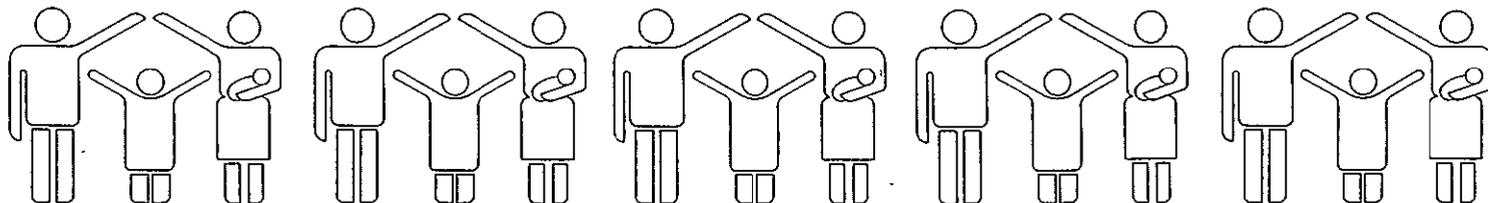


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ISBN 98761

INSTITUTE FOR REPRODUCTIVE HEALTH



• Natural Family Planning

• Breastfeeding

• Reproductive Health Research

DRAFT

GLOSSARY

OF

NATURAL FAMILY PLANNING TERMS

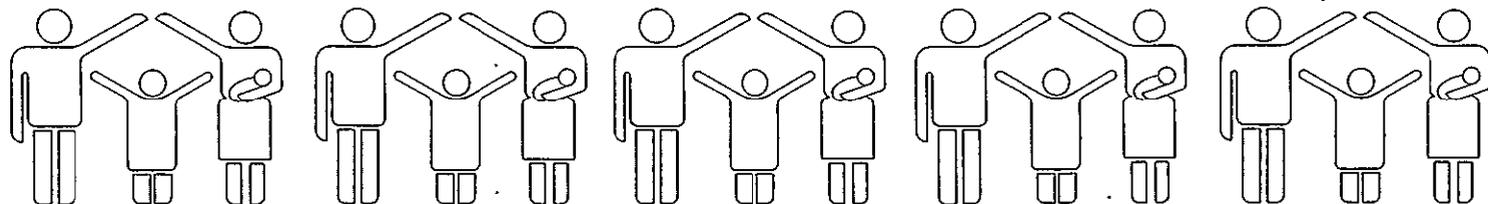
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SECOND EDITION

1993



GEORGETOWN UNIVERSITY • WASHINGTON, D.C.

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 inter-course during the fertile phase if pregnancy is to be avoided.

World Health Organization, 1982

The Institute for Reproductive Health was established in 1985, originally as the Institute for International Studies in Natural Family Planning in the Department of Obstetrics and Gynecology at the Georgetown University School of Medicine. The Institute's goal is to improve fertility awareness and the acceptability, availability, and effectiveness of natural family planning as well as to increase the availability and acceptability of optimal breastfeeding with a focus on its fertility impact. The Institute collaborates with professionals and institutions in both developed and developing countries to support and conduct effective research, training, communication, and service delivery programs in natural family planning and breastfeeding.

This publication was supported by the United States Agency for International Development under cooperative agreement DPE-3061-A-00-1029-00. The contents of this document do not necessarily reflect the views or policies of the Agency for International Development or Georgetown University.

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FOREWORD

The field of natural family planning (NFP) involves individuals from the health, education, and social science 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 NFP services in their communities. In 1988 the Institute for Reproductive Health (then called the Institute for International Studies in Natural Family Planning), published a glossary to provide a common terminology for everyone working in the field of NFP. This second edition of the *Glossary of Natural Family Planning Terms* builds on this effort.

This glossary provides concise, working definitions of the most commonly used terms in NFP. It does not provide a complete list of all NFP terms, nor does it endorse a particular method. The second edition adds terms related to breastfeeding, particularly the Lactational Amenorrhea Method, and to the monitoring and evaluation of NFP programs. It also introduces the Client Based NFP Learning Model.

This 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.

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

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ACKNOWLEDGEMENTS

The First Edition of the *Glossary of Natural Family Planning Terms* was a production of the Institute for International Studies in Natural Family Planning. The authors of the first edition, and their current affiliations, are:

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The reviewers of the first edition, and others who made valuable contributions to the first edition were:

Kathleen Dorairaj, M.D.
New Delhi, India

Herve Juste
Mauritius

Suzanne Parenteau-Carreau, M.D.
Montreal, Canada

Aurora Guzman-Villareal, M.D.
Mexico

John W. Kweri
Nairobi, Kenya

Mary Shivanandan
Bethesda, Maryland

Maria Veronica Wonga, M.D.
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The second edition is a production of the Institute for Reproductive Health. It maintains the terms from the first edition and adds terms related to breastfeeding and fertility as well as to the monitoring and evaluation of NFP programs.

The Institute wishes to express its appreciation for their valuable contributions to:

Faculty of the Institute:

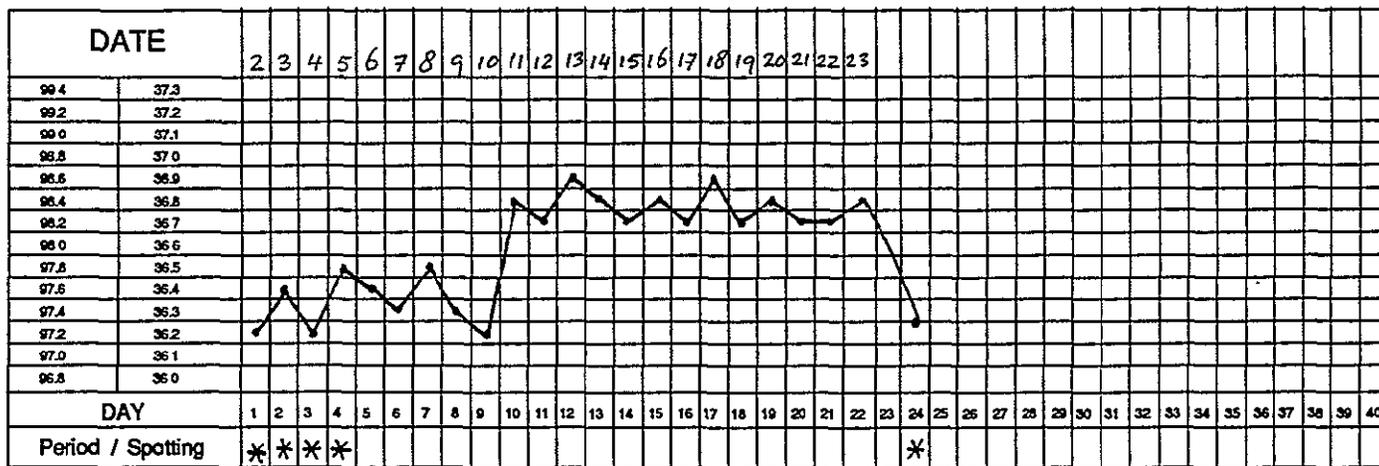
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John T. Queenan, M.D.

Institute consultants, Mary Beth Moore and Lena Steckel Frumin, were instrumental in the development of the second edition.

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.



BASAL BODY TEMPERATURE METHOD

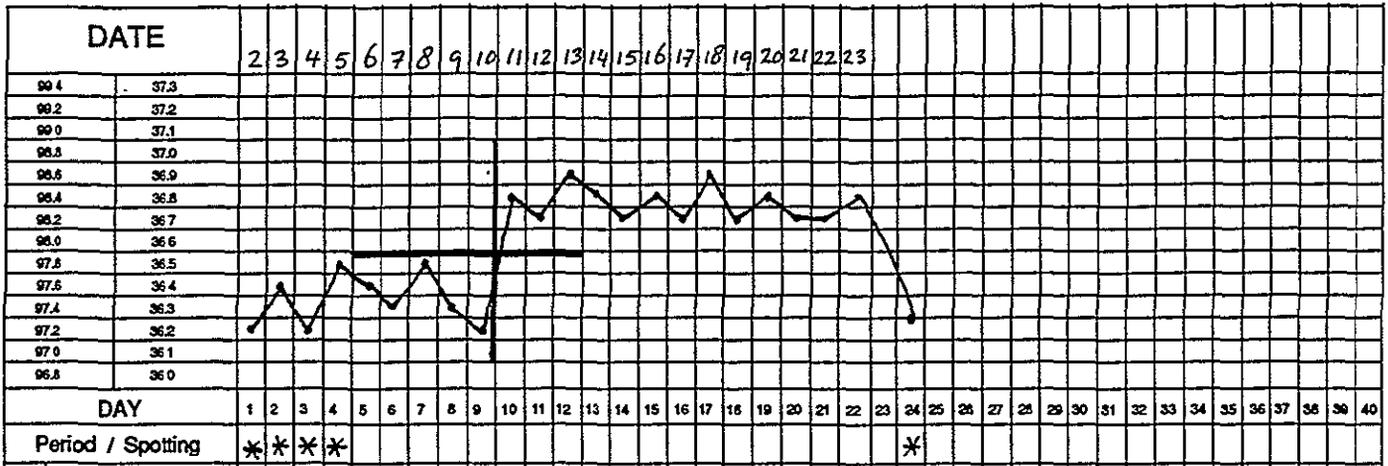
A method of NFP that uses the woman's basal body temperature to identify the infertile phase of the menstrual cycle after ovulation has occurred. This information is used to plan intercourse and abstinence so as to achieve or to avoid pregnancy.

BIPHASIC TEMPERATURE

The common two-phase temperature pattern that is comparatively lower before ovulation and higher after ovulation. (Notice the two phases of temperature in the chart above.)

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° (.1°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 ° C to .5 ° (.4 ° 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

Generally, this term refers to the way in which a child is fed with human milk directly from the mammary gland, or breast. The term "breastfeeding" alone, however, is insufficient to describe the numerous patterns of breastfeeding behavior; therefore, the following nomenclature has been developed to assist researchers and agencies in using consistent terminology and to serve as a framework upon which to build more comprehensive definitions of breastfeeding behaviors.

FULL BREASTFEEDING

The baby is fed with mother's milk, with no additional liquid or solid food. This category of breastfeeding is further defined into two categories:

EXCLUSIVE BREASTFEEDING

No other liquid or solid is given to the infant.

ALMOST EXCLUSIVE BREASTFEEDING

Vitamins, minerals, water, juice, or ritualistic feeds are given infrequently in addition to breastfeeds (no more than one or two swallows, not more than once a day). This definition is an important adjunct to the "exclusive" definition since even minimal supplements have an effect on morbidity, nutritional status, and mortality in infants.

PREDOMINANTLY BREASTFEEDING

This term was developed by the World Health Organization to describe a situation in which breastmilk is the only milk or solid given to the infant, but the infant may receive unlimited quantities of any other liquids (water, water-based drinks, fruit juice, oral rehydration solution). The infant receives no solid supplement.

PARTIAL BREASTFEEDING

Partial breastfeeding includes three levels of feeding: high (more than 80% of feeds are breastfeeds), medium (20-80% of feeds are breastfeeds), and low (less than 20% of feeds are breastfeeds). Generally, the child is given liquids and/or solids in addition to breast milk.

TOKEN BREASTFEEDING

The breast is used primarily for infant or child comfort and consoling, not for major nutritive purposes. Token breastfeeding is irregular and minimal, thereby distinguishing this category from "low partial."

CALENDAR METHOD (RHYTHM METHOD)

A method in which 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 21 from the length of the shortest menstrual cycle. The end of the fertile phase is determined by subtracting 9 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.

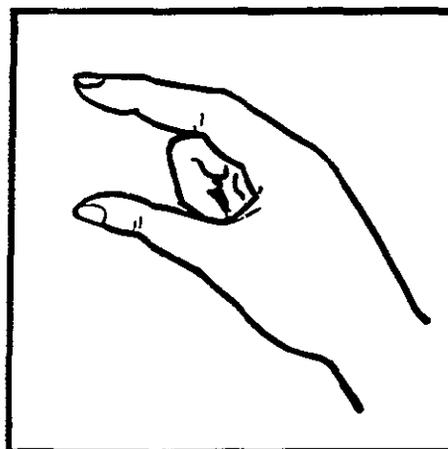
CERVICAL MUCUS METHOD (BILLINGS METHOD; OVULATION METHOD)

A method of NFP 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 in 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.

Month	NOVEMBER																																				
Date	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		
Days of the Menstrual Cycle	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		
Symbol	*	*	*	*	D	D	M	M	(M)	(M)	(M)	(M)	M	M	D	D	D	D	D	D	D	D	D	D	D	*											
Appearance and Sensation							white, sticky	white, sticky	white, creamy web	cloudy, wet	cloudy, stretchy	cloudy, stretchy	white, sticky	white, sticky																							

BASIC INFERTILE PATTERN (BIP)

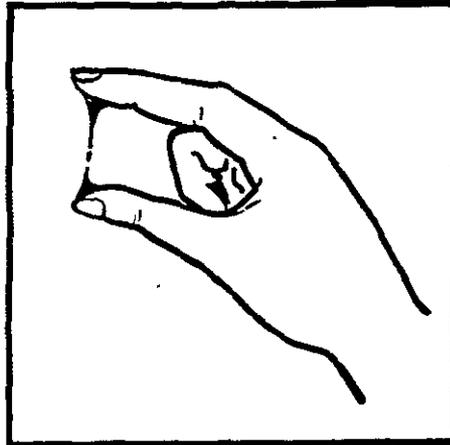
The pattern, observable by a woman, in which the vulva, prior to the beginning of the fertile phase, is characterized by a positive sensation of dryness with an absence of mucus or the presence of unchanging mucus discharge. During long cycles or long periods of anovulation, e.g. during breastfeeding,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



NO MUCUS

FERTILE-TYPE MUCUS

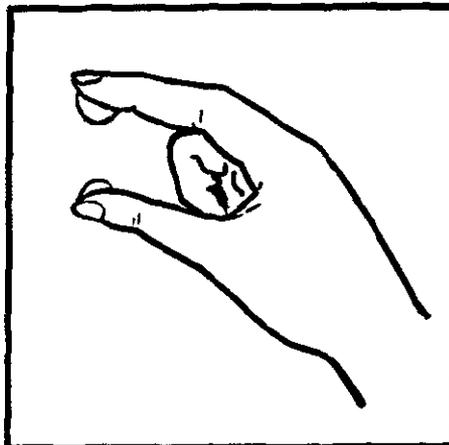
Cervical mucus that is slippery, stretchy, and resembles raw egg white. A sensation of slipperiness is felt at the vulva. Fertile-type mucus appears around the time of ovulation; sperm can live and travel in this mucus for about three to five days.



WET, STRETCHY MUCUS

INFERTILE-TYPE MUCUS

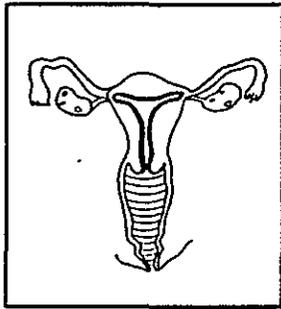
A thick and sticky cervical mucus that usually produces a sensation of dryness or stickiness in the vulvar area. It is more difficult for sperm to penetrate infertile-type mucus than fertile-type mucus.



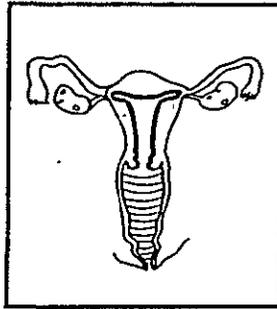
STICKY, PASTY MUCUS

CERVICAL PALPATION

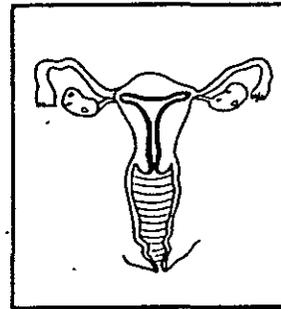
A technique used by women, in conjunction with other fertility signs, to help identify the fertile and infertile phases of the menstrual cycle. The woman uses her index finger to assess the texture, position, and width of the opening of the cervix. During the fertile phase, the cervix becomes softer 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.



CLOSED CERVIX



OPENED CERVIX



CLOSED CERVIX

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. For a woman, this includes the ability to identify and interpret the signs, symptoms, and patterns of fertility throughout her menstrual cycle. For a man, it includes understanding his own reproductive potential. For both women and men, it contributes to their knowledge about their combined fertility at different stages throughout their lives, and to their ability to communicate about fertility issues with health providers and one another.

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.

KEGAL EXERCISE

An exercise to contract and relax pelvic floor muscles. The Kegal exercise strengthens pelvic floor muscles and helps push semen and mucus down the vaginal canal to the vaginal opening. It is recommended by some NFP programs to help the woman observe her mucus. The exercise is also used to help women prepare for childbirth.

LACTATION

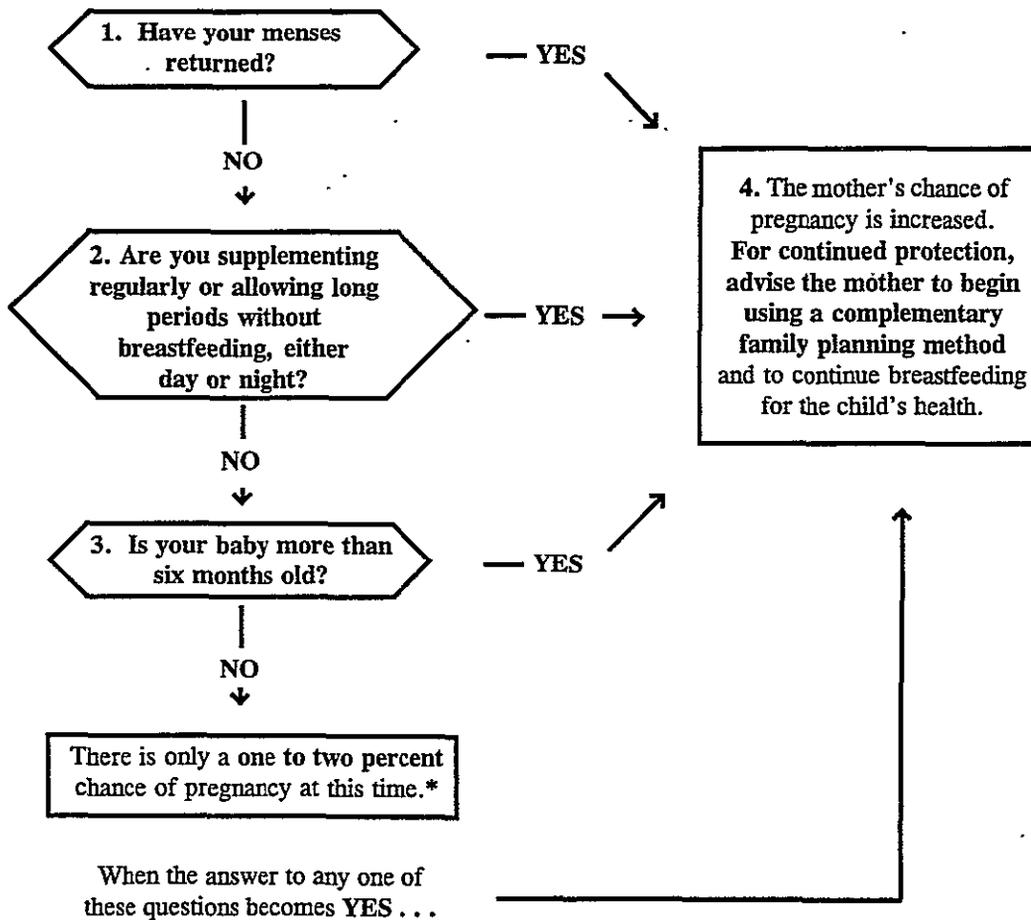
The process of breastmilk production and expression.



LACTATIONAL AMENORRHEA METHOD (LAM)

LAM is an introductory postpartum family planning method. If a woman is **amenorrheic**, is **fully breastfeeding day and night**, and is **less than six months postpartum**, she is 98% or more protected against an unplanned pregnancy. When she supplements her infant's diet, or when her menses return, or at six months postpartum, whichever comes first, she must begin a complementary method of family planning for continued high efficacy or protection against an unplanned pregnancy.

Ask the mother, or advise her to ask herself these three questions:



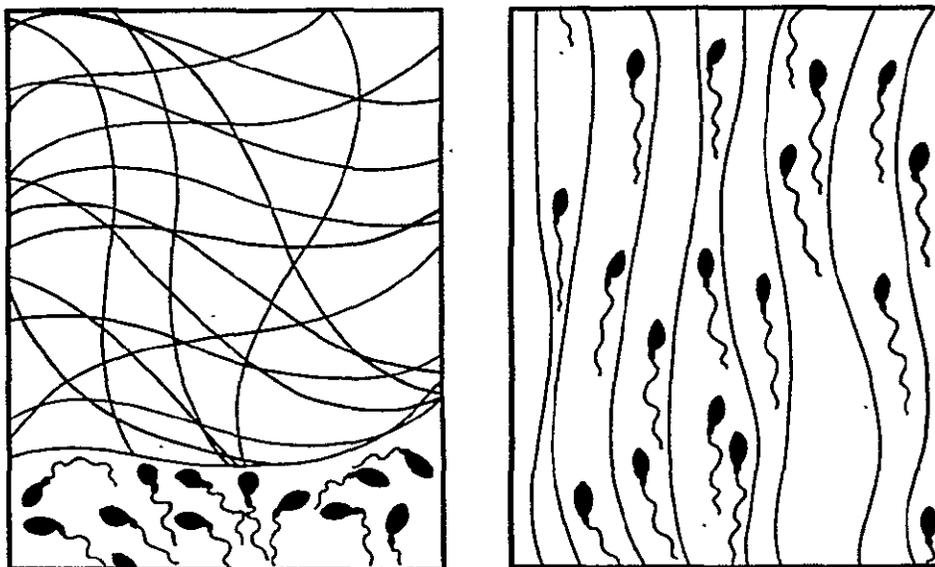
*However, the mother may choose to use a complementary method *at any time*.

LACTATIONAL AMENORRHEA METHOD (LAM)/NATURAL FAMILY PLANNING (NFP) INTERFACE

The introduction of natural family planning methods during breastfeeding has special concerns and can result in prolonged periods of abstinence. The combination of two methods, LAM with the complementary natural method introduced at menses return, or when supplementation begins, or at six months postpartum, can allow for a more relaxed postpartum period with retraining in the selected natural family planning method at a time when symptoms may be more similar to those during cycling.

LUBRICATIVE SENSATION

The slippery and wet sensation of the vulva when fertile-type mucus is present. (See illustration below which shows how the fertile-type mucus facilitates the passage of the sperm.)



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. (See the illustration above which shows how infertile-type mucus blocks passage of the sperm.)

OVULATION METHOD (See CERVICAL MUCUS METHOD)

OVULATION PREDICTION INSTRUMENT

Commercially-available devices are available in some countries to assist women in assessing and monitoring the clinical signs and symptoms of fertility.

There are electronic computerized devices with thermometers and programs for fertile day identification as well as home test kits based on the change in hormones during the menstrual cycle.

OXYTOCIN

Oxytocin contracts the smooth muscle of the uterus during childbirth, after birth, and during orgasm. After birth, oxytocin contracts the smooth muscle layer of band-like cells surrounding the alveoli of the breast to squeeze the newly produced milk into the duct system. Oxytocin is necessary for a let-down, or milk ejection, reflex to occur. (See Figure 6.)

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 NFP in which the 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, and cervical changes. Calendar calculations may be used to identify the onset of the fertile phase.

DATE																																								
99.4	37.3																																							
99.2	37.2																																							
99.0	37.1																																							
98.8	37.0																																							
98.6	36.9																																							
98.4	36.8																																							
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97.6	36.4																																							
97.4	36.3																																							
97.2	36.2																																							
97.0	36.1																																							
96.8	36.0																																							
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	37	38	39	40
Period / Spotting																														*										
M U C U S	Feeling																																							
	Appearance																																							
CERVIX	Position																																							
	Opening																																							
	Firmness																																							
Other Fertility Signs																																								

II. GENERAL FAMILY PLANNING TERMS

ABSTINENCE

Refraining from sexual intercourse.

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), or surgery to prevent pregnancy.

BARRIER METHODS

Devices such as the condom, diaphragm, cervical caps, 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 progestogen or progestogen alone) 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, withdrawal is not used. Natural family planning methods include the Cervical Mucus or Billings Ovulation Method, Lactational Amenorrhea Method (LAM), 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. (See Figure 6.)

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. (See Figure 6.)

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 Figure 1.)

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.

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.)

URETHRA

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

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. 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.

GENTILIA

The reproductive organs. (See Figure 4.)

PENIS

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

PROSTATE

The 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 remaining in the urethra from a previous ejaculation.

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. The sperm is able to fertilize the ovum for at least 72 hours after ejaculation in the presence of fertile cervical mucus.

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.)

VI. 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 of 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.

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. (See Figure 5.)

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.

PREGNANT (PREGNANCY)

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

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 the 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. (See Figure 6.)

GONADOTROPIN

The hormones produced by the pituitary gland that regulate the growth and activity of the gonads (testes and ovaries). (See Figure 6.)

FOLLICLE-SIMULATING 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 infertility. (See Figure 6.)

VIII. DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM

AMENORRHEA

The absence of menstruation.

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.

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 medical assessment.

LEUKORRHEA

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

MISCARRIAGE (SPONTANEOUS ABORTION)

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

SEXUALLY-TRANSMITTED DISEASES (STDs)

Diseases which can be transmitted through sexual intercourse.

Some STDs are: gonorrhea, syphilis, trichomoniasis, herpes, genital warts, pubic lice, scabies, and chlamydia. The Human Immunodeficiency Virus (HIV) and Auto Immune Disease Syndrome (AIDS) are also STDs, although they can be transmitted through blood.

SMEGMA

A white, cheese-like, or 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

An abnormal 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 at the time of orgasm.

FOREPLAY

A stage of lovemaking which results in sexual arousal.

GENITAL 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, Section II)

X. PROGRAM EVALUATION

ACCEPTOR (NFP Acceptor or Learning User)

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

ACHIEVER (Pregnancy Achiever)

Clients who use NFP to achieve a pregnancy.

ACTIVE TEACHER

A teacher who provides NFP instruction to a minimum number of clients (determined by the program) and reports this activity.

ACTIVITY

A set of procedures organized and carried out to achieve a particular purpose.

AUTONOMOUS USER

Client who correctly identifies fertile and infertile days, is able to use the method unassisted, and appropriately adjusts behavior to fertility intentions.

AVOIDER (Pregnancy Avoider)

Clients who use NFP to avoid a pregnancy.

CLIENT

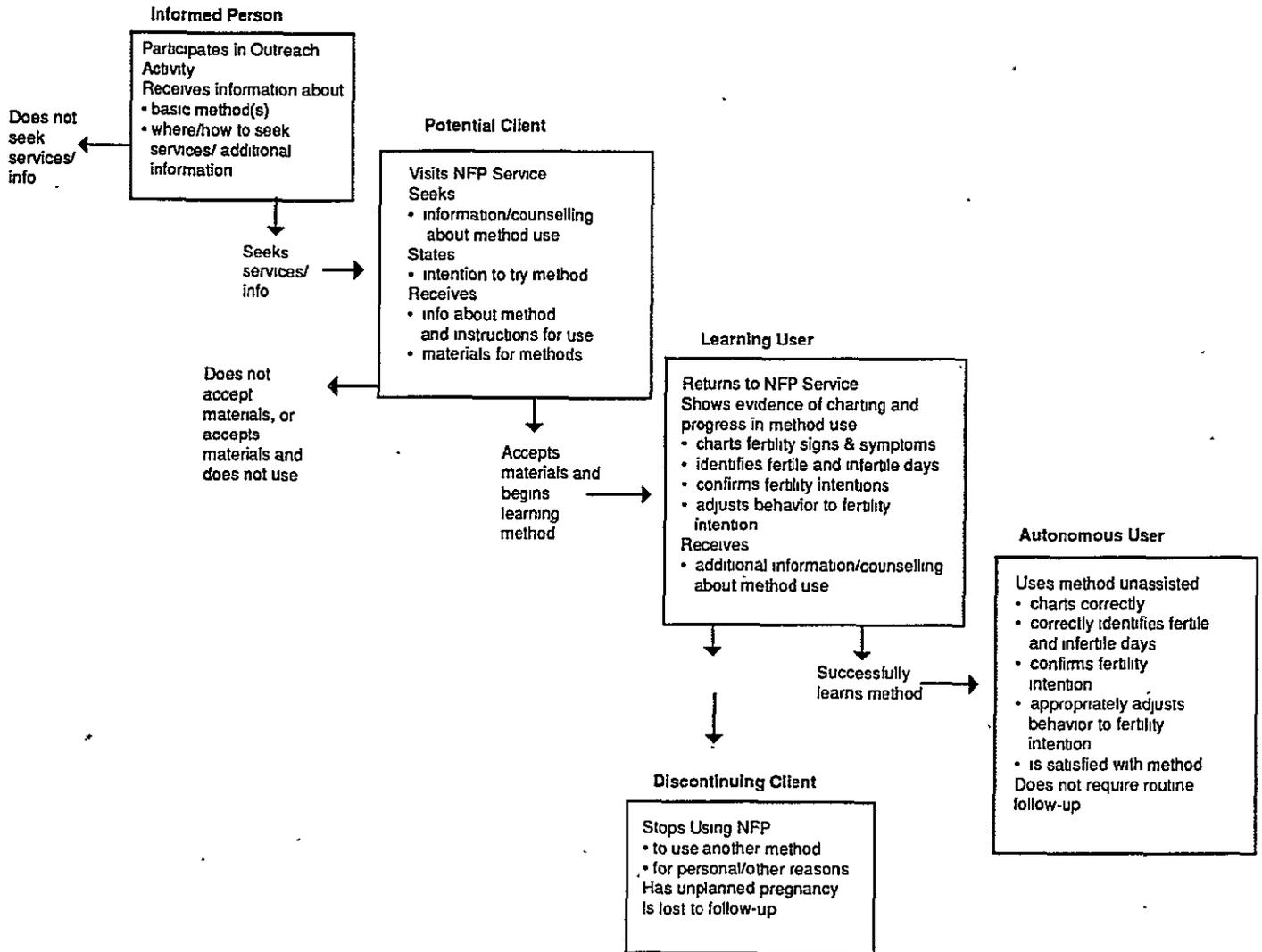
A woman (or couple) registered in a natural family planning program. Three types of clients are usually recognized:

- *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.

CLIENT BASED NFP LEARNING MODEL

A model illustrating the flow of a client through an NFP service. It identifies the actions that individuals (clients) take as they are introduced to and become more involved with NFP. This model can help managers assess whether each part of their NFP program is functioning as intended.

CLIENT BASED NFP LEARNING MODEL



COST-EFFECTIVENESS

A method of measuring the effectiveness of a program or service by relating the cost to the impact achieved. The purpose of a cost-effectiveness study is to identify program strategies that achieve the greatest impact for the least cost.

COUPLE YEARS OF PROTECTION (CYP)

A measure representing the total number of years of contraceptive protection provided by a family planning method distributed. The CYP is calculated for each method by dividing the number of units of the method distributed by a factor representing the number of units needed to protect a couple for a year.

DATA

Factual material or information collected and analyzed for the purposes of description or evaluation.

DROPOUTS (DISCONTINUING CLIENTS)

Clients who have stopped using NFP, who have withdrawn from a program, or are lost to follow-up.

EFFECTIVENESS

Measurement of the extent to which a purpose or objective is achieved.

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 the way the method is used. 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.

EFFECTS

Changes in knowledge, attitudes, motivation and behavior that result from a program.

EFFICIENCY

Measurement of the extent to which a program has used resources appropriately and completed activities in a timely manner.

EVALUATION

A process for assessing the worth or value of a given product, activity, or program, and for determining whether the program is carrying out planned activities and whether the stated goals and objectives of a program have been met.

FERTILITY RATE

The number of live births in a given year to women of fertile age.

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.

GOAL

A state of health, fertility, social and economic well being that is expected to be achieved through an activity, project or program. A desired impact.

IMPACT

The effect of a program on a population's health, demographic, social, or economic status.

INDICATOR

A measure of an observable phenomenon of a program used to evaluate baseline information and assess change.

INFORMED PERSON

An individual who has been informed about NFP and how to obtain services. He/she may have been informed through group or individual (face to face), contact.

INPUT

The resources (labor, money, material, know-how) provided to/used in a program or activity.

INPUT INDICATOR

A measure showing the amount of resources which are being used for a planned activity over a specific time period.

INTERVENTION

A planned effort designed to produce change.

LIFE TABLE ANALYSIS

A method used to measure the effectiveness of an NFP 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.

LEARNING USER (SEE ACCEPTOR)**MANAGEMENT INFORMATION SYSTEM (MIS)**

A system organizing the routine collection and reporting of specified information about a project or program, to help managers plan, monitor, and evaluate the program.

MEASURE

A number assigned to an object or event in accordance with rules.

MONITORING

On-going or regular observations of activities and events for the purposes of assuring performance.

NEEDS ASSESSMENT

An evaluation that assesses the problems among a target population, the capacity of an agency to provide services, and the general conditions and constraints to implement a project.

OBJECTIVE

A change that is desired and expected to be achieved through an organized activity, project or program.

OUTPUT

Goods or services produced by a program, project or activity.

OUTPUT INDICATOR

a measure showing the product or accomplishments of an activity or project over a specific period of time.

OUTREACH

Activities which inform prospective clients of the availability of NFP services, assist them to make use of the service, and schedule and maintain them in the program.

PEARL RATE

A measure of the effectiveness of a family planning method. It provides the number of unplanned pregnancies that occur among 100 women using a specific method for a year.

POTENTIAL CLIENT

A client who visits an NFP service seeking information about a method with the intention to use the method.

PROCESS

A series of actions that have a predefined purpose.

PROCESS EVALUATION

A management-oriented assessment directed towards the measurement and improvement of program operations.

QUALITATIVE EVALUATION

An evaluation effort oriented to collecting in-depth information to explain the occurrence of an event, or to describe attitudes about objects and/or events.

QUANTITATIVE EVALUATION

Assessments that focus on numerical statistical analyses.

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.

RESULT

The outcome of an activity, project or program. The outcome can be planned, desired, or unplanned and undesired.

SAMPLE

A subset (of persons or elements) selected from a larger population for the purposes of describing aspects of the population from which they were chosen.

TARGET POPULATION

The specific group that the program intends to serve.

UNPLANNED PREGNANCY

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

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FIGURE 1: Female External Genitalia or Vulva

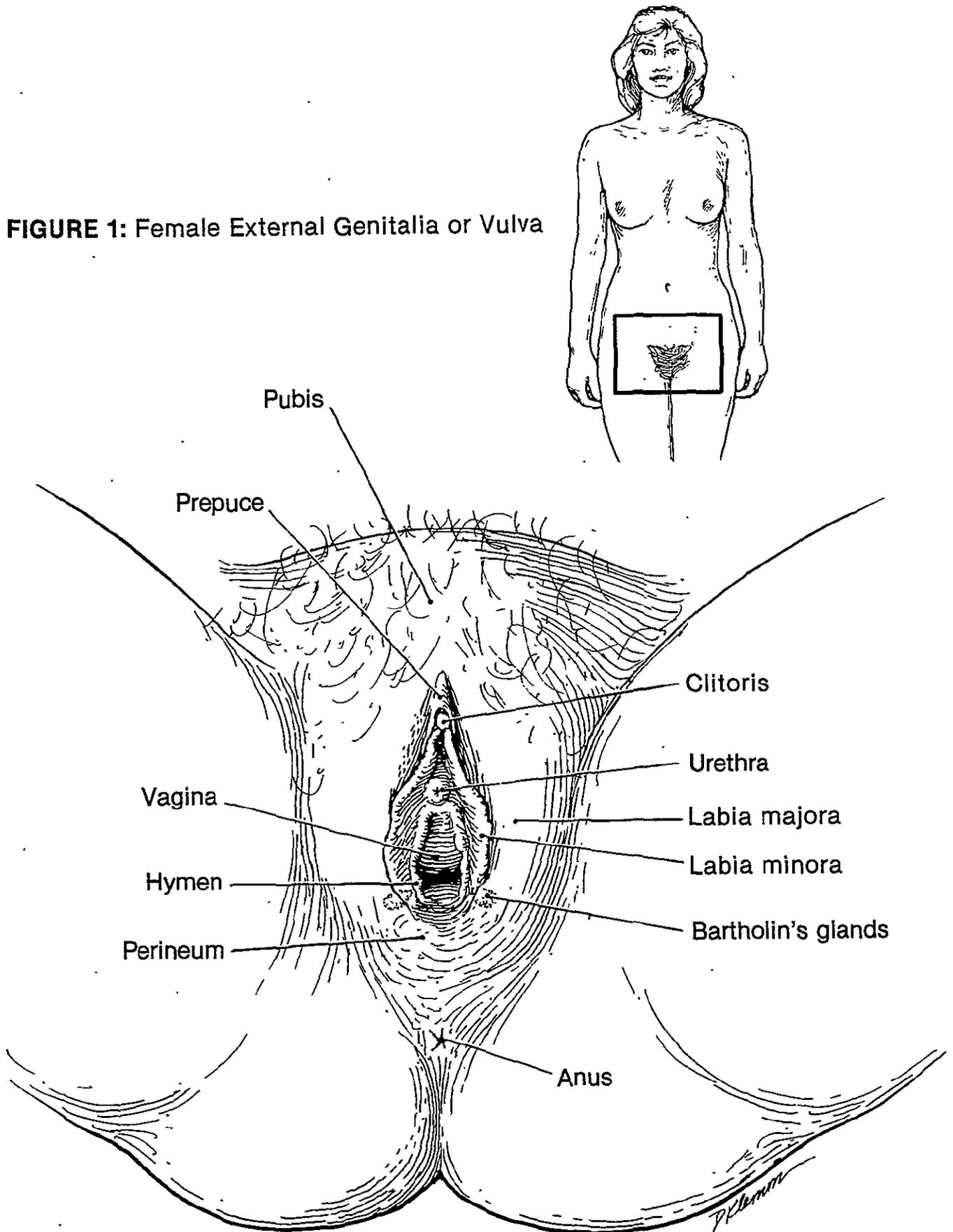


FIGURE 2: Side View of
Female Reproductive Organs

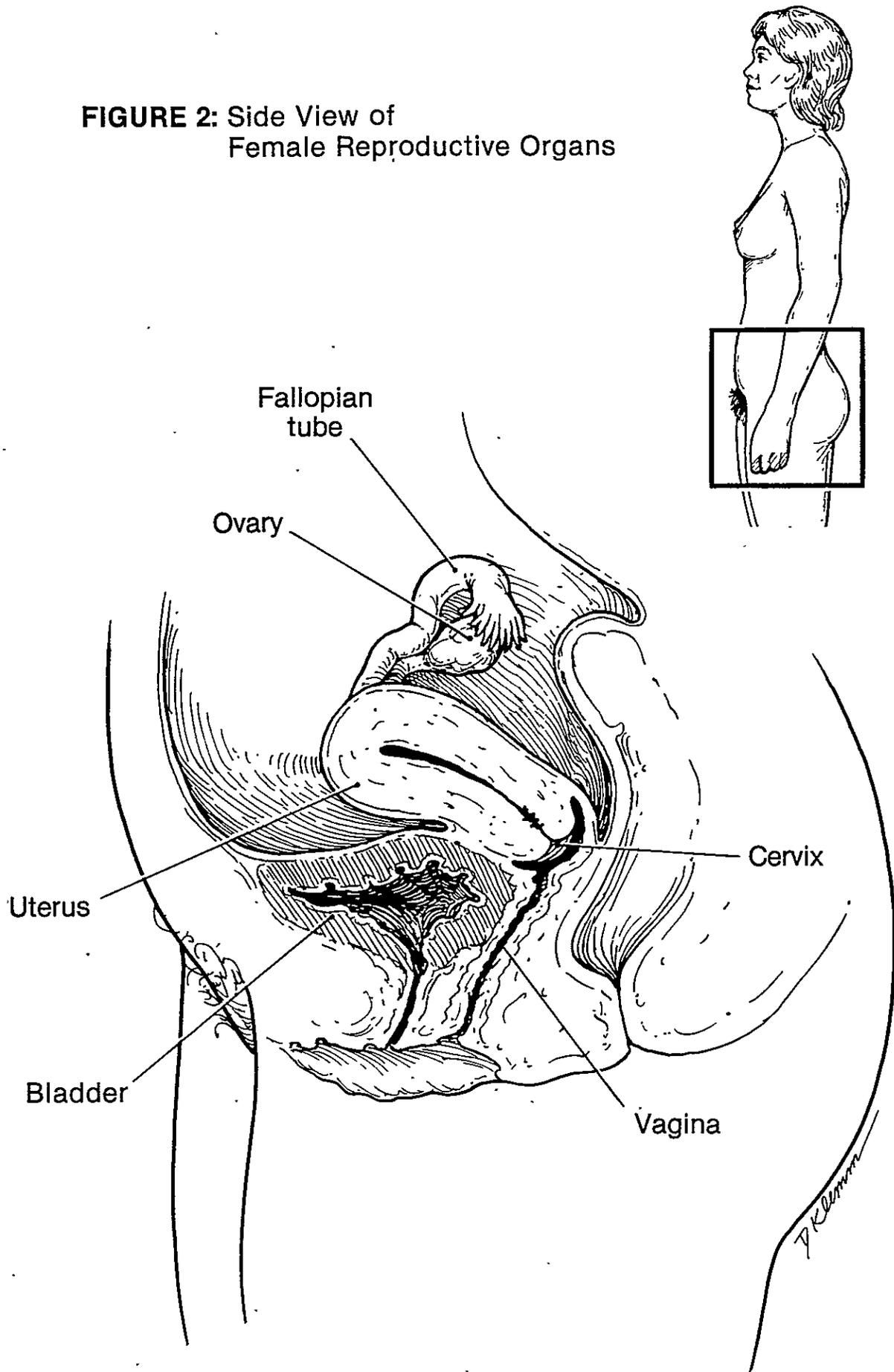
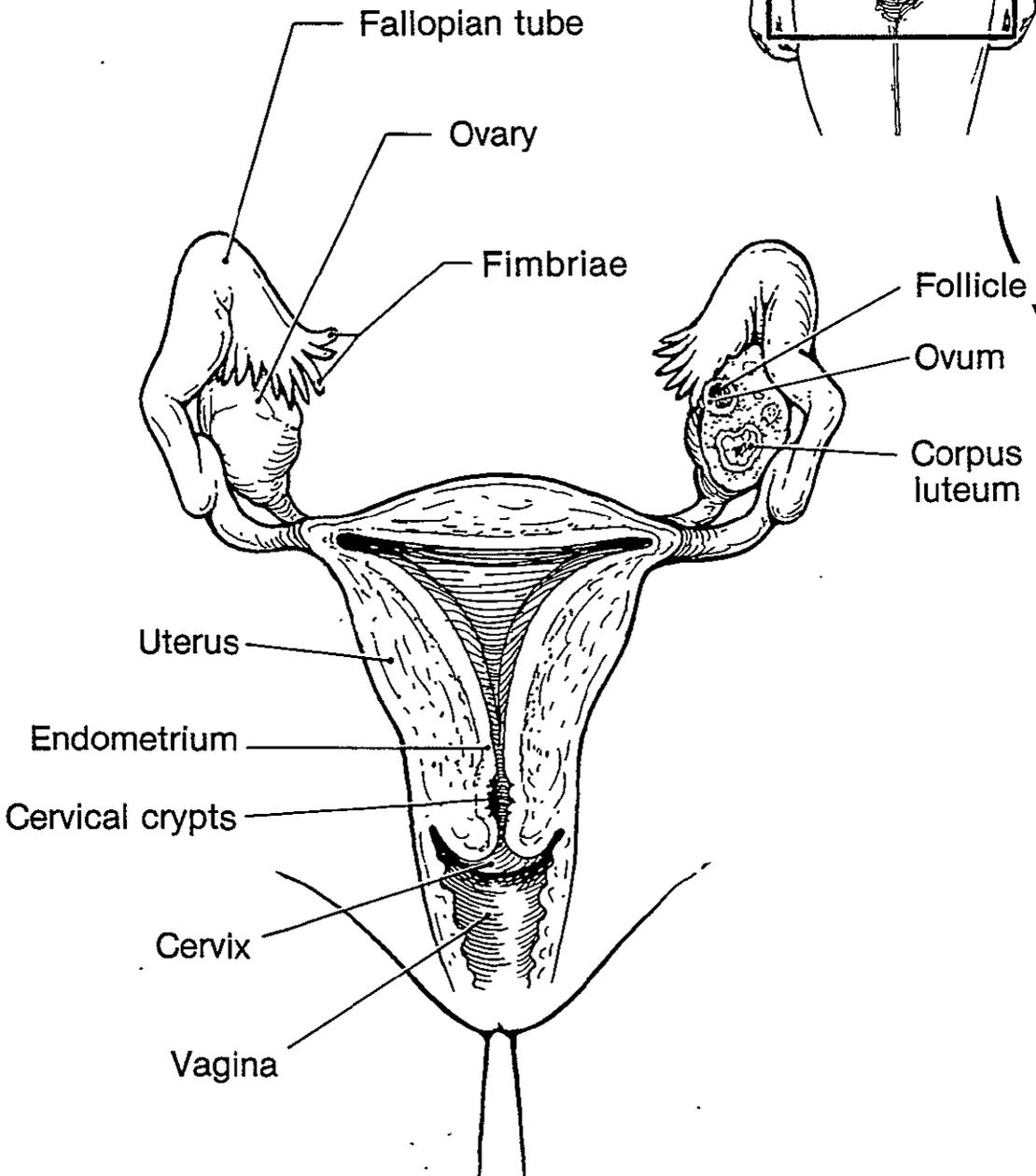
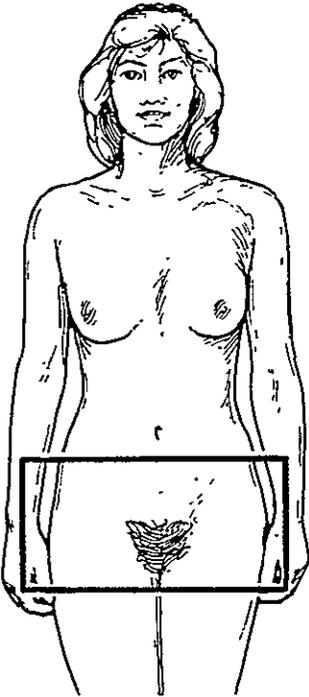


FIGURE 3: Frontal View of Female Reproductive Organs



J. Blum

FIGURE 4: Side View of Male Reproductive System

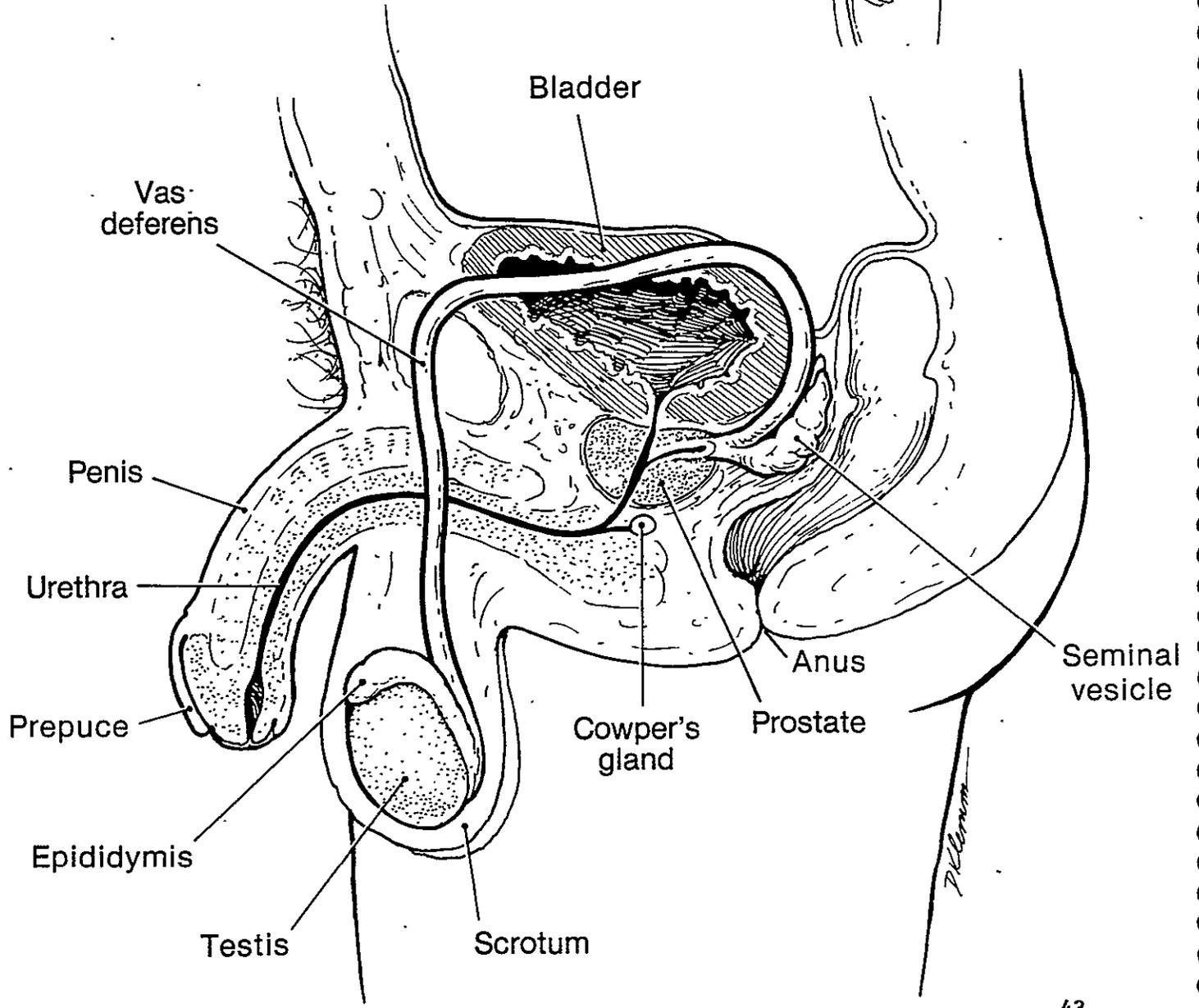
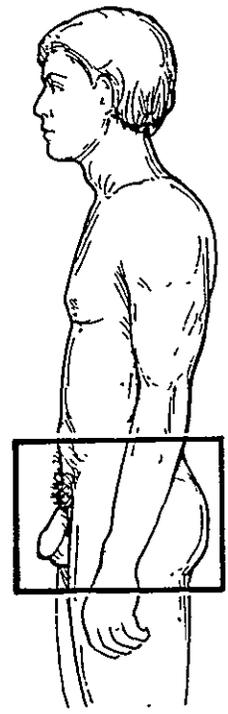
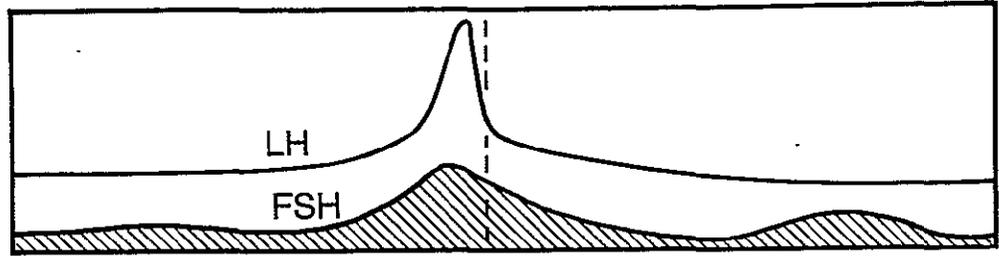
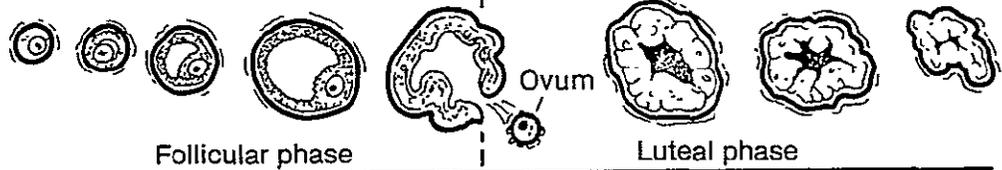


FIGURE 5: The Menstrual Cycle

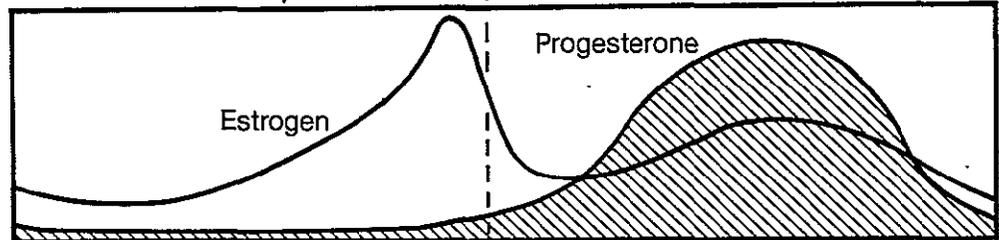
Pituitary:
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gonadotropins



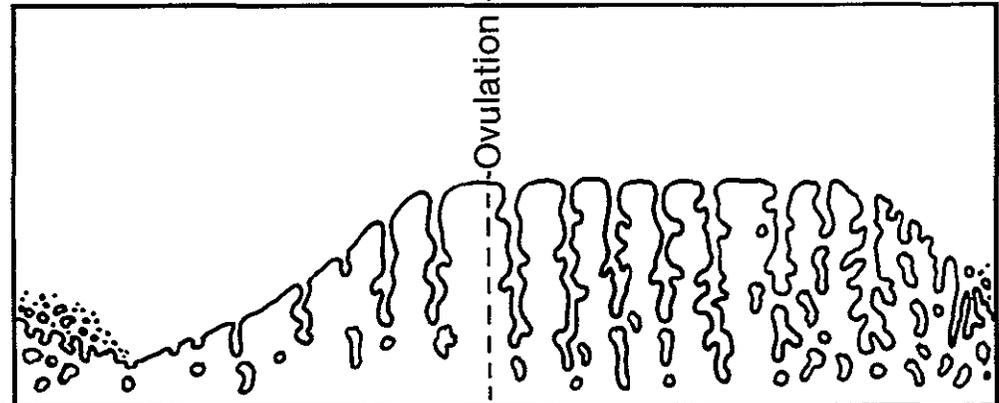
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Ovary:
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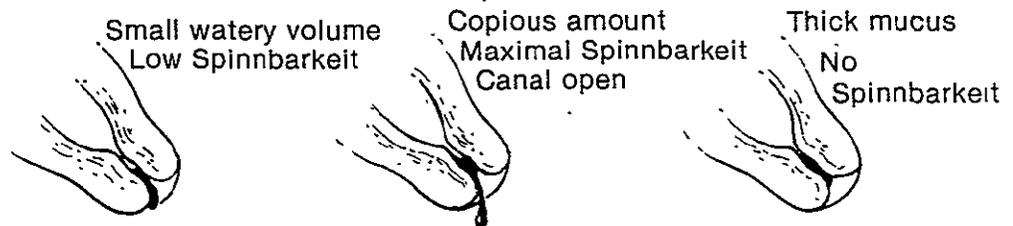


Uterus:
Endometrial growth



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
Phase	Menstrual				Proliferative										Secretory													

Cervical mucus



Basal body temperature

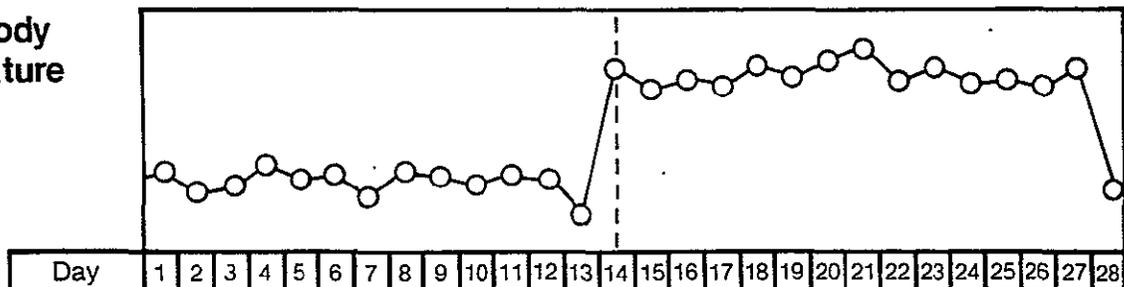


FIGURE 6:

The Physiology of LAM

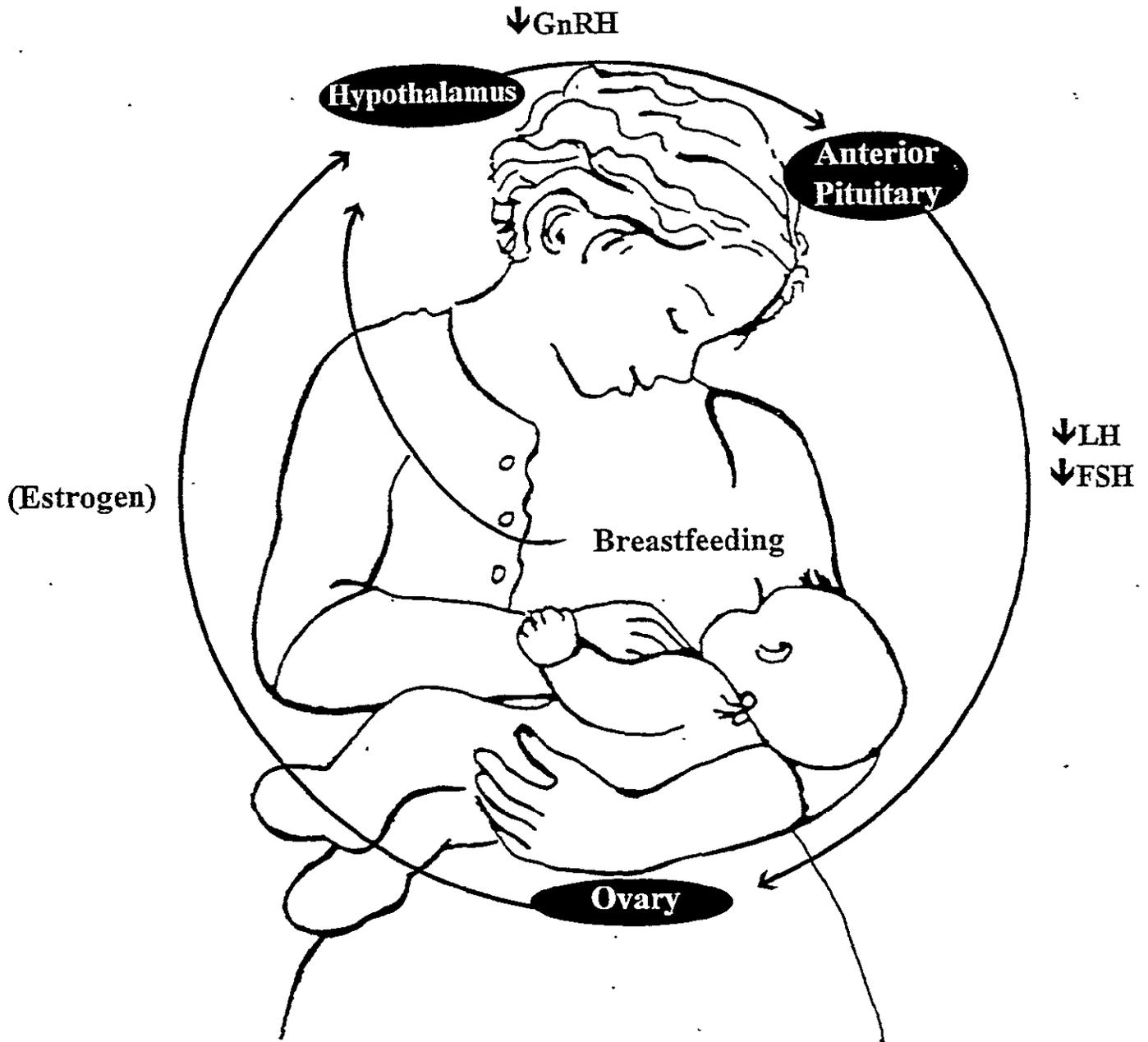


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