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

RHNTC
REPRODUCTIVE HEALTH
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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 prevent pregnancy. 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 multiple fertility indicators at a time may improve estimation of the fertile window.
- To avoid pregnancy, clients can either use an alternate contraceptive method or abstain from sex during their estimated fertile window.
- 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 for Preventing 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 E3G, the urinary metabolite of estradiol, precedes the rise in urinary luteinizing hormone (LH). 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. Identify changes that indicate fertility.	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 other indicators to estimate the beginning of the fertile window.
FABMs that use the fertility indicator	Standard Days Method (11–14% typical use pregnancy rate)*	Billings Ovulation Method (11–23% typical use pregnancy rate)* TwoDay Method (14% typical use pregnancy rate)* Sensiplan™ Method (2% typical use pregnancy rate* when using cervical secretions and BBT)	Marquette Model (2–7% typical use pregnancy rate)*	Natural Cycles Method (6–10% typical use pregnancy rate)*‡ Sensiplan™ Method (2% typical use pregnancy rate* when using BBT and cervical secretions)
Key counseling points	Days 8–19 of every cycle are considered fertile days in cycles that are 26–32 days long. To accurately estimate the fertile window, FABMs that use this indicator are appropriate for clients whose cycles are consistent month to month (i.e., regular) and are 26–32 days long.	During the fertile window, secretions typically first appear scant, whitish, or cloudy, and then become abundant, clear, stretchy, and slippery. Ovulation is likely to occur one day before, during, or one day after the last day of abundant, clear, stretchy, slippery secretions. Monitoring cervical secretions can be used by clients with irregular cycles.	To get the most accurate results, follow hormone monitor instructions carefully.	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.

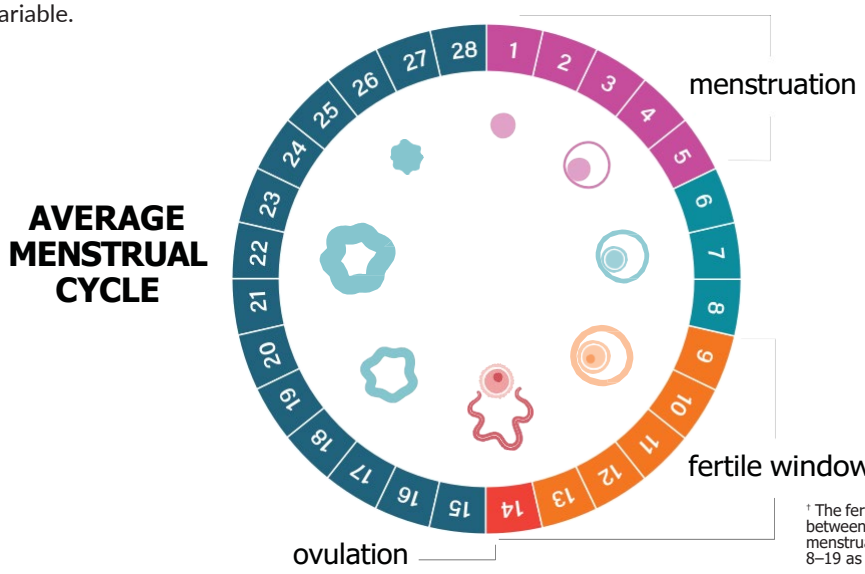
Menstrual Cycle, Ovulation, and Fertility

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. 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.



† The fertile window lasts about six days and typically occurs between days 8–19 of the menstrual cycle. Clients using the menstrual cycle as a fertility indicator should consider days 8–19 as the estimated fertile window.

Considerations for Using FABMs

FABMs have no side effects, which may appeal to clients who prefer not to use a device or a hormonal method of contraception. And with the information gained from tracking fertility indicators, FABMs are an opportunity to better understand one's menstrual cycle, which may help a client manage cycle symptoms, identify irregularities, and monitor health conditions. Persistent irregularities indicate the need for further evaluation.

FABM effectiveness depends on clients using these methods correctly. Certain conditions can make FABMs more difficult to use effectively.

To assess whether an FABM is a good fit for a client, ask:

- **About their contraceptive effectiveness needs.** Discuss effectiveness considerations (e.g., the client's ability to monitor and interpret fertility indicators correctly and consistently, and that effectiveness is highly dependent on accurate, consistent use) and the limited evidence base on FABM effectiveness due to a lack of high quality studies assessing effectiveness. If the client is interested in other methods, counsel them on other method options (see the RHNTC's Birth Control Methods Chart).
- **If they feel able to plan the timing of sex with their partner or use an alternate method during the fertile window.** To effectively use FABMs for pregnancy prevention, sexual partners must be able to communicate clearly and agree to use an alternate method or abstain from sex during the fertile window. If the client worries about their ability to plan the timing of sex or use an alternate method, offer to help them consider a different method.
- **If they have irregular menstrual cycles.** Irregular or less predictable menstrual cycles may make some FABMs more difficult to use and effectiveness at preventing pregnancy in this population is unknown. FABMs that rely on tracking cervical secretions can be used by clients with irregular menstrual cycles for preventing pregnancy (though even these FABMs may be less effective for clients with irregular cycles). Regular ovulation and predictable cycle patterns are signs of reproductive health. Persistent irregularities may indicate underlying conditions and warrant further evaluation.
- **If they are lactating.** For clients who are lactating and want to use an FABM, discuss the Lactational Amenorrhea Method (LAM). To be effective, LAM requires that: the client is exclusively breastfeeding, their baby is less than six months old, and their menstrual cycle has not returned.

* The percentage of women who have an unintended pregnancy within the first year of typical use. Data is drawn from Bradley SEK, et al., Effectiveness, safety, and comparative side effects, and Urrutia RP, et al., Fertility Awareness-Based Methods. In: Cason P, Cwiak C, Edelment A, et al. [Eds.] Contraceptive Technology. 22nd edition. Burlington, MA: Jones-Bartlett Learning, 2025.

‡ Natural Cycles is the only FABM digital app that is FDA cleared and available in the U.S. for use as a contraceptive method.

This publication was supported by the Office of Population Affairs (Grant FPTPA006030). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.