrane that partially covers the entrance to the vagina. (See Figure 1.)

LABIA

Folds of skin that form the inner (labia minora) and outer (labia majora) lips on both sides of the vaginal opening. (See Figure 1.)

MONS VENERIS (See PUBIS)

OVARIES

The female gonads above the uterus that produce ova and hormones that control female reproduction and secondary sexual characteristics. (See Figures 2 and 3.)

OVUM (Plural: OVA)

The mature female reproductive cell. Also known as egg. (See Figure 3.)

PELVIC CAVITY

The lower portion of the body surrounded by the hips and containing reproductive and other organs. (See Figure 2.)

PERINEUM

The external region between the back of the vulva and the anus. (See Figure 1.)

PREPUCE

A fold of skin that covers the clitoris in women and the penis in men (see FORESKIN, Male Reproductive Anatomy). (See Figure 1.)

PUBIS (MONS VENERIS)

The soft, fatty pad of tissue located over the pubic bones in front of the lower part of the pelvic cavity. (See Figure 1.)

URETHRA

The tube that carries urine from the bladder to the outside of the body. (See Figures 1 and 2.)

UTERUS

The muscular reproductive organ located in the pelvic cavity between the vagina and the fallopian tubes. During pregnancy the uterus contains the developing organism. Also known as the womb. (See Figures 2 and 3.)

VAGINA (BIRTH CANAL)

The stretchable canal extending from the vulva to the cervix. (See Figures 2 and 3.)

VULVA

The external reproductive organs of the female. (See Figure 1.)

V. FEMALE REPRODUCTIVE PHYSIOLOGY

Sequence of Embryonic Development

*Gamete
Fertilization
Fertilized Egg
Blastocyst
Embryo
Fetus*

BLASTOCYST

The fertilized ovum at a very early stage of development before implantation.

CERVICAL MUCUS

A fluid of varying consistency produced by the cells in the cervical crypts. The secretion of cervical mucus is controlled by estrogen and progesterone.

COLOSTRUM

The "first milk" produced by the breast immediately after delivery and occasionally in late stages of pregnancy. The colostrum contains a high amount of protein, vitamins, minerals, and antibodies that stimulate the baby's intestines and help the baby to resist disease.

CONCEPTION

The act of becoming pregnant. See FERTILIZATION.

EMBRYO

The developing organism from conception to about the eighth week of pregnancy.

FERTILIZATION

The process of uniting the sperm and ovum. Fertilization normally occurs in the outer third portion of the fallopian tubes.

FERTILIZED EGG

The ovum after it has united with sperm at which time the organism undergoes cell division and growth.

FETUS

The developing offspring from embryo to birth.

FOLLICULAR PHASE

The period of time in the menstrual cycle that begins on the first day of menstruation and ends at ovulation. (See Figure 5.)

GAMETE

The mature reproductive cell: in the female, the ovum; in the male, the sperm.

GESTATION

The period of development of the new organism from conception to the end of pregnancy and birth.

IMPLANTATION

The normal process in which the blastocyst becomes attached to the endometrium. In abnormal situations, the blastocyst may attach itself to the fallopian tubes, or less frequently, to organs within the abdominal cavity, threatening the mother's life by hemorrhage when the placenta grows into a blood vessel.

LACTATION

The production and release of milk from the breast after childbirth.

LOCHIA

The discharge from the uterus of blood, mucus, and tissue during the first weeks following childbirth.

LUTEAL PHASE

The period of time in the menstrual cycle, usually lasting about 10 to 16 days, that begins at ovulation and ends on the day before the next menstruation begins. (See Figure 5.)

SHORT LUTEAL PHASE

An interval of less than 10 days between the estimated time of ovulation and the beginning of the next menstruation.

LONG LUTEAL PHASE

An interval greater than 16 or 18 days between the estimated time of ovulation and the beginning of the next menstruation.

MENARCHE

The first menstruation.

MENOPAUSE (CLIMACTERIC)

The end of menstruation, which is usually considered permanent when there is no menstruation for 12 months. During premenopause fertility gradually ceases, menstrual cycles may vary greatly in length and fertile mucus becomes less frequent. Some women experience hot flashes as part of the physical and mental changes associated with menopause. The menopause signals the end of ovarian function. Often called the climacteric.

HOT FLASHES

A hot or warm sensation that starts in the chest area and moves to the head and lasts about two minutes.

PREMENOPAUSE

The transitional stage when a woman passes from a normal reproductive state to menopause.

MENSTRUAL CYCLE

The entire cycle of physical changes from the beginning of one menstruation to the beginning of the next. During this period hormones produced by the ovaries cause the endometrium to shed and develop anew.

MENSTRUAL CYCLE, LENGTH OF

The number of days from the first day of menstrual bleeding (day 1) up to but not including the first day of the next menstrual bleeding. The cycle usually lasts from 22 to 35 days, but this may vary more for some women. Very long or very short cycles are frequently anovulatory.

MENSTRUATION (MENSES)

The cyclic discharge of the lining of the endometrium (menstrual blood, cellular debris, and mucus) that occurs about two weeks after ovulation if the woman is not pregnant. (Also called menses or period.)

OVULATION

The process in which the ovum is released from the mature ovarian follicle. Ovulation usually occurs 10 to 16 days before the next menstruation. The ovum is capable of being fertilized for about 10 hours after ovulation but probably no more than 24 hours.

DOUBLE OVULATION

The release of two separate eggs in one menstrual cycle. Normally both eggs are released within a 24-hour period.

EARLY OVULATION

Release of the ovum earlier in the cycle than usual or anticipated.

MITTELSCHMERZ

The abdominal or pelvic discomfort or pain experienced by some women around the time of ovulation.

POSTPARTUM PERIOD (PUERPERIUM)

The six to eight week period immediately after childbirth when the uterus returns to a nonpregnant state.

PREGNANCY

The state of a female after she has conceived until she gives birth.

VI. MALE REPRODUCTIVE ANATOMY

BLADDER

A muscular sac in the pelvic cavity in which urine is stored. (See Figure 4.)

COWPER'S GLAND

Two glands located near the prostate gland that produce a small amount of clear, sticky fluid. The fluid is released into the urethra prior to ejaculation. The fluid changes the environment of the urethra to enable sperm to live as they pass through it. (See Figure 4.)

EPIDIDYMIS

The beginning of the sperm duct which is attached to the testicles. Sperm are stored, matured, and transported in the epididymis. (See Figure 4.)

FORESKIN (PREPUCE)

The skin that loosely covers the tip of the penis in males and the clitoris in females. Foreskin is the term most commonly used in males. Circumcision involves the removal of the foreskin. (See PREPUCE, Female Reproductive Anatomy.) (See Figure 4.)

GAMETE

The mature reproductive cell: in males the sperm; in females the ovum.

GENITALIA

The reproductive organs. (See Figure 4.)

PENIS

The external male reproductive organ through which semen and urine pass. (See Figure 4.)

PROSTATE

A male reproductive gland that produces most of the semen. The prostate gland surrounds the lower part of the bladder and the upper urethra. (See Figure 4.)

SCROTUM

The sac below the penis that contains the testes. (See Figure 4.)

SEMEN

The fluid ejaculated from the penis. Semen consists primarily of liquid from the prostate gland and from the seminal vesicles and normally contains sperm.

PRE-EJACULATORY FLUID

A small amount of fluid that is discharged involuntarily from the penis during sexual excitement. This fluid may contain sperm.

SEMINAL VESICLES

Two sac-like male reproductive glands that produce seminal fluid, a component of semen. They are located behind the prostate gland and are attached to the vas deferens. (See Figure 4.)

SPERM (SPERMATOZOON, Plural: SPERMATOZOA)

The mature male reproductive cell.

TESTES (TESTICLES)

A pair of male gonads located in the scrotum that produce sperm and hormones; also known as testicles. (See Figure 4.)

URETHRA

A tube that carries urine and semen from the bladder through the penis to the outside of the body. (See Figure 4.)

VAS DEFERENS (SPERM DUCTS)

A pair of tubes between the testes and the prostate gland that serve both as a storage area and as a passageway for sperm. (See Figure 4.)

VII. HORMONES OF THE REPRODUCTIVE SYSTEM

ANDROGENS

The hormones that produce masculine sex characteristics.

TESTOSTERONE

The primary male hormone produced mainly by the testes. It influences the development of male sexual characteristics and reproductive organs.

ESTROGENS

A group of female sex hormones produced mainly by the ovaries. Estrogen stimulates the development and function of the female reproductive system, including the growth of the endometrium after menstruation and the production of fertile-type mucus in the cervix. (See Figure 5.)

GONADOTROPIN-RELEASING HORMONE

A chemical substance produced by the hypothalamus in the brain. It stimulates the pituitary gland to produce and release gonadotropin.

GONADOTROPINS

The hormones produced by the pituitary gland that regulate the growth and activity of the gonads (testes and ovaries). (See Figure 5.)

FOLLICLE-STIMULATING HORMONE (FSH)

A chemical substance produced in the pituitary gland of males and females that regulates maturation of the spermatozoa and ova.

LUTEINIZING HORMONE (LH)

A chemical substance produced in the pituitary gland of males and females. It is responsible for ovulation and the development of the corpus luteum in the female and the production of testosterone in the male.

HORMONE

A chemical substance that is usually produced and released by a gland. Hormones circulate in the blood and affect different body functions.

PROGESTERONE

One of the two major female sex hormones, produced primarily by the corpus luteum. Progesterone stimulates the development of the endometrium to make it ready for implantation. It also is responsible for the rise in basal body temperature and the change of fertile-type mucus to infertile-type mucus after ovulation. (See Figure 5.)

PROLACTIN

A hormone produced by the pituitary gland that causes the breasts to produce milk. High levels of prolactin are usually associated with menstrual irregularities and even infertility.

VIII. DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM

AMENORRHEA

The absence of menstruation.

AMENORRHEA, POSTPARTUM

The temporary absence of menstruation during the postpartum period. Also called lactational amenorrhea.

AMENORRHEA, PRIMARY

The complete absence of menstruation after puberty in an apparently healthy woman.

AMENORRHEA, SECONDARY

The absence of menstruation for at least three months in a woman who has previously menstruated and who is not pregnant or breastfeeding.

ANOVULATION

The absence of ovulation.

CERVICAL EVERSION

A condition of the cervix in which the edges turn outward and a continual discharge may occur.

DYSMENORRHEA

The pain associated with menstruation.

ECTOPIC PREGNANCY

An implantation of the fertilized ovum outside of the uterus; usually occurs in the fallopian tube.

ENDOMETRIOSIS

A disease in which tissue resembling the lining of the uterus (endometrium) grows in other locations outside the uterus, e.g., the pelvic cavity.

HYSTERECTOMY

The surgical removal of the uterus.

INTERMENSTRUAL BLEEDING

The appearance of bleeding, spotting, or of a brownish mucus discharge between two menstrual periods. It may be associated with ovulation or may indicate the need for a medical assessment.

LEUKORRHEA

A whitish, yellowish, or greenish discharge from the vagina that is often a symptom of a vaginal infection.

MISCARRIAGE (SPONTANEOUS ABORTION)

The premature and spontaneous expulsion of the embryo or fetus from the uterus.

PRE-MENSTRUAL SYNDROME (PMS)

Undesirable physical and emotional symptoms experienced by some women before menstruation occurs. PMS symptoms include irritability, tension, bloating, breast tenderness, fatigue, anxiety, and depression.

SMEGMA

A white, cheese-like, and foul-smelling substance that accumulates under the foreskin in the male and between the labia majora and labia minora in the female.

SPONTANEOUS ABORTION (See MISCARRIAGE)

SPOTTING

A very small amount of bleeding from the vagina.

VAGINAL DISCHARGE

The discharge of fluids and cells other than menstrual bleeding from the vagina.

VAGINAL INFECTIONS

Any bacterial or viral growth in the vagina.

VAGINITIS

An inflammation of the vagina; caused by an infection or an irritation.

IX. SEXOLOGY

CLIMAX

The highest point of sexual excitement; results in contractions of some of the reproductive organs. (See ORGASM)

COITUS (SEXUAL INTERCOURSE)

The physical union of male and female genitalia when the penis enters into the vagina; also known as sexual intercourse.

EJACULATION

The release of semen from the penis, usually at the time of orgasm.

ERECTION

The enlargement and stiffening of the penis, usually an indication of sexual arousal. A necessary precondition to intercourse.

FOREPLAY

A stage of lovemaking which results in sexual arousal.

GENTIL CONTACT

Any contact of the penis with the vulva.

IMPOTENCE

The inability of a man to achieve or to sustain an erection.

LIBIDO

A conscious or unconscious sexual desire.

ORGASM

The highest point of sexual excitement and pleasure in the female and male; usually associated with ejaculation in the male.

SEXUAL AROUSAL

The state of heightened sexual feelings.

SEXUAL INTERCOURSE (See COITUS)

SEXUALITY

A man or woman's sexual characteristics and behavior as a male or female at the physiological, psychological, and emotional levels.

WITHDRAWAL (See COITUS INTERRUPTUS)

X. PROGRAM EVALUATION

ACCEPTOR (NFP ACCEPTOR)

A client who has been instructed in natural family planning methods and has begun charting or making note of her fertility sign(s).

AUTONOMOUS USERS

A couple in which the woman can confidently identify the beginning and end of her fertile phase and the couple uses this knowledge to plan their sexual behavior.

CLIENT

A woman or couple registered in a natural family planning program. Three types of clients are usually recognized:

- *Achievers*, couples using NFP to try to achieve pregnancy.
- *Avoiders*, couples using NFP with periodic abstinence to space or limit their family size.
- *Learners*, people who are learning the method because they are considering becoming users or because they wish to learn about their own reproductive functions.

DROPOUTS (DISCONTINUERS)

Clients who are no longer active in a specific (natural family planning) program or are no longer using a natural family planning method.

EFFECTIVENESS

A measure of how well a particular family planning method reduces the risk of an unplanned pregnancy.

METHOD EFFECTIVENESS (THEORETICAL EFFECTIVENESS)

A measure of how well a method prevents pregnancy when it is consistently and correctly used.

USE-EFFECTIVENESS

A measure of how well a method prevents pregnancy under conditions of usual practice. The use-effectiveness rate refers to the number of pregnancies occurring among 100 women for one year as a result of the method itself (method-related) and incorrect method use. Incorrect method use in natural family planning may be due to incorrect teaching or misunderstanding of method rules (teaching related), or lack of adherence to the rules (i.e., abstinence during the fertile phase), despite the couple's stated intention to avoid pregnancy ("informed choice").

EVALUATION

A process for assessing the worth of any given product, activity, or program and for determining whether the stated goals and objectives of a program have been met. The purpose is to decide if improvements are needed or which approach is most effective.

FOLLOW-UP

The provision of assistance and reinforcement to a client to assure that the client is using the method correctly. Follow-up is used to provide additional information and counseling and to obtain information about the clients for the program.

LIFE TABLE ANALYSIS

A method of measuring the effectiveness of a family planning method over time. The life table rate provides the probability that an unplanned pregnancy, dropout, or some other event will occur over a given period of method use.

PEARL INDEX

A method of measuring the effectiveness of a family planning method. It projects the number of unplanned pregnancies that would occur among 100 women using a specific method for one year.

PROGRAM EFFECTIVENESS

A measure of the success of a program in achieving its stated objectives.

REGISTRANT

A person who has indicated interest in using natural family planning but who has not yet begun receiving instruction.

TARGET POPULATION

The specific population that the program is designed to service.

UNPLANNED PREGNANCY

A pregnancy that occurs despite the use of a family planning method to avoid pregnancy.

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FIGURES

FIGURE 1: Female External Genitalia or Vulva

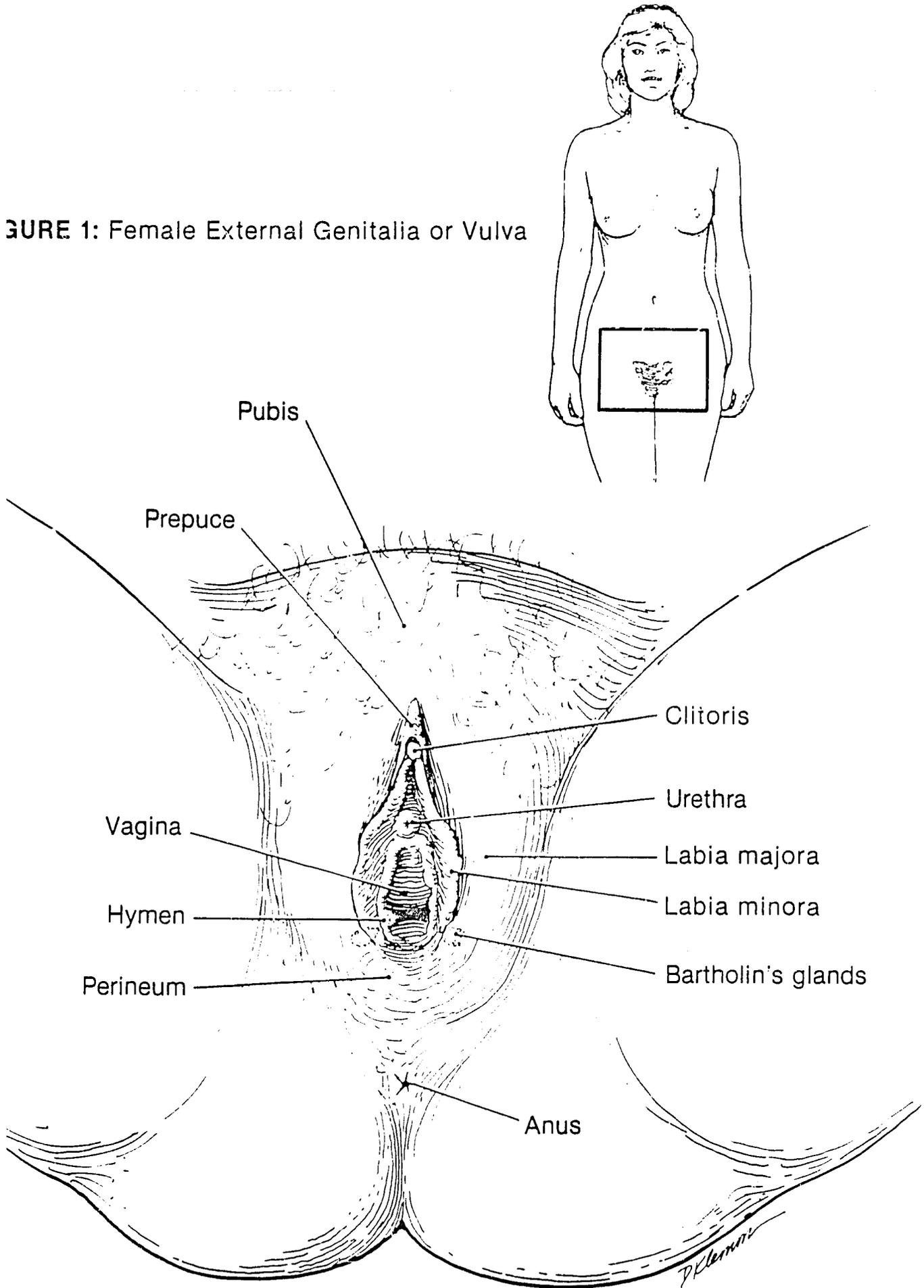


FIGURE 2: Side View of
Female Reproductive Organs

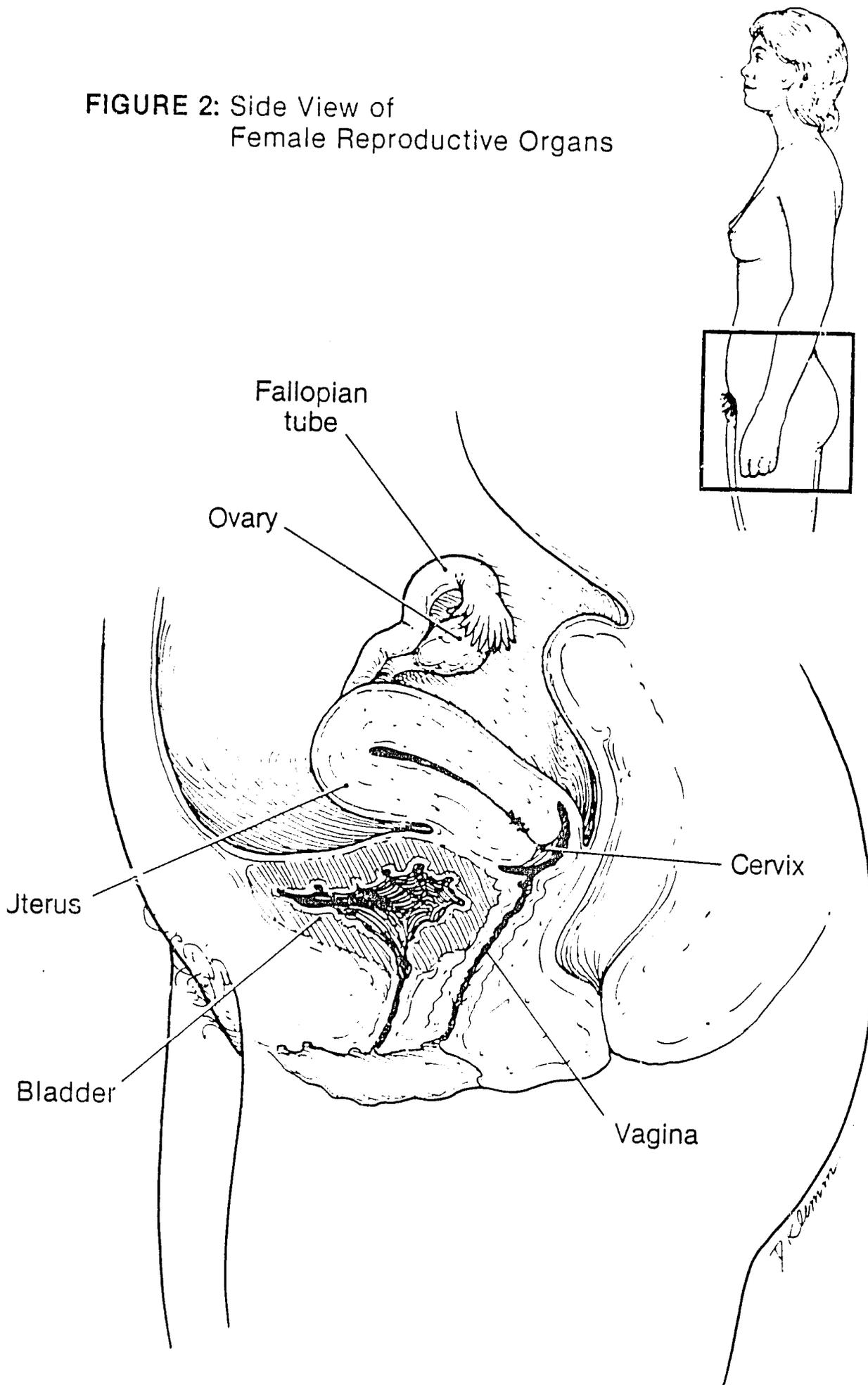


FIGURE 3: Frontal View of Female Reproductive Organs

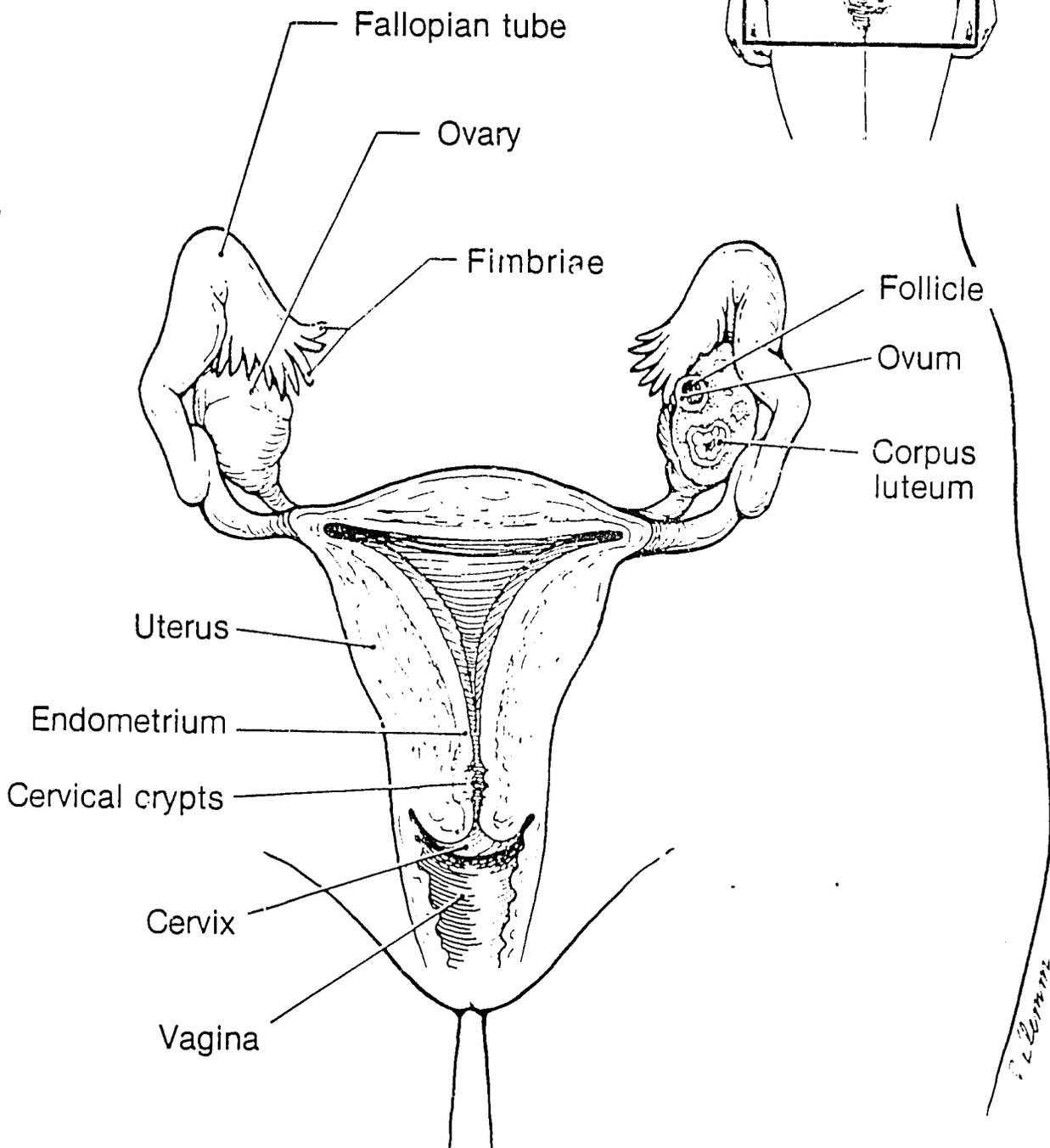
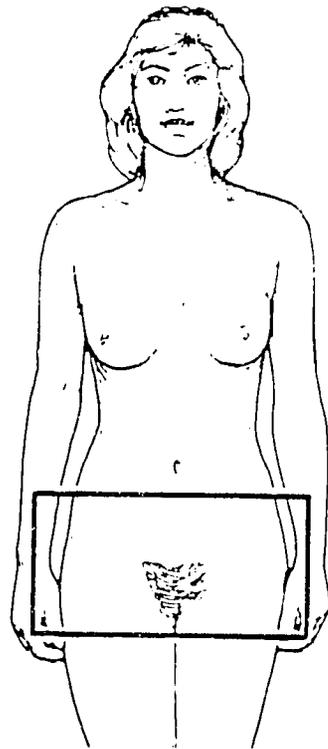


FIGURE 4: Side View of Male Reproductive System

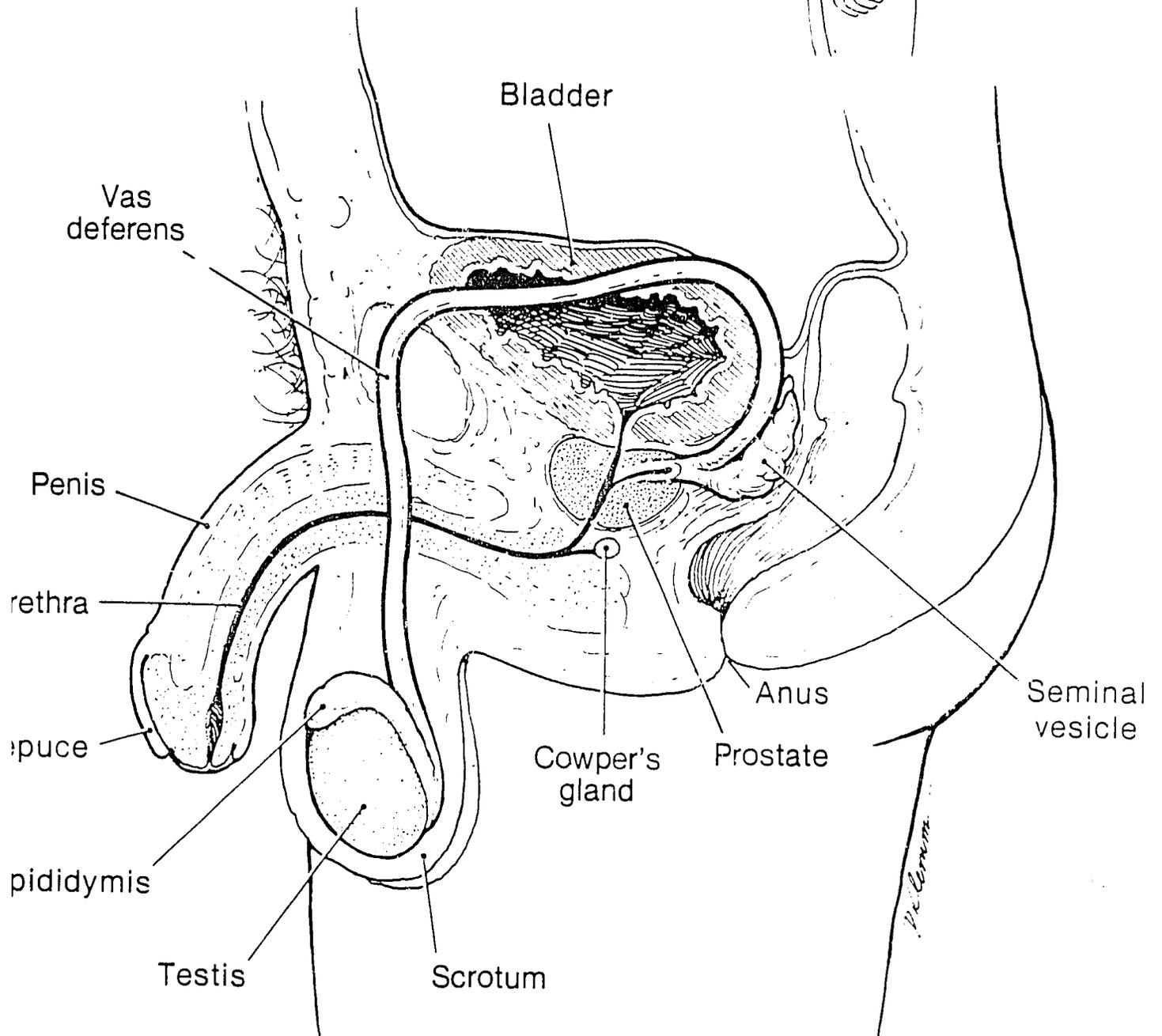
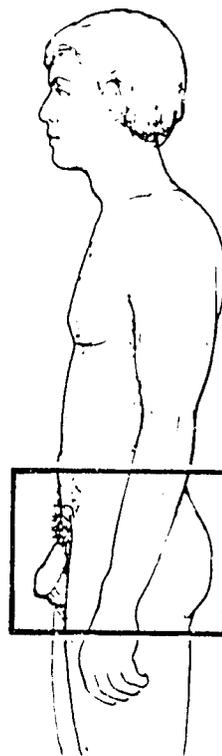
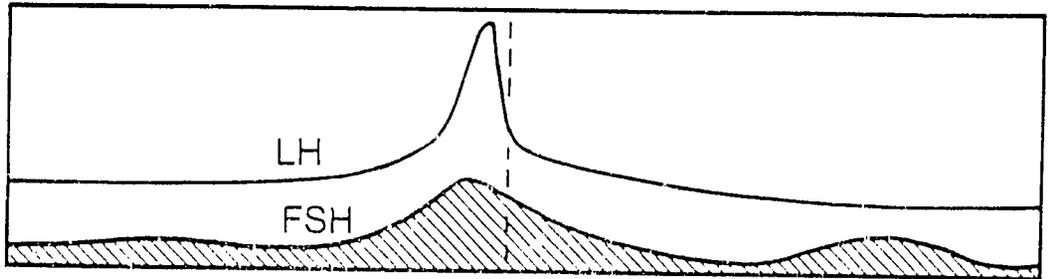
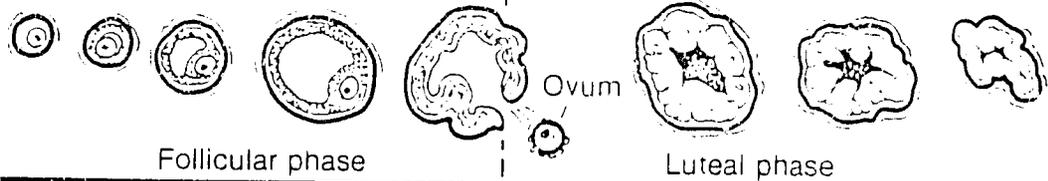


FIGURE 5: The Menstrual Cycle

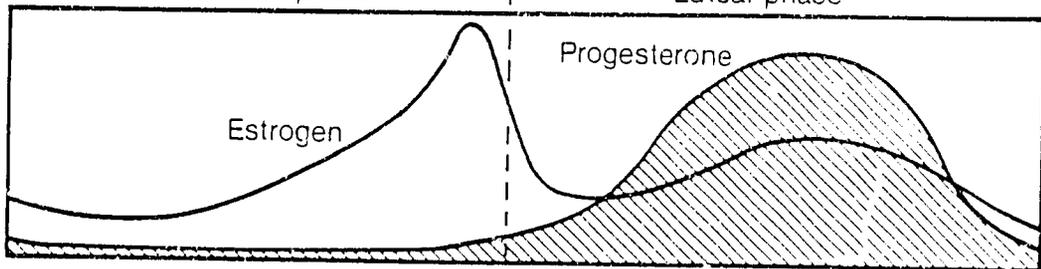
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Hormone levels—gonadotropins



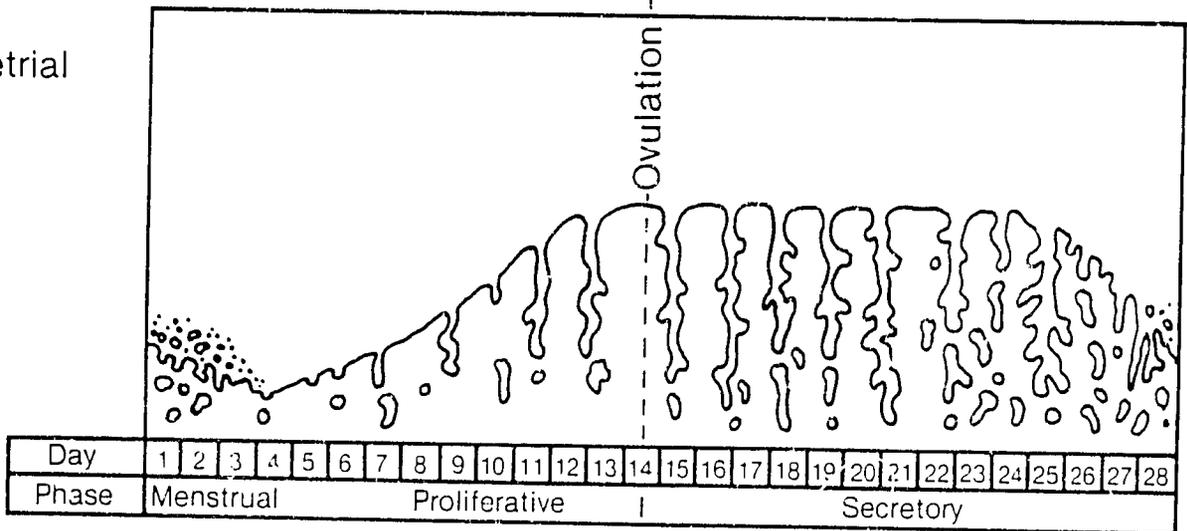
Ovary:
Ovum development



Ovary:
Steroid hormone levels



Uterus:
Endometrial growth



Cervical mucus



Basal body temperature

