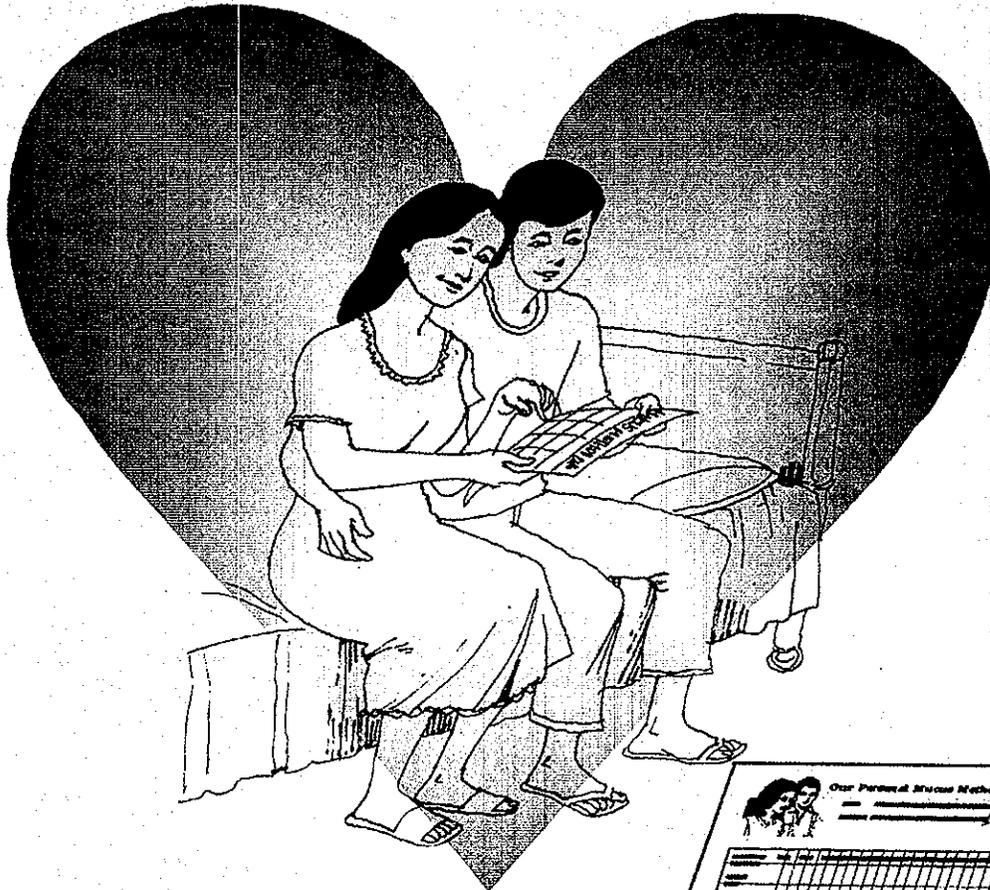


PN-ACN-761

Calendar Method Lampro's Method Natural Family Planning



Department of Health
Reproductive Health/Family Planning Service Philippines

Institute for Reproductive Health
Georgetown University Medical Center
Washington, D.C.

2000

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**REFERENCE MANUAL ON THE MUCUS METHOD
OF NATURAL FAMILY PLANNING**

Supplement to Service Provider Training

Department of Health
Reproductive Health/Family Planning Service
Philippines

Institute for Reproductive Health
Georgetown University Medical Center
Washington, D.C.

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Preface

The Institute for Reproductive Health has a long-term interest in increasing provider capability in natural family planning (NFP). During the 1980s, when it was then known as the Institute for International Studies in Natural Family Planning, its staff developed a manual, *The Guide for Natural Family Planning Trainers*, for international training of trainers on NFP. The manual contributed to the training of over a hundred NFP service providers in more than a dozen countries.

In pursuing its interest, the Institute is pleased to support the development of a more complete training package on natural family planning for training of trainers and service providers. This training package includes four basic materials on the mucus method of natural family planning, namely: 1) *The CBT Guide*; 2) *The Flipchart*; 3) *The Reference Manual*; and 4) *The TOT Guide*. These materials are based on the Billings Method of John and Evelyn Billings. They were developed in collaboration with the Department of Health in the Philippines.

The training package reflects developments that have occurred in the training field since the earlier *Guide* was developed. Current thinking on good training and teaching methodology focuses on competency or skills-based approach to training service providers and teaching clients. Such approach is particularly appropriate for NFP because it is a skill and knowledge-based method of family planning. Built into the standard NFP instruction is the requirement that an NFP client must demonstrate **competence** in using the method before she is considered to be an autonomous user.

NFP is a good starting point for introducing service providers and clients to the broader perspectives of reproductive health. In practicing NFP, users learn to become aware of their body and the signs and symptoms of their fertility. NFP encourages the men to be involved in family planning and the couple to communicate about their mucus observations and fertility intentions. Body awareness, male involvement, couple communication and respect for individual, as well as couple and family needs provide some of the essential cornerstones of responsible reproductive health behavior.

The Institute for Reproductive Health is supported by a cooperative agreement with the United States Agency for International Development (USAID). The Institute is grateful to the Office of Population and USAID/Philippines for the encouragement and support provided to strengthening technical skills and capabilities in NFP.

Victoria Jennings, Ph.D.
Director
Institute for Reproductive Health

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Introduction

The Training Design

Field experience has shown that using the competency based approach to training service providers in the Mucus Method of Natural Family Planning yields positive results.

Competency based training emphasizes learning by doing. It focuses on the specific knowledge and skills needed to carry out specified tasks or activities. In CBT training, the participants observe and practice the job skills they need to master *while being trained*.

The CBT approach is scientifically grounded in the learning theory that an individual's ability to recall essential information is greatly increased when the material is learned through participatory methods rather than passive methods such as listening to a lecture or reading.

CBT training is also based on the principles of adult learning theory which state that adults learn best:

- 1) when the learning environment closely reflects their real-life context;
- 2) when they have many chances to observe and practice; and
- 3) when they receive immediate feedback on their performance.

The goals of this training are:

1. to provide the participants with knowledge and skills to bring a mucus method client to user autonomy.
2. to positively influence the participants' attitude toward natural family planning.
3. to provide the participants with knowledge and skills for evolving schemes to sustain the practice of NFP in their community.

The Mucus Method competency based training program has been designed in three parts:

Level 1- Service Providers observe and practice the skills for teaching clients.

Level 2- Providers are assessed on their competencies to deliver the method.

Practicum- Following training, providers return to their workplaces and begin to practice what they have learned. A supervisor or preceptor will observe the service providers during this practicum and will provide feedback on the provider's work. Participants who demonstrate their competency in providing the mucus method will be certified as providers of the Mucus Method.

The CBT Package

The complete package includes four separate but interrelated materials: a CBT Guide, a flipchart, a reference manual, and a TOT Guide.

- 1. The CBT Guide.**— is designed for use by BOTH the trainers who conduct the Mucus Method Training for service providers AS WELL As by the service providers in teaching the clients. The trainers and providers follow the content for each session and the teaching-learning activities. They are guided accordingly as to what materials to use whether the activity is within the training or is a session with a client.

An important tool that is part of the CBT Guide is a list of tasks for each client session. It is used as a guide by both the trainers during the training and by the providers while teaching the client. This is called the Teaching and Evaluation Guide (TEG).

- 2. The Flipchart** - is designed as the basic visual aid for providers to use in teaching clients the Mucus Method. It also contains text to guide the provider for each visual.
- 3. The Reference Manual** - is a comprehensive material that provides basic information about the Mucus Method of Natural Family Planning. It is a simplified narrative sourcebook that is for general use.
- 4. The TOT Guide** - is a supplement to the CBT Guide for use by master trainers in conducting a Training of Trainers on the Mucus Method for Service Providers.

Introduction to the Reference Manual

The Reference Manual can be used as either a self-study text or a reference by anyone interested in learning the Mucus Method.

Organization of the Manual

This manual is organized in seven main topic areas, many of which include sub-topic areas. This organization highlights topics that service providers may need to consult and study when they are using the teaching and evaluation guides (TEGs).

To facilitate study and review of the material, each page is divided into two columns. In the right column, the topic is explained in detail. Key messages or critical concepts are in italics to emphasize their importance in teaching the Mucus Method. The left column contains review questions on the key messages. The learner can use these questions to review and test his or her knowledge of the key concepts. If they are all answered correctly, then mastery of the essential information has been demonstrated.

How to Use the Manual

In the example that follows, the main topic "Natural Family Planning" is at the top of the right column in large bold font. The key message is in italics. The review question is in the balloon to the left of the key message. After reading the information in the right column, the learner might cover this column and test his or her knowledge. Further review should be done if the answer is not complete or correct. In this way, learners can proceed through the text at their own pace, testing themselves at the end of each section and reviewing the material until they can demonstrate mastery of the information.

Example:



What is the definition of Natural Family Planning?

Natural Family Planning

Natural Family Planning (NFP) is a group of methods that enable a woman to identify when the fertile time of her cycle begins and ends. She identifies the fertile time by observing the signs and symptoms of the phases of her menstrual cycle or using calculations. When a couple knows the fertile time, they can time lovemaking so that pregnancy does or does not occur.



The Reference Manual can also be used in conjunction with the Teaching and Evaluation Guides (TEGs). If additional information is needed to complete a task listed in the TEG, the provider can consult the appropriate section of the Reference Manual, paying particular attention to the italicized information. For example, if the TEG instructs the provider to "describe female fertility", the provider may want to review the section on female fertility in the Reference Manual. The Table of Contents will quickly direct the provider to the appropriate section.

Fertility Orientation

Joint Fertility

Joint fertility involves the *united* and *equal* contribution of the male and female in the decision and ability to have a child. *A male contributes sperm cells and a woman contributes an egg cell in the conception of a child.*

What are 2 key words to describe the contribution of males and females when explaining joint fertility?

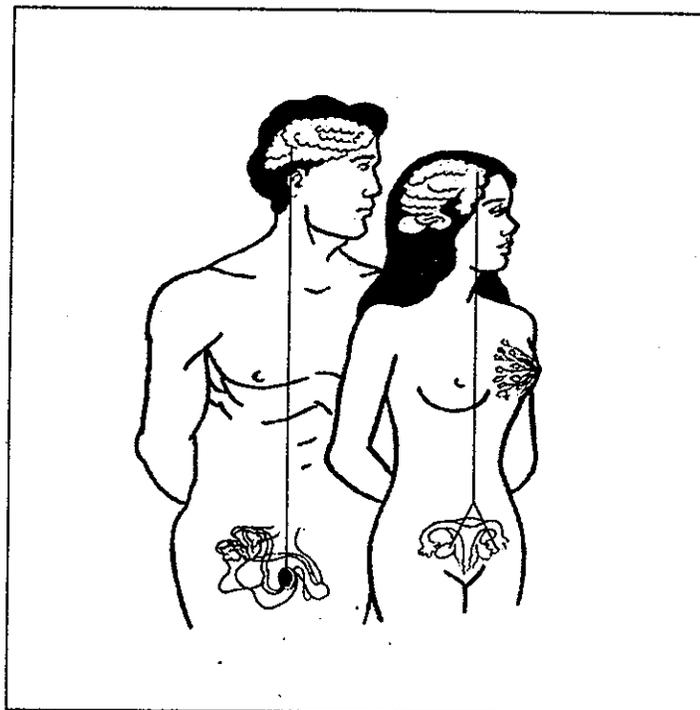
What do females contribute in the conception of a child?

What do males contribute in the conception of a child?



Despite the fact that it is a woman who becomes pregnant and carries the child for 9 months and goes through childbirth, fertility involves contributions from both the male and female.

Before reading more about fertility, review the picture below which highlights relevant parts of the body.



*When does male fertility start?
When does it end?*

Male Fertility

A man is fertile every day of his life from puberty until death.

When a male approaches puberty, his body changes in many ways:

- His shoulders and chest widen.
- His scrotum and penis grow.
- He usually has a quick growth spurt.
- Hair grows under his armpits, on his chest and in his pubic area.
- His voice lowers.
- He begins to produce sperm and have wet dreams.

Nature awakens the boy to his fertility with his first wet dream. This first wet dream experience tells the boy that his body is now able to produce sperm.

When does female fertility start? When does it end?

Female Fertility

A woman's fertility starts at puberty, with her first menstrual period. *Fertility begins at puberty and ends at menopause, when a woman's periods stop.* A girl's first menstruation signals her body's readiness to bear a child.

How long does an egg live?

Between puberty and menopause, a woman is only fertile around the times when her body releases an egg. The female contribution in the conception of a child is the egg. Between 2 menstrual periods, an egg cell matures and is released into the tube where it waits for the sperm. This is called ovulation.

The egg cell lives for about 24 hours. Around the time of ovulation, the woman feels wet because of mucus which the body produces. A woman is fertile around this time.



Timing of Lovemaking and Pregnancy

When does lovemaking result in a baby?

Lovemaking can occur anytime, yet *a baby results from lovemaking only during the woman's fertile time.*

The woman's fertile time is determined by:

- The time of ovulation
- The 24 hour lifespan of the egg cell
- The lifespan of the sperm cells.

How long can sperm live in a woman's body during the fertile time?

If sperm are inside a woman's body during her fertile time, they can live for up to 5 days and the woman may become pregnant.

Phases of the Menstrual Cycle

There are 4 phases of the Menstrual Cycle. There are signs and symptoms that can be observed during each of the 4 phases.

*When does a woman's menstrual cycle begin?
When does it end?*

A woman's menstrual cycle begins on the first day of her menstruation, that is, the first day of menstrual bleeding. The cycle ends on the day before her next menstruation.

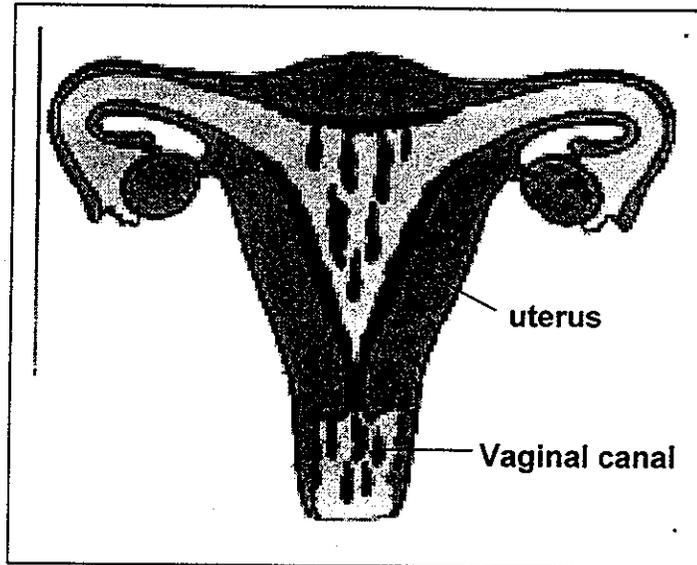
On the average, how long is a menstrual cycle?

These cycles begin at puberty and continue until a woman reaches menopause.

On the average, cycles can range from 23 to 35 days. Some women have shorter cycles. Some women have longer cycles. Cycle length can vary among women or at times may even vary in individual women.



Menstrual Phase



What can a woman see and feel during the menstrual phase?

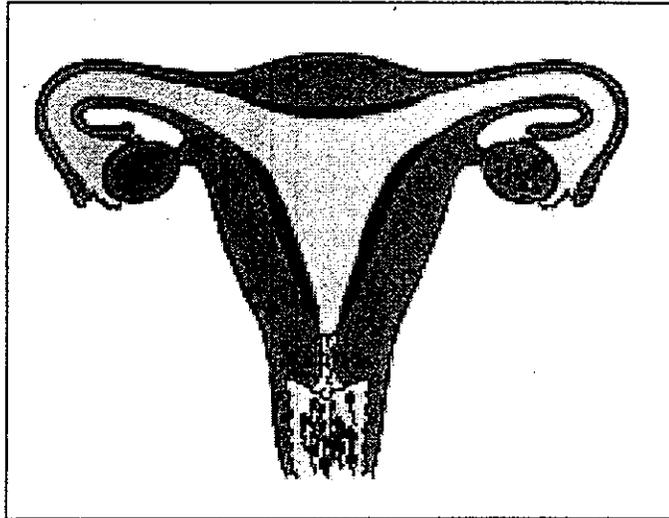
The menstrual phase includes all days of



- The first day of the cycle is the first day of menstruation. A woman experiences *bleeding from her vagina during menstruation*.
- The bleeding experienced by the woman is actually the shedding of the thickened uterine lining which is prepared in case there is a pregnancy.
- Because there was no meeting of the egg cell and sperm cell, menstruation occurs.
- *The menstrual phase includes all days of menstrual bleeding.* The length of the menstrual phase varies. Most women have between 4 to 6 days of bleeding.

Menstrual bleeding is healthy and normal. It does not mean that a woman is sick or that there is a problem. It means that there is no pregnancy.

Pre-ovulatory Phase



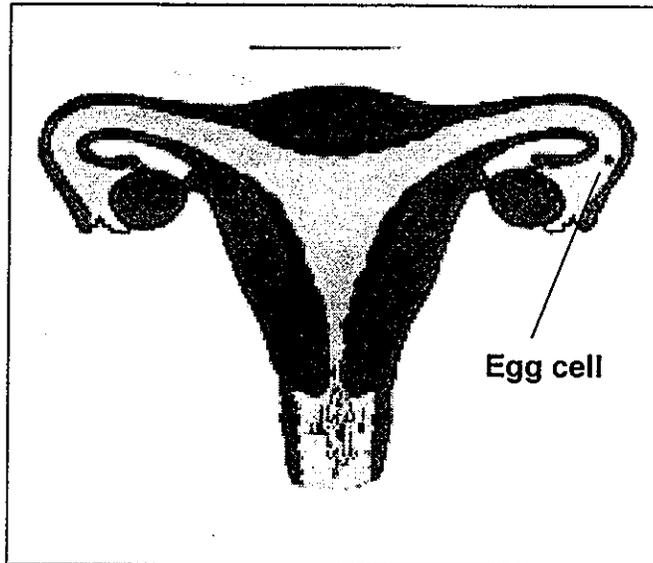
During this phase, the following changes are happening inside a woman's body:

- The egg begins to mature.
- The uterine lining is starting to thicken.
It is no longer shedding which means that *the woman will not see any more bleeding.*
- The mucus forms a plug at the cervix. *Because of this, a woman feels dry and does not see any mucus.* The mucus plug also blocks the sperm from swimming into the uterus. The woman is relatively infertile.

The pre-ovulatory phase includes all dry days after the menstrual bleeding stops. The length of the pre-ovulatory phase varies. Some women may not be able to observe dry days after menstruation, especially women with short cycles.



Ovulatory Phase



Why is the ovulatory phase the peak of the woman's fertility?

This phase is the peak or highlight of a woman's fertility because during this time the woman's body releases a mature egg (ovulation).

Once the egg is released, it can live for about 24 hours (1 day). During this phase:

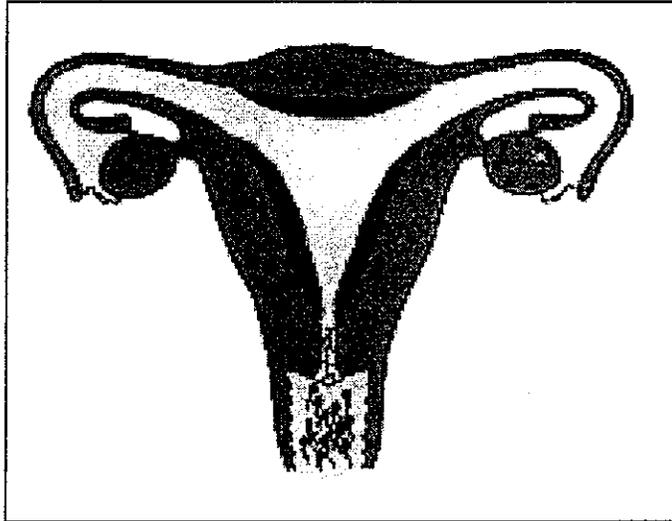
- The uterine lining continues to thicken to receive the fertilized egg if fertilization takes place.
- The mucus is wet, watery, slippery, stretchy, clear mucus. *A woman may see this mucus in her underwear. Even if a woman does not see this mucus, she may feel a wet sensation* around her vaginal area for a few days. This mucus helps sperm live and swim to reach the egg.

What can a woman see and feel during the ovulatory phase?



The ovulatory phase is the phase of the menstrual cycle when a woman is fertile. Lovemaking during the ovulatory phase can result in pregnancies.

Post-ovulatory Phase



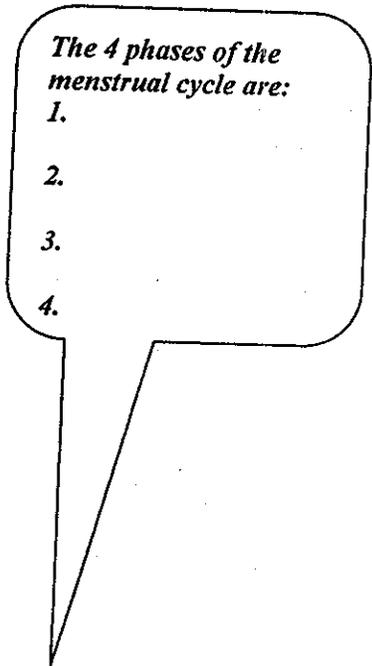
- If the sperm cell and the egg do not meet during the ovulatory phase, the egg cell deteriorates and is reabsorbed in the body.
- The uterine lining continues to thicken, to nourish a possible pregnancy.
- The mucus forms a plug at the cervix. Because of this, *a woman feels dry*. If there is any mucus at all, it is likely to be the sticky type. This mucus plug blocks any sperm from swimming into the uterus.

The post-ovulatory phase of the cycle has a constant length. It is approximately 14 days.

A baby cannot be produced during the post-ovulatory phase because the egg is no longer available to meet with the sperm. This is a phase of absolute infertility.

In summary, the menstrual cycle has 4 phases. This is shown on the next page.

The diagram on the previous page makes several important points. Notice the following:



- *The 4 phases of the menstrual cycle are the : (1) menstrual phase, (2) pre-ovulatory phase, (3) ovulatory phase, and (4) post-ovulatory phase.*
- Women with average length cycles have all 4 phases.
- Some women may not observe dry days after menstruation, especially those women with short cycles.
- Women with long cycles have a longer pre-ovulatory phase.
- Only lovemaking during the ovulatory phase produces a baby.

The phases of the menstrual cycle are sometimes compared to the seasons:

1. Planting during a dry season will not result in growth. That is, no pregnancy will occur when a woman is dry, when she has no mucus.
2. Planting during the wet season, when followed by the sun, will produce growth. That is, pregnancy can occur when a woman is wet, because mucus is experienced at the time the egg is present.



Natural Family Planning

Definition

Natural Family Planning (NFP) consists of methods which enable a woman to identify when the fertile time of her cycle begins and ends. She identifies the fertile time by observing the signs and symptoms of her menstrual cycle or by using calculations. When a couple knows the fertile time, they can time lovemaking so that pregnancy does or does not occur.

There are 3 methods of Natural Family Planning that rely on the observation of body signs and symptoms. Other methods rely on counting the days in a cycle and using a mathematical formula.

What is the definition of Natural Family Planning?

Methods Based on Body Observations:

The 3 methods that rely on the observation of body signs and symptoms are:

1. Mucus Method

A couple using the Mucus Method of Natural Family Planning observes the changes in a woman's cervical mucus.

2. Basal Body Temperature Method

A couple using the Basal Body Temperature takes the body's temperature at rest and notes how it changes.

3. Sympto-thermal Method

A couple using the Sympto-thermal Method observes the mucus and takes the temperature of the body at rest.

What are the three (3) methods of Natural Family Planning that rely on observation of body signs?

- 1.
- 2.
- 3.



These methods of Natural Family Planning have been tested and proven effective. There are couples throughout the world successfully using NFP to plan their families. These methods of NFP are based on research from throughout the world, including work by the doctor-couple Doctors John and Lyn Billings (Australia), Dr. Josef Roetzer (Austria), and Dr. Anna Flynn (U.K.).

This manual focuses on the Mucus Method.

Research has shown that when the Mucus Method is used correctly all the time, it is a very effective family planning method. See Appendix B for effectiveness rates. Service providers play an important part in method effectiveness. They must teach the method clearly and counsel their clients appropriately so that clients can understand the method and use it correctly.

How a Woman can Use the Mucus Method to Tell when She is Fertile and Infertile

How can a woman use the Mucus Method to tell when she is fertile or infertile?



The woman observes the sensation and appearance of the cervical mucus. *The changes that occur in cervical mucus help a woman to know when she is fertile and infertile.* Using this knowledge, she can prevent pregnancy by abstaining from intercourse during the fertile time and only having intercourse during the infertile time.

Functions of the Mucus

How does the mucus help a pregnancy to occur?

When a woman is fertile, the mucus helps a pregnancy to occur in 3 ways. *When a woman is fertile, cervical mucus:*

1. *Nourishes the sperm*
2. *Forms channels to help the sperm swim to the egg*
3. *Filters out abnormal sperm so they do not reach the egg.*

On the days when a woman is infertile, the mucus forms a plug to prevent any sperm from meeting her egg.

The mucus and sensations a woman experiences on the days when she is fertile are different from the mucus and sensations on the days when she is infertile. A woman can learn to tell the difference and use this information to plan or prevent a pregnancy.

How does the mucus help prevent a pregnancy?



 **My Notes**

Ability to Use the Mucus Method Successfully

Medically, everyone can use NFP. That is, according to the World Health Organization, there are no absolute contraindications.

However, some couples use NFP more successfully than others. A couple must be able to handle the following issues if they are to use NFP successfully. A couple must be able to:

- Communicate with each other
- Observe, record and interpret fertility signs and symptoms
- Abstain during the fertile time.

Areas of Self-Assessment

Both members of a couple should ask themselves the questions listed below. If the answer is "no" to any of these questions, Natural Family Planning may not be the best method choice for the couple.

What 5 areas should couples discuss when assessing their ability to use the NFP successfully?



1. *Can we communicate about sexual matters?*
This includes discussions about lovemaking preferences, fertility intentions, etc.
2. *Are we able and willing to observe, record and interpret fertility signs and symptoms?*
3. *Are we able and willing to abstain from lovemaking during the fertile phase of the woman's cycle?*

Any "no" answer indicates that the couple must decide whether they can overcome this obstacle.

In addition, a couple should discuss these questions:

4. *Do we see any disadvantages to this method?*
If we do, what can we do to overcome them?
5. *What benefits do we see to this method?*

Fertility Intentions

Successful NFP couples have discussed and agreed upon their fertility intentions. Some important questions for couples to discuss are:

- *Do they want to have a child?*
- *If yes, when? How many children would they like?*
- *If they do not want to have a child, how will they prevent a pregnancy?*

Once a couple has discussed their fertility intentions, they can decide to track the body's fertility signs as a guide to engage in lovemaking. In this way, they can achieve their fertility goals.

When a couple has discussed and agreed upon their fertility goals, they have taken a significant step toward successful use of the Mucus Method.

What questions should couples discuss when deciding on their fertility intentions?



 ***My Notes***

Use of the Mucus Method

Menstrual History

It is important to take a menstrual history when reviewing the client's first cycle. The questions to ask are the following:

When taking a client's menstrual history, what questions are important to ask?

1. *When was your last menstrual period?*
2. *What was the date that period started?*
3. *What was the date of the period before the last one?*
4. *Does your period come every month?*
5. *Are there months with no menstruation?*
6. *What signs or symptoms do you currently notice that tell you about your menstrual cycle?*

It may be necessary to ask if the client experiences any of these:

1. A dull ache or sharp pain in the abdomen lasting from a few minutes to a day or two?
2. A change in complexion? (for example, any acne?)
3. Drier or oilier skin?
4. Increase or decrease in energy?
5. Swelling?
6. Spotting?
7. Breast or nipple tenderness?
8. Mucus present or absent?

If a client has noticed these, ask when in the cycle they occur.

It is important to get this information to find out what is normal for the client. It will also help the service provider to determine how aware the client is of her body changes.



Observing the Mucus

This method requires a woman to observe what she sees and feels throughout her cycle.

What 2 things should the woman be observing?

To effectively practice the Mucus Method, a woman must consciously observe the quality of her cervical mucus in what she **sees** and what she **feels** throughout the day. Mucus observation is outlined below in terms of who, what, where, when and how.

Who observes ?
The woman observes.

What does the woman observe?
A woman observes:
*The sensation of wetness or dryness, and
The appearance of the mucus.*

Another way to say this is that the woman should observe:
What she feels and
What she sees.

When should the woman observe?

Where does the woman observe?
Outside the vagina, at the puwerta

When does the woman observe?
*Throughout the day, while standing, walking around,
and going through her daily activities.*

What 2 questions should the woman ask herself when she is observing?

A good time to observe is before or after urinating.
This observation starts on the first day of menstruation.

How does a woman observe?
*Asking, "How do I feel?"
Looking at the mucus in the underwear and asking,
"What do I see?"*



There is no need to inspect the mucus internally. If there is no mucus in the underwear, a woman should wipe across the opening of the vagina with a piece of clean tissue, look at the mucus and ask, "What do I see?" When describing the mucus, a woman can do so in terms of:

- Its presence or absence
- Its consistency. Is it wet and slippery or sticky and pasty?
- Its color.

Should the most or least fertile signs of the day be recorded?

It may happen that a woman may observe one sign in the morning and another sign in the afternoon. When there are differences, she should only record the more fertile sign.

For information on recording, continue reading.



Recording the Observations

After the woman has observed the mucus, she records the observations on a chart. Ideally the woman shares her observations with her partner and they record the observations. Recording is outlined below in terms of who, what, where, when and how.

What does the couple record?

1. **Who** records?
The couple records.
2. **What** does the couple record?
A couple records the following:
 - ***WHAT SHE FEELS***
 - ***WHAT SHE SEES***
 - *Other information needed on the chart.*

The most fertile observations of the day should be recorded.

3. **Where** does the couple record?
On a Mucus Method chart
4. **When** does a couple record?
At the end of the day, in the evening before going to bed.

Should the couple record her observations in the morning, afternoon, or evening?

Recording is done at the end of the day because the most fertile sign of the day must be recorded. Sometimes a woman can observe both infertile and fertile signs during the same day. If she waits until the end of her day to record, she can be sure to record the most fertile sign.

5. **How** does a couple record?
By using symbols in answering the questions:
 - "How do I feel?" (outside the vagina)
 - "What do I see?" (appearance of the mucus)



Describe the observations each of these symbols represent:

R =

D =

X =

⊗ =

M =

1,2,3 =

Chart Symbols

These symbols are used on the chart to record a woman's observations. One symbol is used for each day.

R = "Regla" or menstruation; spotting

D = Dry with no mucus

X = Wet with watery, stretchy, slippery and clear mucus

⊗ = Peak Day, LAST day of wetness, wet mucus

M = Dry with sticky, pasty or crumbly mucus

1,2,3 = Post-peak days

The heart symbol is also used on the chart. It is the only symbol that does not reflect a woman's observations. It is used to record a day when lovemaking has occurred.

♥ = days of lovemaking

When is ♥ used?



Sample Chart and Chart Interpretation

The main tool in practicing the Mucus Method is the chart on which the daily observations are recorded so that the woman can identify her fertile and infertile times.

The chart must be completed accurately, day by day.

Each day the following information is recorded on a chart:

- The date
- What she feels
- What she sees

To practice recording this information on a chart, continue to the next page.

Sample Chart and Chart Interpretation

Using the chart symbols, record these observations of mucus and vaginal sensations on the blank chart on the next page. These observations represent one woman's observations during a sample cycle. The chart symbols can be found on page 34.

Cycle Day	Date	What she feels	What she sees
1	April 18	Wet	Blood
2	April 19	Wet	Blood
3	April 20	Wet	Blood
4	April 21	Wet	Blood
5	April 22	Wet	Blood
6	April 23	Dry	None
7	April 24	Dry	None
8	April 25	Dry	None
9	April 26	Dry	None
10	April 27	Dry	None
11	April 28	Wet	Sticky, cloudy mucus
12	April 29	Wet	Pasty
13	April 30	Wet	Pasty
14	May 1	Wet	Pasty
15	May 2	Wet	Pasty
16	May 3	Wet	Stretchy, clear
17	May 4	Wet	Stretchy, clear
18	May 5	Dry	Sticky
19	May 6	Dry	None
20	May 7	Dry	None
21	May 8	Dry	None
22	May 9	Dry	None
23	May 10	Dry	None
24	May 11	Dry	None
25	May 12	Dry	None
26	May 13	Dry	None
27	May 14	Dry	None
28	May 15	Dry	None
29	May 16	Dry	None
30	May 17	Dry	None
31	May 18	Dry	None



Our Personal Mucus Method Chart

Learning Chart

Client _____

Husband _____

Start of Previous Cycle _____

End of Previous Cycle _____

Blank Sample Chart

Month/Year: _____

Cycle Length: _____

Cycle 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		
Month/ Date																																					
Symbol																																					
What I Feel																																					
What I See																																					
Lovemaking																																					

LEGEND:

- R - "Regla" or menstruation; spotting
- D - Dry, no mucus
- X - Wet with slippery, stretchy, clear, or watery mucus
- ⊗ - Peak day, LAST day of wetness

- M - Dry with sticky, pasty, or crumbly mucus
- 1,2,3 - Post peak days
- ♥ - Lovemaking day



Our Personal Mucus Method Chart

Initial Instructions
SAMPLE CHART

Client Maria S. dela Cruz

Husband Juan T. dela Cruz

Month/Year: April/May 1999

Cycle Length: 31 days

Cycle 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	
Month/Date	Apr 18	19	20	21	22	23	24	25	26	27	28	29	30	May 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18					
Symbol	R	R	R	R	R	D	D	D	D	D	X	X	X	X	X	X	⊗	1 M	2 D	3 D	D	D	D	D	D	D	D	D	D	D	D	D				
What I Feel	wet	wet	wet	wet	wet	dry	dry	dry	dry	dry	dry	wet	wet	wet	wet	wet	wet	wet	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry
What I See	blood	blood	blood	blood	blood	none	none	none	none	none	sticky cloudy	pasty	pasty	pasty	pasty	clear	stretchy clear	sticky	none	none	none	none	none	none	none	none	none	none	none	none	none	none	none	none	none	none
Lovemaking																																				

LEGEND:
R - Regla or menstruation; spotting
D - Dry, no mucus
X - Wet with slippery, stretchy, clear, or watery mucus
⊗ - Peak day, LAST day of wetness

M - Dry with sticky, pasty, or crumbly mucus
1,2,3 - Post peak days
♥ - Lovemaking day

The chart on the previous page is a completed chart. It represents a sample cycle of one client. Questions to ask when reviewing a completed chart are:

What information needs to be reviewed when you are looking at a completed chart?

1. *What day of the cycle is the woman in?*
This woman is in day 31 (cycle day 31).
2. *What is the date?*
The date for cycle day 31 is May 18th.
3. *What has she felt each day of the cycle?*
Review, day by day, what the client has recorded in the "what you feel" row of the chart.
4. *What has she seen each day of the cycle?*
Review, day by day, what the client has recorded in the "what you see" row of the chart.
5. *What phase of the cycle is she in?*
Identify each phase of the cycle.
This woman is in the post-ovulatory phase of her cycle.
6. *When has lovemaking occurred?*
Since there are no ♥ symbols on her chart, lovemaking did not occur during this cycle.

The chart on the previous page illustrates one woman's cycle. The following is a summary of the Mucus Method as it relates to this chart. It is most helpful to read this summary while looking at the chart on the previous page.

To summarize:

1. Days when a woman is menstruating refer to the menstrual phase. This client's menstrual phase starts on cycle day 1 and ends on cycle day 5.
2. Dry days which follow the menstrual period are cycle days 6 through 10. These correspond to the pre-ovulatory days and are considered relatively infertile days.



3. Days with wet feelings and/or any type of mucus indicate a fertile time. This client felt days of wetness and saw mucus from cycle day 11 through cycle day 17. These days correspond to the ovulatory phase and are considered fertile days.
4. The last day of wetness is called the Peak Day. This client's Peak Day occurred on cycle day 17. This day corresponds closely to ovulation and is the highlight of a woman's fertility.
5. The 3 days following the Peak Day are called the post-peak days. For this client the post-peak days are cycle days 18, 19, and 20. These are considered part of the ovulatory phase and are considered fertile days.
Note: The client's ovulatory phase begins with days with a wet feeling and/or any type of mucus after the dry days. The ovulatory phase continues through the Peak Day and the post-peak days. For this client, the ovulatory phase began on cycle day 11 and ended on cycle day 20.
6. Dry days or non-wet mucus days which occur after the 3 post-peak days and continue until the first day of the next menstrual period are considered the post-ovulatory phase. For this client, the post-ovulatory days began on cycle day 21 and ended on cycle day 31. These days are considered absolutely infertile days. On day 32, if this client had dry feelings and did not observe mucus, she would still be in her post-ovulatory phase.
7. On day 32, if this client felt wet and saw blood, she would be beginning her next cycle. Once her next cycle has started, it is possible to know the number of days or length of the previous cycle. What number should be inserted in the cycle length blank at the top of the chart on page 31 if the woman started bleeding on May 19th? It should be the number 31 so that cycle length = 31 days.

Method Rules

A couple who observes and records the mucus observations in terms of what is seen and felt are able to determine the fertile and infertile days of the woman's cycle. They can then time sexual intercourse according to their fertility intentions.

To avoid pregnancy, these are the rules a couple must follow:

1. Consider bleeding days as fertile days. Abstain on these days.
2. Dry days following menstruation are considered relatively infertile days. Abstain on dry days during the first and second cycles of learning. Apply the Early Days Rule (EDR), lovemaking on alternate evenings of dry days, on the third cycle of learning and on all later cycles.
3. Any mucus or a wet feeling after the dry days is a sign that the fertile period has begun. Abstain on all wet days and nights when a woman has a wet feeling and/or mucus.
4. Look for the Peak Day. *The Peak Day is the last day of wetness (either wet mucus or a wet feeling).*
5. Apply the Peak Day Rule.

What is the Peak Day?

What are the 5 basic rules for the Mucus Method?

What is the Peak Day Rule?

This is the Peak Day Rule:

Count 3 days after the Peak Day. During these Post-Peak Days 1, 2, and 3, a woman feels dry and sees no mucus or sticky, pasty, crumbly mucus, if any. On the 4th day after the Peak Day, the couple can resume lovemaking, day and night, until the next menstruation without it resulting in pregnancy.

- The fertile time ends 3 days after the Peak Day.
- From the fourth day after the Peak Day until the next menstrual cycle, lovemaking will not result in pregnancy.



Qualification for the first cycle

What rule should a client follow for the 1st cycle?

Abstinence throughout the 1st cycle is important because it helps the client to understand her mucus pattern without confusing it with fluid from lovemaking.

The service provider should review the chart for the first cycle to ensure that the client is observing and recording correctly and that the rules are properly understood. If the service provider reviews the chart and determines that the Peak Day has been clearly identified and that the client is in the post-ovulatory phase for the 1st cycle, the service provider could then recommend that the client resume lovemaking for the remainder of the 1st cycle.

The Early Days Rule

Once a client has practiced NFP for 2 cycles, the couple can take advantage of another rule which may allow them more days of lovemaking. This rule is the Early Days Rule.

What is the Early Days Rule?

This is the Early Days Rule:
On dry days following menstruation, lovemaking is available on alternate evenings only.

Why alternate evenings?

When women make love at night, they may feel wet with lovemaking fluid the next day. If they feel wet, this day can not be considered a dry day.

When do most clients learn the Early Days Rule, in the 1st, 2nd or 3rd cycle?

Why evenings only?

A woman needs to observe throughout the day to determine if it is a dry day.

The Early Days Rule is taught to most clients during their second cycle. They can apply it during their third cycle and all later cycles.



LAM/NFP Interface

At times service providers will have clients who are breastfeeding. Breastfeeding provides the optimum nutrition for a new baby, and when done according to the Lactational Amenorrhea Method (LAM) criteria, breastfeeding will also protect a woman against pregnancy. While a woman is still breastfeeding, the service provider can discuss the mucus method with the client in anticipation of the time when she no longer meets the LAM criteria.

The Lactational Amenorrhea Method (LAM) and Natural Family Planning Interface is a natural progression for a breastfeeding mother. This interface focuses on breastfeeding women who are on LAM, but soon may not be able to apply any one of the LAM criteria and who choose to continue family planning through the body's natural processes. For these woman, when LAM ends, NFP begins.

LAM Summary

The Lactational Amenorrhea Method is used by breastfeeding mothers to prevent pregnancy. There are 3 criteria for LAM. A woman must meet **all** three to follow the method:

What are the 3 LAM criteria?



1. *Her baby gets little or no other food or drink except breastmilk and she breastfeeds often, both day and night.*
The time between breastfeeding is no more than 4 hours during the daytime and no more than 6 hours during the nighttime.
2. *Her menstrual periods have not yet returned.*
3. *Her baby is less than 6 months old.*

When a woman meets all 3 criteria, she can have intercourse at any time and does not need to do any charting. She must return to the service provider when

any one of the criteria no longer applies or when she wants to start using another method.

When a breastfeeding woman meets all 3 LAM criteria, she is well-protected against pregnancy. If a woman does not meet 1 or more of these criteria, she is not considered to be using LAM. Her chances of pregnancy are increased at this time. To prevent pregnancy, she should consider using a complementary method of family planning such as the Mucus Method. And, she should continue to breastfeed for the health of her child.

This information about LAM is only a summary. Service providers who wish to instruct clients in LAM should seek training on this method.

LAM/NFP Interface

When a woman does not meet 1 or more of the LAM criteria, she may choose to continue the natural processes by using Natural Family Planning, another family planning method.

While continuing to breastfeed, a woman can observe the mucus and record her observations.

There are two basic patterns a breastfeeding woman will observe. These are called the Basic Infertile Patterns (BIP). They are:

1. *The dry BIP*
No menses, a dry feeling and no mucus.
2. *The non-changing mucus BIP*
No menses, a dry feeling and sticky, pasty mucus . . . Some women with the non-changing mucus BIP have non-changing mucus interspersed with dry days.

If a woman does not meet one or more of the LAM criteria, she can become

What are the 2 types of Basic Infertile Pattern (BIP)?



To make the transition from LAM to NFP, a woman can follow these 3 steps:

What are the three steps a woman can follow to begin the transition to natural family planning?

1. *Learn her Basic Infertile Pattern by observing and recording the mucus and vaginal sensations for 2 weeks.*

A woman must observe throughout the day and record at night.

At the end of two weeks, the woman will be able to determine what type of BIP she has.

2. *Abstain during the 2 weeks of learning the BIP.*

After 2 weeks, once the BIP is determined, apply the Early Days Rule (EDR) as long as the BIP continues.

This is the Early Days Rule:

Lovemaking is available on alternate evenings only.

3. *If there is a change in the BIP, apply the Wait and See, Count 1,2,3, Rule.*

Wait and See, Count 1,2,3, Rule

Abstain on all days where a change is observed and abstain for 3 days after the last day of the change.

What change did the woman with the dry BIP experience?



The following are examples of the Wait and See, Count 1,2,3 Rule for the different types of BIP:

What type of change does a woman with a non-changing BIP look for?

- If a woman has a dry BIP and *experiences mucus or a wet feeling*, she should abstain during those days and until she has 3 consecutive dry days. On the 4th dry day, she is assured that her BIP has returned. **She can then apply the EDR.** If her BIP does not return, she should abstain until it returns or a new BIP is established.
- If a woman has a basic pattern which combines non-changing mucus with some dry days, the type of change she will look for is *any wet sensation or a change in the appearance of mucus*. On the first day she sees any change, she should abstain. She should continue abstaining until the non-changing mucus OR the dry days have returned for 3 days. On the 4th day, she can be assured that her BIP has returned and can apply the EDR. If her BIP does not return, she should continue to apply the Wait and See, Count 1,2, 3 Rule, and she should consult a service provider.

The sample chart on the next page is for a woman with a combined non-changing mucus and dry days BIP who is following the rules stated above.

A breastfeeding woman should not apply the Peak Day Rule because the Peak Day is linked to ovulation. There is no certainty that ovulation has occurred for a breastfeeding woman until her typical mucus pattern returns and the menstrual cycles have begun again.

When a service provider has determined that: (1) a woman's menstrual cycles have returned and (2) her mucus pattern has returned to a non-breastfeeding pattern, only then can she apply the Peak Day and other Mucus Method rules. Any time a breastfeeding woman is unsure how to interpret her observations, she should consult a service provider.



Service providers should seek additional training to develop the competencies needed to work with breastfeeding clients.

 **My Notes**

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Breastfeeding Chart

Medicine/ Fever/ Other Changes	Inter course	What you see (mucus)	What you feel	Symbol	Month Date
		yellowish mucus	dry	M	1 May
		yellowish mucus	dry	M	2
		yellowish mucus	dry	M	3
		yellowish mucus	dry	M	4
		yellowish mucus	dry	M	5
		yellowish mucus	dry	M	6
		yellowish mucus	dry	M	7
		yellowish mucus	dry	M	8
		yellowish mucus	dry	M	9
		yellowish mucus	dry	M	10
		yellowish mucus	dry	M	11
		yellowish mucus	dry	M	12
		yellowish mucus	dry	M	13
		yellowish mucus	dry	M	14
		yellowish mucus	dry	M	15
		yellowish mucus	dry	M	16
		yellowish mucus	dry	M	17
		yellowish mucus	dry	M	18
		yellowish mucus	dry	M	19
		yellowish mucus	dry	M	20
		yellowish mucus	dry	M	21
		yellowish mucus	dry	M	22
		yellowish mucus	dry	M	23
		yellowish mucus	dry	M	24
		yellowish mucus	dry	M	25
		yellowish mucus	dry	M	26
		yellowish mucus	dry	M	27
		yellowish mucus	dry	M	28
		yellowish mucus	dry	M	29
		yellowish mucus	dry	M	30
		yellowish mucus	dry	M	31
		yellowish mucus	dry	M	1 June
		yellowish mucus	dry	M	2
		yellowish mucus	dry	M	3
		yellowish mucus	dry	M	4
		yellowish mucus	dry	M	5
		yellowish mucus	dry	M	6
		yellowish mucus	dry	M	7
		yellowish mucus	dry	M	8
		yellowish mucus	dry	M	9
		yellowish mucus	dry	M	10
		yellowish mucus	dry	M	11
		yellowish mucus	dry	M	12
		yellowish mucus	dry	M	13

Month/Year: _____

Service Delivery Guidelines

Schedule of Client Contacts

Successful Natural Family Planning depends upon the user's ability to learn and correctly apply information. A minimum of 4 meetings, or contacts, between the client and the service provider is recommended. *The client's partner should be present during at least one of these 4 contacts.*

What does a client learn during the FOS?

What information is provided during the Initial Instructions?

Ideally, when should the client and service provider meet for the cycle 1 follow-up?

Ideally, when should the client and service provider meet for the cycle 2 follow-up? For cycle 3?



In the first client contact, the service provider offers a Fertility Orientation Session (FOS) and gives the Initial Method Instructions. *The FOS is a general orientation to fertility.* This session can be given to anyone and is often helpful in bringing new clients to the Mucus Method. The Initial Instructions provide specific method information on the Mucus Method. After the FOS and the Initial Instructions, the client should begin observing her fertility signs immediately and should begin recording on a chart on the 1st day of her next menstrual cycle.

Once the client has started recording her fertility signs, she is in her first cycle of learning the Mucus Method. The service provider meets with the client during cycle 1. This client contact is called the cycle 1 follow-up. *Ideally this meeting occurs not later than 3 weeks after the start of the menstrual period.*

The service provider also meets with the client during cycle 2 and cycle 3. *Ideally these meetings occur not later than 3 weeks after the start of that cycle's menstrual period.* During cycle 2 and cycle 3, the service provider asks the client to explain her observations and experiences and how she is using the method. The service provider corrects or clarifies any incorrect information.

Also during the cycle 2 and cycle 3 follow-ups, the service provider registers the client with Family Health Services Information Systems (FHSIS), which is part of the Philippines Department of Health. Using the FHSIS forms (see the section of the manual titled, "Required Forms"), the service provider registers a client as a "new acceptor" during cycle 2.

The client is registered with FHSIS as a "current user" during cycle 3.

During the Cycle 3 Follow-up, the service provider uses the _____ to determine if the client is ready to be an autonomous user.

During the cycle 3 follow-up, the service provider also assesses whether the client is ready to be an autonomous user of the mucus method. An autonomous user is able to use the method without further instruction. The service provider assesses this by validating autonomous users with the *User Autonomy Checklist*. If the client needs more assistance or has additional questions, the service provider should schedule additional follow-ups.

At a minimum, how many client contacts should a service provider have with the client learning the method?

In summary, *the schedule of client contacts is:*

1. *Fertility Orientation Session (FOS) and Initial Instructions*
2. *Cycle 1 Follow-up*
3. *Cycle 2 Follow-up*
Includes the Partner Involvement Exercise
4. *Cycle 3 Follow-up*
Includes the autonomy checklist

The client's partner should be present during at least one of these 4 contacts.

What are the names of the 4 client contacts?

These 4 client contacts are included in the Basic Protocol for Natural Family Planning Services. This protocol is attached as Appendix C. This protocol should be kept on hand by all service providers.



User Autonomy Checklist

Throughout the world, service providers offering NFP to their clients are validating autonomous users. When service providers believe that clients are ready to practice NFP on their own, they validate that fact using the User Autonomy Checklist. *The User Autonomy Checklist provides an objective and consistent standard for service providers to use when verifying that the client is ready to become an autonomous user. An autonomous user does not need additional instruction in NFP.* To validate an autonomous user, the service provider asks the client to correctly provide the following information. If the client can correctly answer these 8 items, she has demonstrated her competence in using the mucus method and can be considered an autonomous user.

Define an autonomous user.

What are the 8 items which a client must answer to be considered an autonomous user?

During which client contact does the service provider use the User Autonomy checklist with the client?



User Autonomy Checklist

1. Describe cycle length, based on a chart.
2. Explain your and your partner's fertility intentions.
3. Describe mucus pattern, based on a chart.
4. Identify the beginning and end of fertile days, based on a chart.
5. Apply Peak Day Rule, based on a chart.
6. Apply Early Days Rule, based on a chart.
7. Explain benefits of NFP.
8. Describe the strategies used to adapt sexual behavior to the couple's fertility intentions.

The service provider usually uses the User Autonomy Checklist during the cycle 3 follow-up.

For each item in the User Autonomy Checklist, there are several questions which the service provider should ask. These questions are also included in Appendix E, the Client Contacts Record which includes the User Autonomy Checklist.

The User Autonomy Checklist is also included in the Basic Protocol for Natural Family Planning, which is in Appendix C. The protocol does not include the questions for service providers to ask clients. These are only in the Client Contacts Record.

 ***My Notes***

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Method Discontinuation

Clients sometimes decide that they no longer want to use the Mucus Method. There are many reasons that a client might "drop out" or discontinue the method. Perhaps the client has decided to use another method of family planning. She may also have become pregnant. Sometimes it is a planned pregnancy; other times it is unplanned.

An unplanned pregnancy could be due to any of the following reasons:

1. The method failed. All methods fail sometimes.
2. The client understood the method but did not use it correctly.
3. The teaching was not adequate for the client. Perhaps the client thought she was using the method correctly but was actually using it incorrectly because she did not understand the method.

In summary, there are 3 reasons that a client may experience an unplanned pregnancy: (1) method failure, (2) user failure, and (3) teaching failure.

What are the 7 guidelines a service provider should follow if a client experiences an unplanned pregnancy?



Management of Suspected Pregnancy

A pregnancy may be suspected when a client has had intercourse during the fertile days or when her period is delayed. If a pregnancy is suspected, it is important to meet with the couple. The goal of this meeting should be to help the couple determine whether the woman is pregnant. The service provider should also review how the couple is using the method. The following guidelines should be followed by the service provider:

1. *Do not assume pregnancy.*
Do not assume that the client is pregnant until this has been verified.

2. *Check the couple's fertility intentions.*
Ask both members of the couple to express their fertility intentions. It may be that they had intercourse during the fertile time because they do not have the same fertility intentions.
3. *Do a pregnancy investigation based on user's chart.*
Review the chart with the couple, asking them to recount their observations and how they identified the fertile time. The purpose of reviewing the chart is to determine if there was a mistake in identifying the fertile days, or if the couple had intercourse knowing it was the fertile time.
4. *Involve the partner.*
Whenever possible, involve the partner in steps 2-4.
5. *Do a pregnancy test.*
6. *Refer as appropriate.*
Based on the couple's needs, refer them to any outside services they might require.
7. *Continue involving users in NFP activities.*
It is important that the couple continue to stay in touch with other mucus method users. Their experience, whether a couple or method failure, will be helpful to other method users.

Required Forms

FHSIS Forms (see Appendix D)

FHSIS stands for Family Health Services Information Systems, which is part of the Philippines Department of Health. The FHSIS forms are completed by service providers throughout the Philippines. *For the Mucus Method, the service provider completes the FHSIS forms 2 times. The FHSIS forms are completed when a client becomes a new acceptor of the Mucus Method and when the client becomes a current user.* This information provides the Department of Health with crucial information as to the scope of Mucus Method service delivery throughout the Philippines.

When should the service provider complete the FHSIS forms?

When does a client become a new acceptor?

When does a client become a current user?

How does the service provider keep track of the client contacts for each client?



New Acceptor: *A client becomes a "new acceptor" after attending the FOS and Initial Instructions, the first cycle follow-up, and the second cycle follow-up.*

Document a client as an "NFP new acceptor" on the FHSIS form at the end of the second cycle follow-up visit.

Current User: *A client becomes a "current user" once the client has achieved autonomy.*

Document a client as a "NFP current user" on the FHSIS form after the service provider has verified that the client has correctly provided all information on the User Autonomy Checklist.

The client is typically documented as a current user at the 3rd cycle follow-up. It may be done later if the client can not complete the User Autonomy Checklist at the cycle 3 follow-up.

Client Contact Record (see Appendix E)

The service provider should complete one of these forms for each client, to keep track of the client contacts and to record the client's completion of the User Autonomy Checklist.

Sustainability

The concern for sustainability is at 2 levels: (1) sustaining the couple's practice of the Mucus Method, which requires the involvement of both the client and her partner, and (2) sustaining the practice of the Mucus Method in the community.

Partner Involvement

The practice of the Mucus Method requires that both partners are involved in the decision to use Natural Family Planning. *To sustain the use of the method over a period of time, the couple must communicate with each other so that they can handle the fertile time successfully and make the most of the infertile time.*

Why is it essential that a woman and her partner become involved in the use of the Mucus Method?

Service providers may want to ask clients these questions:

1. How will you and your partner deal with the fertile time?
2. How will you and your partner deal with the infertile time?
3. When do you think would be a good time to discuss this with your partner?
4. How can I help you to prepare for this discussion?

What suggestions could a service provider give to a couple to help them handle the fertile and infertile times?

Waiting Time

Some things that couples do instead of lovemaking during the fertile time are:

- *Watch TV.*
- *Have a "night out".*
- *Take a cold shower.*
- *Play a sport.*
- *Keep the children in bed with them.*
- *Have an intimate conversation.*
- *Achieve intimacy in creative ways.*



There are many ways to achieve sexual satisfaction without having intercourse. The fertile time can be used creatively for non-genital activities that the couple used to do together before marriage. It may be good to think back on other times when they restricted themselves from intercourse yet achieved intimacy in their relationship.

Lovemaking Time

Knowing that lovemaking is approaching gives couples time to prepare themselves in anticipation of the lovemaking without fear of pregnancy or boredom with the routine. Because the Mucus Method does require some waiting time, efforts to improve the quality of the couples' lovemaking are important.

There are 3 stages to think about so that lovemaking is satisfying to both the man and the woman:

1. Agreement and preparation for lovemaking
2. The act of lovemaking
3. Post lovemaking.

For stage 1, agreement and preparation for lovemaking, mutual consent for lovemaking can be verbalized by either partner or can be communicated non-verbally.

Some ways that couples prepare for lovemaking are:

- *Arrange time alone.*
- *Put the children to bed early.*
- *Try not to get too tired during the day.*
- *Spend time getting clean and attractive.*
- *Do something special your partner likes such as cook a favorite meal or bring home a surprise.*

For stage 2, the act of lovemaking, it is important to *secure privacy, communicate with each other to achieve mutual sexual satisfaction and harmony, and concentrate on giving and receiving pleasure.*

Identify at least 3 ways a couple can prepare for lovemaking.

Identify at least 3 important factors for a couple to keep in mind during the lovemaking stage.



Stage 3, the post-lovemaking time, prolongs the closeness and intimacy that come from lovemaking. Some things that other couples do during the post-lovemaking time are:

Identify at least 3 things a couple can do after lovemaking.

- *Say thank you.*
- *Show concern for the partner's satisfaction.*
- *Show gestures of concern and caring.*
- *Continue to have intimate conversations.*
- *Plan for the next time of lovemaking.*

 **My Notes**



Organizing for Sustainability in your Community

Why is it important to integrate NFP into the community?

The second level of sustainability focuses on ensuring that provision for Mucus Method services continues in the community. Service providers can utilize other community resources to help couples sustain the use of the Mucus Method. Community resources may be existing People's Organizations (POs) of autonomous users. Many couples who have learned the Mucus Method feel a bond with learning couples and can be a valuable support to those who are new to the method. Other community resources may be other volunteer networks or non-governmental organizations that offer NFP services.

What suggestions could a service provider make to current users to help them sustain NFP in their community?

When talking to NFP clients, the provider should:

1. *Consistently encourage all current users to join the local PO.*
2. *Consistently encourage all current users to become trained as volunteer service providers.*

Other ways service provider can ensure sustainability include:

1. Participating in a local P.O. if one exists
2. Teaming up with volunteers for activities such as: recruiting new clients, making referrals, generating resources, etc.
3. Improving one's skills as a service provider by linking with a more experienced mentor or supervisor or by collaborating with other service providers
4. Informing and involving local executives with NFP activities.

Service providers should be aware of opportunities to integrate NFP into the community. *The more NFP is integrated, the more it is likely to be sustained.*

Service providers should do a minimum of 3 of the above activities in order to sustain NFP in the community.



Common Questions and Answers on the Mucus Method

Can NFP be used just by the wife?

- It is difficult for a couple to succeed with their family planning practice regardless of what method they use if their intentions differ. It is much more difficult for NFP users because the method requires joint fertility decisions and partner communication and cooperation at all times during the woman's cycle.

Can a couple use condoms while learning the mucus method?

- If a couple uses condoms while learning the mucus method, it can take longer to learn the Mucus Method (MM) since engaging in intercourse makes it difficult for a woman to observe the wet mucus, even with a barrier method, because of the sexual stimulation. While learning MM, it is very important to be aware of a woman's natural pattern of wet and dry sensations. Condoms interfere with this.

What if a woman always feels wet?

- There may be a few exceptional women who would report this. There may be several possibilities:
 1. she may not be observing correctly or
 2. she is observing correctly and the secretion has a fishy odor, is yellowish, and does not change and she feels itchy sensation.

In the second case, she may have an infection and should visit a medical provider to have this investigated. Another possibility, although very remote, is that the woman is constantly sexually aroused.

Are there men who actually like NFP? I can't believe that!

- Yes, there are men who are satisfied with NFP. These are remarks from some husbands using NFP:
 - "We are actually making love more times than ever in the last 5 years."
 - "I could use the rest!" (from frequent lovemaking)
 - "I can't believe my wife could be this good. She even starts the ball rolling."
 - "I never knew anything about fertility before."

Can I learn NFP on my own?

- There are highly-motivated couples who have learned the method on their own (without relying on health professionals). However, experience also shows that with guidance of a trained teacher, learning is faster and more effective



Effectiveness Rates

Natural Family Planning methods are very effective in preventing pregnancy if a couple understand how to use them and does not engage in lovemaking during the fertile time.

When the Mucus Method is used correctly, all the time, it is very effective. Out of 100 couples who use the Mucus Method perfectly for one year, only 3¹ of the women may become pregnant.

When a couple doesn't always use the Mucus Method correctly, the method is not as effective. These couples are sometimes described as typical users. Out of 100 typical couples who use the Mucus Method for one year, between 20² – 25³ women may get pregnant.

These numbers are from studies that looked as women using all types of Natural Family Planning, not just the Mucus Method. Since there are not enough well constructed studies focusing on just the Mucus Method, it is common practice to apply these numbers to the Mucus Method.

In summary:

- For couples using the Mucus Method perfectly for one year, 3 women may get pregnant.
- For typical couples using the Mucus Method for one year, 20-25 women may get pregnant.

The essential message for clients is that the Mucus Method is very effective when it is used correctly.

When clients understand the difference between the perfect and typical user numbers, they can see how important it is to use the method correctly. Service providers can help clients use the method correctly by teaching clearly and by asking questions to be sure he client can explain how they will use the method.

¹ Hatcher RA, Trussel J, Stewart F, Cates W, Stewart G, Guest F, Kowal D, Contraceptive Technology: Seventeenth Revised Edition. New York, NY: Ardent Media, 1998.

² Hatcher RA, Rinehart W, Blackburn R, and Geller JS, the Essentials of Contraceptive Technology. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

³ Hatcher RA, Trussel J, Stewart F, Cates W, Stewart G, Guest F, Kowal D, Contraceptive Technology: Seventeenth Revised Edition. New York, NY: Ardent Media, 1998.

The Mucus Method Basic Protocol for Service Providers

INTRODUCTION This Basic Protocol for the Mucus Method (MM) has developed over the years from the experience of Natural Family Planning (NFP) providers. Its purpose is to ensure that Mucus Method service follows certain key steps. The protocol has two main parts:

1. Method Delivery Guidelines; and
2. Organizing for Sustainability.

All service providers must undergo training on the Mucus Method to be able to provide the method. The Basic protocol focuses on the provision of the Mucus Method.

PART 1

Method Delivery Guidelines

Most clients require 3 menstrual cycles to learn to use the MM without assistance from the provider, that is, to become autonomous. The method delivery guidelines outlined here recommend that the service provider meet with the client at least 4 times during the first 3 cycles. However, additional follow-up sessions may be needed. This schedule is outlined in "Mucus Method Client Contacts". When the client has mastered the method, the service provider validates this by administering the User Autonomy Checklist.

Mucus Method Client Contacts

Natural Family Planning service delivery focuses on client learning. The goal is that the client will learn the method and become an autonomous method user (one who uses the method without needing assistance from the service provider). For a client to learn the Mucus Method, the service provider will have a minimum of 4 client contacts which address 2 main areas:

1. how to use the method; and
2. how to creatively integrate the use of the method with their fertility intentions.

Partners are welcomed at all of the client contacts, as partner involvement is crucial to long-term method success. At least one of the client contacts should include the partner.

Schedule for Client contacts:

1. Fertility Orientation Session (FOS) and Initial Instructions (II)
2. Follow-up # 1 – Cycle 1
3. Follow-up # 2 – Cycle 2
4. Follow-up # 3 – Cycle 3

Note: Additional follow-ups may be necessary until the client can complete the User Autonomy Checklist

User Autonomy Checklist

Once the client can complete the User Autonomy Checklist, the client becomes a "current user" of NFP. Current users do not need additional instructions in NFP. However, they are always welcome to return to the service provider for questions or additional information. Service providers should encourage current users to join or form People's Organization of autonomous users.

Service providers or their supervisors (if trained in NFP) should validate that all Mucus Method clients can complete the User Autonomy Checklist. To do this, the service provider asks the client to correctly provide the following information. If the client can correctly perform these 8 tasks, she has successfully completed the User Autonomy Checklist.

User Autonomy Checklist:

1. Describe cycle length, based on a chart
2. Clarify fertility intention with partner
3. Describe mucus pattern, based on chart
4. Identify the beginning and end of fertile days, based on a chart
5. Apply Peak Day Rule, based on chart
6. Apply Early Days Rule, based on chart
7. Explain benefits of NFP
8. Describe strategies used to adapt sexual behavior to the couple's fertility intentions

Typically, validation is done at the end of the 3rd cycle. It may be done again later if the client is not able to correctly provide this information at the end of the 3rd cycle.

Recording and Reporting of Mucus Method Users

For clients receiving Mucus Method services, complete the following FHSIS form:

New Acceptor – a client becomes a “new acceptor” after attending the FOS and Initial Instructions, the first cycle follow-up, and the second cycle follow-up. Document a client as a “new acceptor” on the FHSIS form at the end of the second cycle follow-up visit.

Current User – a client becomes a “current user” once the client has achieved autonomy. Document a client as a “current user” on the FHSIS form after the service provider has verified that the client has correctly completed all the tasks on the User Autonomy Checklist. The client is typically documented as a current user at the 3rd cycle follow-up. This may be done later if the client cannot complete the User Autonomy Checklist at the cycle 3 follow-up.

Part 2

Organizing for Sustainability

In addition to delivering the method to clients as outlined in Part 1 of this protocol, service providers play an important role in ensuring that the services are sustained. This sections of the protocol addresses the issue of organizing for sustainability. There are several ways that the service provider can help to ensure that Mucus Method services are offered in his/her community. These include:

1. participating with a local People’s Organization (PO) composed of NFP autonomous users, if one exists
2. consistently encouraging all current users to join the local PO
3. consistently encouraging all current users to become trained as volunteer service providers
4. teaming-up with volunteers for activities such as recruiting of new clients, making referrals, generating resources, etc.
5. improving one’s skills as a service provider by linking with more-experienced mentor or supervisor or by collaborating with other service providers
6. informing and involving local executives in NFP activities

Service providers should do a minimum of 3 of the above activities in order to sustain NFP services in his/her community.

FHSIS
Summary Table
HEALTH PROGRAM ACCOMPLISHMENT

CITY/MUNICIPALITY _____

BHS _____

TOTAL POPULATION _____

NAME OF MIDWIFE _____

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	TARGET	JAN	FEB	MAR	Q1		APR	MAY	JUN	Q2		JUL	AUG	SEP	Q3		OCT	NOV	DEC	Q4	
					N	%				N	%				N	%				N	%
FAMILY PLANNING PART ONE																					
1. NEW ACCEPTORS:																					
CONDOMS																					
INJECTION																					
IUD																					
LAM																					
NFP																					
PILLS																					
MALE STERILIZATION																					
FEMALE STERILIZATION																					
OTHERS																					
2. TOTAL NEW ACCEPTORS																					
3. OTHER ACCEPTORS (CM, RS, CC)																					
PILLS																					
IUD																					
CONDOMS																					
BTL																					
VASECTOMY																					
NFP																					
4. TOTAL OTHER ACCEPTORS																					

Client Contact Record

CLIENT CONTACT RECORD FOR THE MUCUS METHOD

CLIENT _____
HUSBAND _____

CONTACT SESSION	DATE	ISSUES TO FOLLOW UP AT NEXT VISIT (Please check in box provided)
Fertility Orientation Session (FOS)		Comments:
Initial Instructions (I)		Comments:
Cycle 1 Follow-up		<input type="checkbox"/> Observing <input type="checkbox"/> Recording Comments:
Cycle 2 Follow-up		<input type="checkbox"/> Observing <input type="checkbox"/> Rules <input type="checkbox"/> Recording <input type="checkbox"/> Partner Involvement Others:
Cycle 3 Follow-up		<input type="checkbox"/> Observing <input type="checkbox"/> Rules <input type="checkbox"/> Recording <input type="checkbox"/> Partner Involvement Others:
Breastfeeding		Comments:
Other session (specify)		Comments:
DROP OUT Reason: <input type="checkbox"/> Another method <input type="checkbox"/> Change in residence <input type="checkbox"/> Pregnancy ___ Planned ___ Unplanned Other reason (specify)		

SERVICE PROVIDER:

Printed Name and Signature

List of Abbreviations

BIP	Basic Infertile Pattern
CBT	Competency-based Training
EDR	Early Days Rule
FHSIS	Family Health Services Information Systems
FOS	Fertility Orientation Session
II	Initial Instructions
LAM	Lactational Amenorrhea Method
MM	Mucus Method
NFP	Natural Family Planning