Fertility Awareness-Based Methods

Fertility Indicators and Counseling Points

RHNTC REPRODUCTIVE HEALTH NATIONAL TRAINING CENTER

Sexual and reproductive health providers and staff can use this resource to explain fertility indicators and fertility awareness-based methods (FABMs) to clients. FABMs are methods for avoiding or achieving pregnancy that require female clients to monitor their fertility indicators. 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 can use fertility indicators to predict the fertile window. The fertile window is the time when having sex is most likely to result in pregnancy.
- Fertility indicators include menstrual cycle days, cervical secretions, basal body temperature, and urinary hormones. Using multiple fertility indicators at a time may improve detection of the fertile window.
- To achieve pregnancy, clients can have sex (or insemination) during their fertile window. To avoid pregnancy, clients can either use an alternate method (e.g., barrier method) or abstain from sex during their fertile window.
- The limited evidence base makes accurate assessment of FABM effectiveness difficult. The estimated risk of becoming pregnant when using FABMs to avoid pregnancy ranges from 2–23%.*

Understanding and Using Fertility Indicators

	FERTILITY INDICATOR			
	MENSTRUAL CYCLE	**CERVICAL SECRETIONS**	**BASAL BODY TEMPERATURE**	**URINARY HORMONES**
Fertility indicator's relationship to fertility	In most menstrual cycles, ovulation occurs around the middle of the cycle.	A change in the amount or character of cervical secretions signals the beginning and end of the fertile window.	Basal body temperature (BBT) is lower in the first part of the cycle, rises at least 0.4°F with ovulation, and remains elevated until the next menstrual cycle begins.	Urinary luteinizing hormone (LH) rises 24–36 hours before ovulation begins. A rise in E3G, the urinary metabolite of estradiol, precedes the rise in LH.
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 fertile window.	Observe vaginal secretions throughout the day, particularly before and after urination. Identify changes that indicate fertility, such as the appearance of sticky, thick, clear, stretchy, or slippery secretions.	Record daily BBT on a menstrual cycle chart or app to identify when ovulation happened and when the fertile window ended. Use other indicators to identify the beginning of the fertile window.	To predict ovulation, use an ovulation test that monitors LH. To identify the fertile days before ovulation begins, use a test that monitors LH and E3G, or use other indicators.
FABMs that use this indicator for pregnancy prevention*	Standard Days Method (11–14% typical use pregnancy rate)*	Sensiplan™ Method (2% typical use pregnancy rate)* Two-Day Method (14% typical use pregnancy rate)* Billings Ovulation Method (11–23% typical use pregnancy rate)*	Sensiplan™ Method (2% typical use pregnancy rate)* Natural Cycles Method (6–7% typical use pregnancy rate)*‡	Marquette Model (2–7% typical use pregnancy rate)*
Key counseling points	Although the day of ovulation varies from cycle to cycle, when using menstrual cycle days to predict fertility, days 8–19 of every cycle are considered fertile days in cycles that are 26–32 days long. Most methods that use this fertility indicator are appropriate for clients with **regular** menstrual cycles that are 26–32 days long.	During the fertile window, secretions typically first appear scant, whitish in color, sticky, and thick, 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.[1] Clients with irregular menstrual cycles may use observation of cervical secretions as a fertility indicator.	At the same time each day before getting out of bed, and after six hours of uninterrupted sleep, take BBT using a basal thermometer (not a regular, fever-detecting thermometer). When a client records three continuous temperatures above baseline, they are no longer in the fertile window. Some clients observe a drop in BBT 12–24 hours before ovulation.[1]	To get the most accurate results, follow test kit instructions carefully. To ensure accurate understanding of how to avoid pregnancy when using urinary hormones to monitor fertility, providers and staff can be trained as FABM instructors for specific methods, such as the Marquette Method.

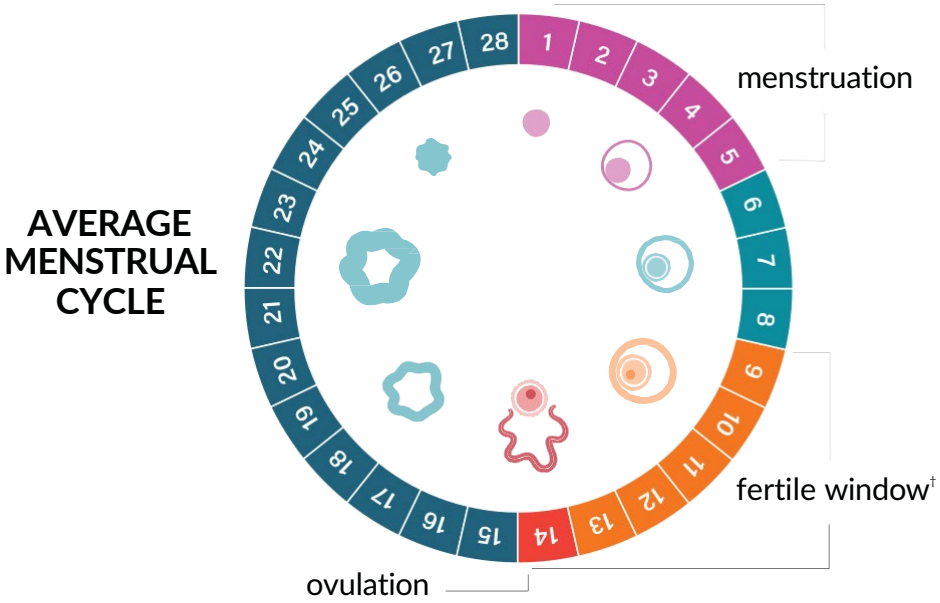
[1] The estimated fertile window will include days prior to ovulation when sperm can survive in the genital tract, the day of ovulation, and additional days to account for potential measurement error.

Menstrual Cycle, Ovulation, and Fertility

Day 1 of the menstrual cycle is the first day of menstrual bleeding. An average menstrual cycle lasts 26–32 days, though cycle lengths vary from person to person. (The graphic of the Average Menstrual Cycle that follows uses a 28-day cycle as an example.)

The release of an egg cell in a female is called ovulation. Ovulation typically occurs around days 12–16 of the menstrual cycle (about two weeks after one's 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 genital tract for three to five days. Therefore, even if a client has sex a few days before they ovulate, the sperm could still fertilize the egg and result in a pregnancy. The estimated fertile window for each FABM is typically longer than six days to account for potential measurement error.



† The fertile window lasts about six days within days 8–19 of the menstrual cycle—often on days 9–14, but not always. Therefore, clients using the menstrual cycle as a fertility indicator should consider days 8–19 as the fertile window.

Considerations for Using FABMs

Some people say they like FABMs because these methods have no side effects, involve no exogenous hormones or contraceptive devices, and increase awareness of one's menstrual cycle and fertility indicators.

The effectiveness of FABMs depends on clients using these methods correctly. Certain situations and conditions can make FABMs more difficult to use effectively.

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

- **About their pregnancy intentions and contraceptive effectiveness needs.** Discuss effectiveness considerations (e.g., the client's ability to monitor and interpret fertility indicators correctly and consistently, that FABMs are unforgiving to incorrect use) and the limited evidence base on FABM effectiveness due to a lack of high quality studies and a limited number of studies assessing effectiveness. If the client needs a method that is highly effective at preventing pregnancy, counsel them about other methods (see the RHNTC's Birth Control Methods Chart).
- **If they feel able to negotiate the timing of vaginal sex with their sexual 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 about the need to use an alternate method (e.g., barrier method) or abstain from sex during the fertile window. If the client worries about their ability to negotiate the timing of sex or use an alternate method, offer to help them choose a different method.
- **If they have irregular menstrual cycles.** For example, clients who are postpartum, are approaching menopause, or have hormonal imbalances may have irregular cycles. If a client with an irregular cycle wants to use an FABM, suggest one that does not rely on tracking the menstrual cycle (though make it clear that even these FABMs may be less effective for clients with irregular cycles).
- **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.

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