Using Fertility Awareness-Based Methods (FABMs) to Achieve Pregnancy

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FABMs are methods for achieving or preventing pregnancy that require female clients to monitor biomarkers, or fertility indicators, to estimate when they may be fertile. Healthcare professionals can use this resource to explain fertility indicators and FABMs to clients who want to become pregnant. The information in this resource is not intended to replace training in proper provision and use of individual FABMs.

FABMs and Fertility Indicators

- With FABMs, clients use fertility indicators to estimate the fertile window: the time during the ovulatory-menstrual cycle when having sex is most likely to result in pregnancy.
- Common fertility indicators include the menstrual cycle length, cervical fluid secretions, urinary hormones, and basal body temperature.
- Using an FABM to track fertility indicators, clients can estimate their fertile window and time intercourse accordingly.
- Tracking fertility indicators can help clients identify irregular patterns that may warrant further evaluation for underlying health conditions that can impact fertility.

Using Fertility Indicators to Achieve Pregnancy

	FERTILITY INDICATOR			
	MENSTRUAL CYCLE	**CERVICAL SECRETIONS**	**URINARY HORMONES**	**BASAL BODY TEMPERATURE**
Fertility indicator's relationship to fertility and the fertile window	In most menstrual cycles, ovulation occurs around the middle of the cycle.	A change in the amount, appearance, and/or sensation of cervical secretions signals the fertile window. Beginning of fertile window: abundant, clear, slippery, and/or stretchy secretions. End of fertile window: absent, white, thick, and/or sticky secretions.	A rise in follicle-stimulating hormone and E3G, the urinary metabolite of estradiol, indicates the beginning of the fertile window. Luteinizing hormone (LH) rises 24–36 hours before ovulation.	Basal body temperature (BBT) is lower in the first part of the cycle, rises at least 0.4°F around the time of ovulation, and remains elevated until around the time the next menstrual cycle begins.
How to use the fertility indicator	Clients with cycles that are 26–32 days long should consider days 8–19 of the menstrual cycle as the estimated fertile window.	Observe cervical secretions throughout the day, particularly before and after urination.	To predict ovulation, use a test that monitors LH. To estimate the fertile days before ovulation, use a test that monitors E3G and LH.	Record daily BBT on a chart or app to estimate when ovulation happened and when the fertile window ended. Use one of the other indicators listed in this tool to estimate the beginning of the fertile window.
FABMs that use the fertility indicator	Standard Days Method	Billings Ovulation Method FEMM Sensiplan Method	Marquette Model using the Clearblue fertility monitor	Natural Cycles Method Sensiplan Method
Key counseling points	Days 8–19 of every cycle are considered fertile days in cycles that are 26–32 days long.[1] Clients can time intercourse during days 8–19. FABMs that use only this indicator are appropriate for clients whose cycle lengths are consistent (i.e., regular) and are 26–32 days long.	During the fertile window, secretions first appear scant, whitish, or cloudy, and become abundant, clear, stretchy, and slippery (peak mucus). Ovulation is likely to occur one day before, during, or one day after the last day of peak mucus.[1] Clients can time intercourse during days of peak mucus and the three days after peak mucus disappears. Intercourse during this time can help sperm survive in the reproductive tract, increasing the likelihood that sperm will be viable when ovulation occurs. Clients with irregular cycles can monitor cervical secretions to time intercourse. They should understand that some cycles may be anovulatory, and they may observe multiple episodes of cervical mucus change before ovulation occurs. Intercourse can be timed during each episode to increase the chance of conception.	To get the most accurate results, follow test kit or monitor instructions carefully.[1] Clients can time intercourse to occur during: days of high E3G, before peak LH is expected and during peak LH, and during the two days after peak LH.	At the same time each day before getting out of bed, and after six hours of uninterrupted sleep, take BBT using a basal thermometer. When a client records three continuous temperatures above baseline, they are no longer in the fertile window.[1] Clients can time intercourse during the 7–10 days before they expect their BBT to rise and during the three days when it begins to rise.

Menstrual Cycle, Ovulation, and Fertility

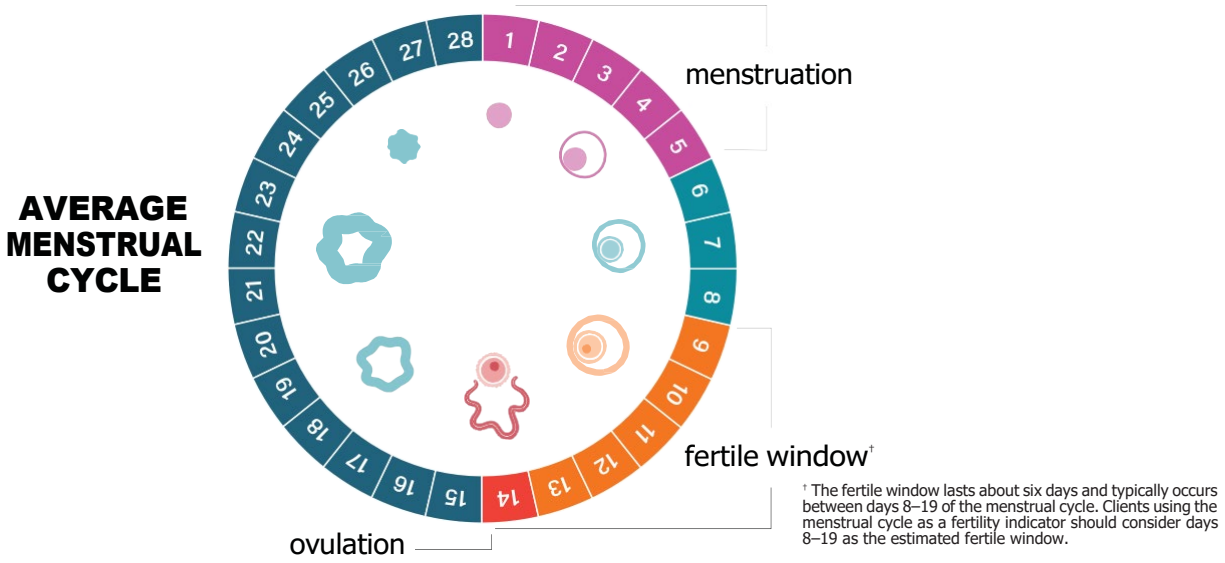
The menstrual cycle is a hormonal cycle during which a female's body ovulates, prepares for pregnancy, and repeats if no pregnancy occurs. Day 1 of the menstrual cycle is the first day of menstrual bleeding. The normal length of the menstrual cycle is typically between 24 and 38 days, though cycle lengths and days of ovulation vary. (The graphic below uses a 28-day cycle as an example.)

The release of an oocyte, or egg cell, is called ovulation. In females with regular cycles between 26–30 days, ovulation typically occurs around days 12–16 of the cycle (about two weeks prior to the start of the next menstrual period).

While the egg is viable for up to one day, the biological fertile window lasts about six days: the day of ovulation and the five days beforehand. This is because sperm can live in the female reproductive tract for up to five days in the presence of fertile type cervical secretions. Therefore, sex before or around the time of ovulation can lead to pregnancy. Note that the fertile window closes quickly after ovulation because the egg only survives 12–24 hours if it is not fertilized with a sperm cell. In the absence of fertile type cervical secretions, sperm will die within 6–12 hours in the female reproductive tract.

FABMs support users in estimating when ovulation has occurred or will occur, and when the egg can be fertilized. The estimated fertile window for each FABM is typically longer than six days, and may be more than twelve days because the exact timing of ovulation is variable.

Factors such as age, diet, lifestyle, anatomy, and health conditions can influence fertility. Irregular ovulation, short luteal phases, prolonged cycles, or persistent cycle abnormalities may indicate underlying hormonal or metabolic conditions. Identification of these patterns should prompt further clinical evaluation.



Considerations for Using FABMs

Timing intercourse. Timed intercourse involves predicting when ovulation is most likely to occur, estimating the fertile window based on the ovulation prediction, and engaging in intercourse during the fertile window to increase the chance of pregnancy.

- Using fertility indicators that predict ovulation before it occurs (e.g., cervical secretions, E3G levels) may be most useful for timing intercourse for pregnancy. Counsel clients: to have intercourse during their fertile window per their preference; and that chances of becoming pregnant are highest when intercourse occurs every one to two days during the fertile window (among clients with normal fertility) and on the day before ovulation. Having intercourse more than once every 1 to 2 days during the fertile period is not associated with an increased likelihood of becoming pregnant.
- Among the general population, about 85% of women will become pregnant within 1 year when having unprotected intercourse without attention to timing. Using fertility indicators to time intercourse may increase the likelihood of pregnancy and decrease the time to conception. If pregnancy does not occur after one year of timed intercourse, further evaluation for underlying causes is recommended.
- Monitoring fertility indicators and timing intercourse may help clients recognize they are pregnant earlier.

Using fertility indicators. Using multiple fertility indicators, including cervical secretions, may be associated with the highest likelihood of becoming pregnant.

- Monitoring cervical secretions to predict ovulation may provide the most precise estimate of the fertile window and can be used by clients with irregular cycles.
- Abnormal or inconsistent patterns related to fertility indicators across multiple cycles should prompt clinical assessment for potential root causes.

Using apps to monitor fertility indicators. Using one of the apps listed above or a private period tracking app (e.g. Read Your Body) to monitor fertility indicators and time intercourse may increase the likelihood of pregnancy (among couples with normal fertility).

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