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NATIONAL CLINICAL TRAINING CENTER FOR FAMILY PLANNING

Webinar Transcript

Title: Understanding and Counseling Potential Users on Fertility Awareness-Based Methods for Pregnancy Prevention
Presenters: Chelsea Polis, Ph.D, and Rachel Peragallo Urrutia, MD, MSCR
Duration: 1:03:12

NCTCFP: Good afternoon and good morning. We are now at the top of the hour and we will begin. We will hear some welcoming remarks from the Office of Population Affairs.

Sue Moskosky: Good afternoon, everyone, and thank you for joining this important webinar, Understanding and Counseling Potential Users on Fertility Awareness-Based methods for Pregnancy Prevention, and also as you all know these methods can also be used for achieving [00:00:30] pregnancy. I just want to highlight that this is an extremely important topic for the Office of Population Affairs, as natural family planning or fertility awareness methods are one of the required services that are required by anyone who received Title X Family Planning funds. With that, I want to thank both the operator as well as our Clinical Training Center for Family Planning as well as the presenters for this afternoon as well as all of you for joining [00:01:00] us. I'll turn it back over to the Clinical Training Center.

NCTCFP: Thank you, Sue. Hello, everyone. My name is Viannella Halsall and I'm with the National Clinical Training Center for Family Planning. We are pleased to host this webinar today. Before we begin, I will go over some logistics. Today's audio is being streamed through your computer speakers only so make sure your speakers are turned on and the volume is turned up. There is no phone call-in option for attendees of this webinar. If you have [00:01:30] questions for the presenters at any time, please submit those in the questions pod that says, type your questions for presenters. There is time allotted for question-and-answer directly after the presentation. You can download the presentation slides in the lower left hand corner by clicking on the file name, and then clicking download file. Before I introduce our two guest speakers, I need to go over the continuing education disclosures with you.

This course offers one contact hour. [00:02:00] To receive contact hours, participants must complete the online evaluation and request for credit. CNE certificates, CHES certificates and certificates of attendance will be available four to six weeks after submitting the evaluation of this webinar.

There is no commercial support for this training. The University of Missouri-Kansas City School of Nursing and Health Studies and the ANCC do not approve or endorse any commercial products associated with this activity.

In accordance with continuing education guidelines, the [00:02:30] speaker and planning committee members have disclosed commercial and trust and financial relationships with companies whose products or services may be discussed during the program. Our first speaker, Dr. Chelsea Polis, has nothing to disclose. Our second speaker, Dr. Rachel Urrutia, conducts clinical works for KNDR health care and this has been resolved. The planning committee members are Sharon Colbert, Angela Bolen, Viannella Halsall, and Kimberly Carlson and they have nothing to disclose. Jacki Witt is on the advisory [00:03:00] board of Afaxys Pharmaceuticals and this has been resolved. Funding for this presentation was supported by Award FPTPA006027 from the United States Department of Health and Human Services, Office of the Assistant Secretary of Health, Office of Population Affairs. Its content are solely the responsibility of the authors and do not represent the views of HHS, OASH, or OPA.

The University of Missouri-Kansas City School of Nursing and Health [00:03:30] Studies is accredited by the American Nurses Credentialing Center's Commission on accreditation and by the National Commission for Health Commission Credentialing, Inc. to provide continuing education for nurses and health educators. Again, this program offers up to one contact hour.

I would like to now introduce our guest speakers today, Dr. Chelsea Polis and Dr. Rachel Urrutia. Dr. Chelsea Polis is a reproductive health epidemiologist and senior research scientist at the Guttmacher [00:04:00] Institute. She has extensive experience in research on contraception and has conducted multiple studies pertaining to contraceptive effectiveness, safety, and acceptability for a range of contraceptive methods. Dr. Polis and her co-authors recently completed a systematic review on the effectiveness of various FABMs and she also recently completed an analysis assessing how use of multiple contraceptive methods, such as how use of FABMs in conjunction with barrier methods during the fertile window, [00:04:30] impacts the estimation of FABM prevalence in the US. Along with Dr. Victoria Jennings of the Institute for Reproductive Health, Dr. Polis wrote the chapter on fertility awareness based methods in the upcoming edition of Contraceptive Technology. She organized the panel on FABMs at the 2017 North American Forum on Family Planning, has presented on FABMs to global audiences, is a member of the Scientific Subcommittee for the Association of Fertility Awareness Professionals [00:05:00] and serves as a guest lecturer on scientific literacy to students of fertility awareness education programs. Dr. Rachel Urrutia is board certified in obstetrics and gynecology as well as preventive medicine. She grew up in New England and completed her MD at Harvard Medical

School and moved to North Carolina for her residency in obstetrics and gynecology at Duke University.

She is an assistant professor at the University of North Carolina Chapel Hill and does her clinical work at Reply OB/GYN [00:05:30] and Fertility, which has a practice focused on promoting access to fertility awareness based methods. Her research is focused on using women's health visit as an opportunity to present chronic disease and on the use and effectiveness of FABMs for avoiding pregnancy. She is also a certified instructor of the Sensiplan® Fertility Awareness Based Method. Welcome Dr. Polis, and welcome Dr. Urrutia.

Chelsea Polis: Perfect. [00:06:00] Thank you so much and can you hear me okay?

Female: Yes.

Chelsea Polis: Great. Thanks everybody for joining today and particularly to all of the organizers of this webinar for inviting Dr. Urrutia and I to present on this webinar. We hope our talks today will expand or refresh your understanding of the nomenclature around and the various types of fertility awareness based methods for pregnancy prevention, which we'll be calling and abbreviating [00:06:30] FABM. We also hope that you'll be able to, after this webinar, name the various biomarkers used in the practice of FABMs, and that you'll be better equipped to counsel people who are interested in use of FABMs including knowing, which specific FABMs maybe most appropriate for various clients. I wanted to note that we will not be focusing today on the effectiveness of various FABMs for pregnancy prevention, and that's because I've mentioned, we recently completed a comprehensive [00:07:00] systematic review on that very topic and we plan to present that in depth in a subsequent webinar that we hope you can all join us for.

I'm going to get us started with an overview of FABM types and nomenclature to provide a 101 style, very broad based of understanding about these methods for about 20 minutes, and then Dr. Urrutia will discuss counseling on FABMs for about 20 minutes and finally, I'll wrap up with a few concluding thoughts before we open things [00:07:30] up for questions.

Before diving into FABMs for pregnancy prevention, let's clarify what we mean by fertility awareness itself. One way to define fertility awareness is a set of practices, which aim to determine the days during each menstrual cycle when the chances of conception would be highest if unprotected vaginal sex occurs. This phase ... [00:08:00] Sorry, this phase is most commonly known as the fertile window. Identifying the beginning and end of the fertile window involves observing and interpreting changes in one or more fertility signs, which we'll discuss in a bit.

If done correctly, knowledge of the fertile window informs the person about which days during that particular menstrual cycle they are most or

least likely to conceive. That information can then be used for different purposes including attempting to avoid pregnancy ...

Female: [00:08:30] All guests have been muted. All guests have been unmuted.

Chelsea Polis: [00:09:00] Hello.

Female: Hello.

Chelsea Polis: Hello, are you able to hear me?

Female: Yeah. Yeah.

Female: Hello.

Female: Hello.

Sophie: Hi. This is Sophie.

Rachel Urrutia: We last heard when you were on the third point of the previous slide, what is fertility awareness.

Chelsea Polis: Great. Thank you so much Rachel. Are you able to hear me now?

Rachel Urrutia: Yes.

Chelsea Polis: [00:09:30] Okay.

Female: Yes.

Chelsea Polis: Starting from the third point of slide eight, when done correctly, knowledge of the fertile window can inform a person about which days during that particular menstrual cycle they are most or least likely to conceive and that information can then be used for different purposes, including attempting to avoid pregnancy, attempting to become pregnant or monitoring gynecological health. Several studies that are graphed here have estimated characteristics of the fertile window. The bottom axis [00:10:00] of this graph shows the seven days leading up to ovulation and then the day of ovulation itself, and that's where the pink circle is shown, and then the four days after ovulation. The height of each line represents the probability of conception on each of those specific days in a given study. While these studies showed some variation, they all generally suggest that probabilities of conception are highest around the days of four or the day of ovulation. Based on the expected lifespan of an ovum, which is about one day, [00:10:30] and a sperm, which can survive in the right environment for about up to five days, the fertile window is typically understood as lasting for approximately six days and that's those five days prior to ovulation and the day of ovulation. Although some studies do suggest that it may last a few days longer, perhaps as many as nine.

If ovulation consistently occurred on day 14 of every cycle, it would be fairly easy to determine the beginning and the end of the fertile window but in reality, the timing of the fertile window [00:11:00], and therefore the timing of ovulation represented again here by the pink dot, vary between different people and even within the same person. In fact, ovulation occurs on day 14 in only about 10% of cycles. Given this variability, the observation of fertility signs during each menstrual cycle, may help to better determine when the fertile window begins and ends during that particular cycle.

There are five main fertility signs currently in use for most FABMs. [00:11:30] One sign involves the color, texture and amount of cervical mucus, sometimes called cervical fluid. And in brief, for a few days prior to ovulation, cervical fluids tends to be more slippery, stretchy and clear like raw egg white. During other parts of the menstrual cycle, cervical mucus maybe more thick, creamy, sticky, opaque or not present. A second fertility sign is basal body temperature, or BBT. A woman's temperature remains fairly stable during the follicular phase of her cycle [00:12:00] but when progesterone dominates a day or so after ovulation, her BBT rises slightly about 0.5 degrees Fahrenheit. Another fertility sign is the Day of the menstrual cycle. Day one of the menstrual cycle is when menstruation starts and each day following that is counted until the next menstrual cycle begins. As mentioned before, although some people have menstrual cycles that are regular in terms of length, this can certainly vary. FABMs using signs other than menstrual cycle day may therefore be particularly [00:12:30] important for people who have less predictable cycles. A fourth fertility sign involves urinary hormone detection, which can be observed using home test kits. Each kits measure the rise in estrogen prior to ovulation and the surge of luteinizing hormone that occurs shortly prior to the time of peak fertility. Finally, manually feeling the position and texture of one's cervix is a lesser used sign, but worth noting. During the fertile window, the cervix is higher, [00:13:00] softer and more open, while during other times of the cycle, the cervix is lower, firmer and more closed. I'll just briefly mention that some other fertility signs are being studied for potential use, but we're not aware of any that has been evaluated as part of contraceptive effectiveness studies.

This background brings us to using fertility awareness based methods or again, FABMs and in today's webinar, we're discussing use of those methods specifically for the purpose of avoiding pregnancy. There [00:13:30] are several categories and types of FABMs for pregnancy prevention that we'll discuss on the next few slides. Each unique FABM has rules for interpreting one or more fertility signs, which allow users to approximate their fertile window. By approximate, I mean the span of time that most FABMs identify as potentially fertile is usually somewhat longer than the approximately six to nine day biological fertile window and this approximated fertile window [00:14:00] can range from six days up to 18 days or even more depending on the FABM and depending on whether certain complicating conditions are present. If pregnancy prevention is desired, on those days identified as potentially fertile, couples can either

use an alternative contraceptive method such as the barrier method, or they can practice abstinence from unprotected vaginal intercourse during that fertile phase. FABMs are used in both secular and religious [00:14:30] contexts. When they're taught and practiced within a religious context, abstinence during the potentially fertile days is required and this particular practice is often referred to as natural family planning, or NFP.

As I mentioned, there are several categories of FABM, each of which use different fertility signs to try to identify days of potential fertility. Within each category are specific FABM methods, and they each use slightly different [00:15:00] rules to interpret those fertility signs so we're going to walk through each category and each method in more detail but I'd like to say just a few brief things about this chart overall before we get started. First, the chart is intended to provide a basic overview of some examples of FABMs that you might hear about in your clinical practice. Inclusion of a given method on this chart does not indicate endorsement of that method, but rather is just meant to orient you to some of the universe of FABMs that you might hear about. [00:15:30] Second, selected examples of FABMs are provided, but this table is not a comprehensive listing of all FABM methods that exist and that's in part because given the variety of ways that FABMs are taught and marketed, a fully comprehensive listing may not even be possible to compile. I'll say a few brief words about each method listed but this portion really intended as a broad introduction to various methods and not as an in depth exploration of each. I'm seeing a message that I should pause for a moment so that we can mute the [00:16:00] lines and then that I should unmute myself. Is that still a suggestion or have the sound issues been resolved?

Female: I believe I have but let's go ahead and try it so one moment please.

Chelsea Polis: [00:16:30] Should I continue or ...

Female: Sure, continue and if anyone else is on the lines, please make sure that you are on mute.

Chelsea Polis: Okay, great. Okay, so moving to the next slide. We're starting here by looking at calendar based methods, [00:17:00] and these primarily rely on counting the days of a menstrual cycle. Two examples of calendar based methods include the rhythm method and secondly the standard days method, which is often facilitated by use of CycleBeads or other tools. First we'll talk about rhythm. Rhythm is the most commonly reported FABM in the United States and internationally, and it's also likely to be among the least effective FABMs. A formal rhythm method does exist, and it involves a set of calculations based on information [00:17:30] from a person's last six menstrual cycles. This method of estimating the subsequent date of ovulation can be unreliable and difficult in part because it depends on the regularity of one's menstrual cycle. Something else to be aware of is that many people who report using rhythm are actually using their own idea, correct or incorrect, about which day of their cycle they are potentially fertile rather than actually doing the formal

calculations that are associated with the formal rhythm method. [00:18:00] If you have patients who report using the rhythm method as their main method of contraception, it maybe particularly useful to ask them what rules they're using to identify or approximate their fertile window and to see if they're open to considering other methods that maybe more effective but, which they may still find acceptable. The second calendar based method that I'll mention is the standard days method. This method also relies only upon menstrual cycle data but instead of using calculations to try to predict when ovulation [00:18:30] will next occur, instead it identifies a set number of days in each cycle, specifically days eight to 19, as the fertile window. While some other FABMs are appropriate for people with irregular menstrual cycles, only those who have consistently have 26 to 32 day cycles are appropriate for using Standard Days methods. Tools including CycleBeads and the cycle tell apps are intended to help users keep track of which day of the cycle that they're on and Dr. Urrutia [00:19:00] will talk more about those later. While, it's not noted on this slide, there's an ongoing trial of a new calendar based method called dynamic optimal timing, or DOT, and Dr. Urrutia will mention a bit more about this method later and you may be hearing more about it when the study results are released.

Methods that use indicators other than day of menstrual cycle can be helpful for those people with long or irregular cycles. So for example, cervical mucus-based methods [00:19:30] involve observing the color, texture and amount of cervical mucus and this slide list two example of those methods. As mentioned earlier, for a few days prior to ovulation cervical fluid tends to be more slippery and stretchy than during other parts of the cycle. One example is the Billings ovulation method for which people record their observations about their cervical mucus on a chart and based their estimation of the potentially fertile days on changes observed and the characteristics of their cervical mucus. The TwoDay method [00:20:00] is the second example of methods in this category and it's a bit simpler to use since no charting is involved. It's been viewed as particularly helpful for people who may have lower literacy or numeracy in addition to other people. Users ask themselves if they noted any cervical secretion today or yesterday, and if the answer is yes to either of those questions, then they consider themselves fertile on that day.

Temperature-based methods require taking basal body temperature [00:20:30] daily and interpreting temperature shifts over time. BBT increases slightly after ovulation and ovulation is generally estimated to have occurred when that slightly higher temperature remains fairly steady for three or more days. FABMs relying only on BBT are not used very much anymore, but some methods such as the Natural Cycles app, rely primarily on BBT with also using some information on cycle day and users of this app can optionally also use luteinizing [00:21:00] hormones test kits. Natural Cycles uses a proprietary algorithm to predict days of potential fertility for app users. We'll discuss later in the talk lots of apps exist though not all have published effectiveness data. This app does have some published effectiveness data and it was approved in Europe for use as a contraceptive method.

Symptothermal methods require tracking and charting multiple fertility signs. Most commonly this is a combination [00:21:30] of cervical mucus, basal body temperature and menstrual day and sometimes it also incorporates information on cervical position. Different combinations of indicators and rules for interpreting those indicators are used to approximate the beginning and end of the fertile window depending on the specific Symptothermal method. Sensiplan is one example of a Symptothermal method. This method was developed in Germany and recently introduced to the United States. It involves daily charting of multiple pieces of information and relies primarily on cervical [00:22:00] mucus and basal body temperature to approximate the fertile window. This method may be more effective than some others, though it generally also results in a longer estimated fertile times than other FABMs. A second example of a Symptothermal method is described in a widely known book called, Taking Charge of Your Fertility. The book also describes the version of the Symptothermal method, which uses slightly different rules from Sensiplan. This method doesn't have any published effectiveness studies but we're mentioning it here because you may [00:22:30] come across clients who are attempting to teach themselves this method by reading the book or by working with a coach in order to learn the method.

Finally, urinary hormone-based methods use a handheld device that measure compounds in the urine such as estrogen metabolites and luteinizing hormone. Some methods that primarily rely on urinary hormone testing may also involve tracking additional fertility signs and in those cases, the method is referred to as Symptohormonal. Users purchase a handheld [00:23:00] monitor and urine test strips and they do urine sampling on approximately 10 to 15 days of each cycle. A few examples in this category of method include the hormonal Marquette method and use of the Persona device. The Symptohormonal Marquette model incorporates use of the clear blue fertility monitor, which is approved in the United States for planning pregnancy, but it's considered off label use for pregnancy prevention. Information from the monitor can be used in conjunction with observations of cervical mucus, basal body temperature or other indicators. [00:23:30] The Persona monitor is marketed in Europe for either planning or avoiding pregnancy and the device can be purchased online in the United States, and an algorithm in the device estimates the fertile window based on cycle links, urinary estrogen, metabolites and luteinizing hormones.

As I noted earlier, our next webinar is going to focus specifically on effectiveness of the various FABMs, but today, I just wanted to make a huge very general point. First a failure rate statistic [00:24:00] of 24% is commonly cited in relation to FABMs and it's important so providers can know that this estimate is based largely upon women in the United States who self report use of the rhythm method. This statistic may not apply to individual FABMs and if you'd like more detail on that 24% statistic, I encourage you to read the blog links too on the slide. The amount of reliable effectiveness data for each individual FABM varies [00:24:30] widely. As we mentioned earlier, Dr. Urrutia, myself and our team have

been working for several years to conduct a very comprehensive systematic review of data on the effectiveness of individual FABMs, and that paper is currently under review. We really hope that you'll join us for our next webinar where we do a deep dive on existing data around the effectiveness of individual FABMs for pregnancy prevention including presenting that systematic review.

It's also critically important for providers to be aware that some methods [00:25:00] are taught or sold as books, apps or devices or other ways of learning, but some FABMs do not have any standard peer-review publications documenting effectiveness estimates from properly conducted studies. In some cases, information about some untested methods may provide false reassurance about that particular method, so we do encourage people to be extremely selective about the information sources that they choose to trust when considering use of an [00:25:30] FABM or counseling on FABMs. We're hopeful that our systematic review once it's published might help providers and potential users more easily identify those FABMs for which at least some moderate or high quality published effectiveness estimates exist.

I also wanted to talk about some apps. There are a multitude of mobile phone apps and devices that are available to track fertility signs. Over 1,000 apps to track menstrual cycles exist [00:26:00] and most are not appropriate for contraceptive use. The people who download them do not always necessarily understand this. It can sometimes be challenging to tell if each app is meant for use only as a period tracker, in other words unrelated to contraception, or if it's meant as a tool to replace paper charting with electronic charting and to be used in conjunction with understanding the rules of a given FABM. Or, instead if the app itself is actually intended for use as the contraceptive method. [00:26:30] Some apps and devices contain proprietary algorithms that estimate the potentially fertile days for the user rather than having the user be the one to interpret the information about the fertility signs themselves. Some such apps and devices are marketed as effective for contraception but lack robust data, while other apps or devices do have at least some data on contraceptive effectiveness and it can be really difficult to tell all of these apart. A recent review in the literature found [00:27:00] that most apps do not reflect FABMs for which published effectiveness studies are available, though exceptions do exist such as Natural Cycles, which was mentioned earlier. Providers need to be prepared to help guide patients interested in use of FABMs to identify those methods that are more evidence-based in order to avoid creating a vacuum of information where users feel compelled to go it alone or to rely on untrustworthy information sources. For example, online support groups have [00:27:30] sprung up to assist people trying to learn these methods, but it's not entirely clear if the information shared in those groups is always reliable and evidence-based.

Similarly, there are a number of fertility tracking wearables that are being sold. This includes things like bracelets that measure skin temperature

and other parameters, in-ear basal thermometers, temperature sensors that are attached to the skin under the arm, or intravaginal ring that track temperature. Most of these devices are not currently marketed as [00:28:00] contraception, but it's worth noting that the language used in marketing these devices can sometimes be quite confusing. As one example, one product websites states that the device "keeps natural family planning simple," which makes it sound a bit like it can be used for contraceptive purposes, but if you look a little bit more deeply in a FAQ, in a frequently asked questions about the product, the company notes that the device alone is not appropriate for contraception. Again, being able to help your patients [00:28:30] navigate this potentially confusing world of apps and devices may become increasingly important as we see the tech industry move into this space.

The main points that I have made in this section are that FABMs rely on different sets of practices including different fertility signs and rules for interpreting those signs which are all intended to approximate the potentially fertile days in each menstrual cycle. We walked briefly through the various FABM categories that exist as well as walking [00:29:00] through a few examples of individual methods within each category. Each FABM has unique characteristics as Dr. Urrutia will delve into a bit more during her talk. Importantly, providers and potential users should be aware that FABM technologies are expanding rapidly, but that the reliability of various FABM technology platform does vary. Providers may want to familiarize themselves with the various methods that exist including apps and devices in order to best assist potentially interested patients [00:29:30] to identify those options that are more evidence-based.

This slide contains some selected references about some of the topics that I've mentioned today and you're welcome to go back and review these later. Now, I'll turn things over to Dr. Urrutia for more on counseling for FABMs.

Rachel Urrutia: Okay, thank you Dr. Polis. It's really nice to be with you all today. During this portion of the talk, I will focus on tips for counseling clients who might be interested in using an FABM. The overarching concept [00:30:00] in my presentation is that similar to other contraceptive methods, FABMs are diverse and so there is no right method for every woman.

Dr. Polis has already given you some background information into how each method works, and so I'm going to discuss a little bit more detail about how women could be counseled about using some of the most common methods. I'm going to focus on methods that I know we have some effectiveness data for, although as you know, effectiveness is going to be the focus of a future webinar.

[00:30:30] The Standard Days method is a calendar-based method and women simply consider themselves fertile on days eight to 19 of their cycle and avoid unprotected intercourse on those days if they want to

avoid pregnancy. The method is very easy to teach and learn. It only takes about 30 minutes to screen and to teach clients. Women then just have to keep track of their first day of their menstrual cycle and then use a device or an internet application to track, which dates are considered fertile versus non-fertile. [00:31:00] There is no ongoing cost to using this method. There is an important exclusion criteria and that is that women whose cycles are not consistently 26 to 32 days long cannot use this method. In a research study of this method, which asked women to only be included if they thought their cycles were regular, 28% of women have to be exited from the study for cycles that were out of range more than two times.

This method does have an [00:31:30] important limitation, although it's very simple to use and that's why I wanted to mention this method Dynamic Optimal Timing or DOT, which is currently being developed. There is no effectiveness data yet for this method but the investigators have provided some theoretical effectiveness data by applying the methods to some real cycles in their database. I'm really looking forward to seeing the effectiveness data on this method because it's very easy to use and it can be used for women whose cycles range from 21 to 40 days, which is going to be the majority of women who have [00:32:00] normal cycles. It is currently only available in English.

The Billings ovulation method is a cervical mucus-based method and it only involves the tracking of one biomarker, which is cervical mucus. Women have to keep track of changes in their secretions at the vulva either when they see them on their toilet paper or the sensations that they may feel throughout the day. This method is very versatile, it can be used for women who have long or [00:32:30] irregular cycles. It can also be used to track women's health and the regularity of their ovulation. There is online charting available for this method but the app is only accessible if you use a certified trained instructor. There is online instruction available and local teachers can also be found on the organization website. At our clinic, we have a certified Billings instructor and so we're able to have this instruction covered by insurance but in most cases, clients would have to pay out of pocket for private [00:33:00] teachers.

Sorry, I think I just skipped the slides - sorry. The TwoDay method is a very simple cervical mucus method that involves [inaudible 00:33:12], did I note any secretions today and did I note any secretions yesterday? If the answers to both of those questions is no, they can consider themselves not fertile. Women can learn this method also in less than 30 minutes and it doesn't involve any paper tracking, really any tracking at all or ongoing cost. [00:33:30] Women can use this method if they have longer irregular cycles. They should be screened for vaginal infections before using this method and really any method that involves mucus-based observations. Even in women who have not ... who do not have an active vaginal infection, about 6% in one study were not able to use the method because they had vaginal secretions almost every day or many days, and

so therefore, couldn't tell the difference between their fertile and non-fertile times.

[00:34:00] Natural Cycles is an app that is based only on recording basal body temperature and the start of each menstrual cycle. The app uses a proprietary algorithm and so all of the prediction is done through the app. Because of that, there is no formal learning or teaching. Women could just pick up the app and use it without instructions. However, given the nature of how basal body temperature is tracked, this method maybe difficult to use for women who have an irregular sleep, work or travel schedule as it could affect the temperature [00:34:30] readings.

The Symptothermal method, Sensiplan, maybe one of the most effective methods. However, to use this method effectively, women must track two biomarkers to determine both the beginning and the end of each fertile times. If you look at this example chart, you can see that there is a lot more information recorded than for some of the other methods. In addition, women have to make several interpretations themselves such as whether there was the clear temperature shift [00:35:00] in the cycle and whether they noticed the change in their mucus. The method requires basic math skills and literacy to a higher level than some of the other methods. It also currently involves paper tracking although there is an app being developed and there are some apps that can be used by women who know to track on paper. It does involve use of a trained instructor and it takes about three months to learn with four to five sessions over that time. Women who like [00:35:30] to track and monitor their health really likes this method. Some of the best clients are like medical students and health professional students because they really like having data. It's currently only available in the US with a small group of instructors that's based out of our clinic in North Carolina. Although we do offer remote learning and we hope to offer some more teacher trainings in the US. We also hope that the English language materials will be published soon and available to people. There are a multitude of other Symptothermal methods that exist, [00:36:00] that maybe based at least on part on this method. However, none of them have undergone effectiveness testing at this time.

Symptohormonal methods like the Marquette method require using urine hormone monitoring on certain days of the cycle. Women use the test strips on the days that they're supposed to with their morning urine and it measures rise in estrogen levels and then the LH surge. This method can be combined with mucus and temperature monitoring as well. A trained instructor is needed but online [00:36:30] instruction and charting are available. There is an ongoing cost associated with use of this method. The monitor costs about $100 and the strips must be purchased monthly and that cost is about 20 to $30 per month. This is an example, a Symptohormonal chart at the top.

How does a client choose an FABM that's right for them? To help with this question, I'm going to post a series of questions that you might ask during

your [00:37:00] intake and during counseling to help women make this decision.

The first and most important question is: Are they able to negotiate intercourse and/or barrier methods used with their partners? If not, I would recommend against use of any of these methods because they're highly dependent on being able to avoid unprotected intercourse on certain days.

How long does a client plan to avoid pregnancy? If the client wants to get pregnant in the next six to 12 months, [00:37:30] they may not want to spend a great deal of time learning one of the more complicated methods and maybe better suited to a method that can quickly learned and used such as the Standard Days method, the TwoDay method, or Natural Cycles. Sorry, I guess I'm getting some notices about volume. Is it better? I'll keep going and you can let me know.

If [00:38:00] a client wants to use a method that could eventually help them conceive, they may want to consider a method that helps them to pinpoint the days of highest fertility. To do this, a method that tracks cervical mucus changes are urinary hormones would be necessary and so these would include the Billings Ovulation Method or Symptothermal or Symptohormonal methods. The mucus changing, clues people in that their fertility is coming prospectively. [00:38:30]

If a client is breastfeeding or postpartum and has not had the return of TwoDay normal menses, they cannot use ... I can't see my slides all of a sudden. I don't know if anyone can help me. Okay, [00:39:00] so if a client is ... I can't see them again. It says share my screen but I don't think I should click that.

Okay, so if a woman is breastfeeding or postpartum, they cannot use the Standard Days method or other calendar based method until their menstrual cycles have resumed in a regular pattern. They really need to use a method that has a mucus basis, [00:39:30] such as the Billings Ovulation Method although Symptohormonal and Symptothermal methods can be used. I think for these methods one should consult an experienced teacher and I caution you that there is very little effectiveness data for this group specifically.

If a client has an irregular sleep, work or travel schedule, their basal body temperature maybe more difficult to track consistently. Though some of these people still can learn to use the Symptothermal or temperature-based [00:40:00] method, it maybe more difficult to do so.

Do they have any physical or learning limitations. The Billings Ovulation method has been used by visually impaired and low literacy populations. The Standard Days and the TwoDay method have been specifically developed for use in low literacy populations. I would recommend that for women who ... and people who may have learning disabilities that they

should avoid Symptothermal methods as these require the most [00:40:30] reasoning and charting and documentation.

If a client has time considerations, they would probably want to steer more towards the Natural Cycles, Standard Days and TwoDay method as these involve the least amount of time of learning. If they have cost considerations, as I said earlier, certified instructors would be ... education would be covered through, as it was offered at a health care facility, but most cases these are offered by private teachers and so clients would have to pay for that education. [00:41:00] There is an ongoing expense for Symptohormonal methods including purchasing the monitor and then $20 to $30 per month for buying the test strips. For Natural Cycles, the app is not a free app and it costs about $10 per month.

If a client has religious considerations, she should know that all FABMs can be used in a way that is compatible with major religious beliefs. For Catholic women, this includes [00:41:30] specifically not using a barrier method, with using the FABM so it means that a woman has to remain abstinent during the fertile times.All of the methods we talk about can be used in this way. However, the US Conference of Catholic Bishops has explicitly promoted cervical mucus-based method such as Billings, Symptothermal and Symptohormonal methods like Marquette.

Can women with irregular cycles use FABMs? The overall answer is yes, they can [00:42:00] but here are a few considerations. Calendar methods cannot be used. Symptothermal and basal body temperature-based methods can be used. However, in these methods, women may have a very long period of potential fertility, which may mean prolonged abstinence and/or use of barrier methods, and so it maybe a little bit more difficult for them to use. Symptohormonal methods can be used as well. [00:42:30] However, sometimes women with PCOS or frequently women with PCOS have higher than average levels of luteinizing hormones and estradiol. Because the monitor is measuring changes in both of these hormones, it may not be able to measure the actual surge in women with PCOS. It doesn't mean that they absolutely can't use the monitor but they should be aware of this before investing in it. Mucus-based methods are probably the best option for women with long cycles because they can more [00:43:00] accurately pinpoint the changes in their own unique pattern of fertility. However, again, very little effectiveness data exist for this particular group of women.

This chart summarizes the methods that maybe relevant for certain groups of women and it's modified from a decision tool that we use in our office. We provided an electronic version for you at one of the links to this webinar, and hopefully, it will be of use for you and I hope that we will also be able [00:43:30] to see and publish some data about how the effectiveness tool is reviewed by women.

I think one of the most important points to communicate to clients is that these methods are particularly sensitive to imperfect use. If a client doesn't use the method correctly by definition unlike with other methods, it means that they are having intercourse on a day that is likely to lead to pregnancy. This is really important for women to understand. People who use these methods probably [00:44:00] should develop a support system that begins with their partner or partners, and continued with identifying a clinical provider that is conversant in these methods and can provide support. If the client has a chart that question or a chart that looks abnormal, they also may want to identify a fertility educator in their area or other community resources like groups of women who use these methods to speak with and talk to. Finally, we really [00:44:30] encourage counselors and patients to use patience and practice and persistence when using these methods.

There are a few great resources for providers who want to offer fertility awareness based methods. As I told you we have provided you the electronic links to the decision tool but I'm happy to respond to any emails if you would like a hard copy or to have more discussion on that. The Institute for Reproductive Health at Georgetown University has developed the Standard Days method and the TwoDay method and they offer [00:45:00] an online CNE training that's free. For the Standard Days method, it takes one to two hours to complete and the link is here. The TwoDay method also is developed by the same group and they offer a free tool kit online at the link that I provided. For Symptothermal training, as I mentioned, there are many options of Symptothermal methods. Although not all of them have undergone effectiveness testing, Sensiplan is available at our clinic and we hope [00:45:30] to offer some teacher trainings in the future as well as to publish the English language material for people to purchase. The Billings Ovulation method does have some religious components. Their website is here, and women and you could find local teachers and online instruction on this website, and you also could find online instruction and local teachers for the Marquette method at the Marquette website, mentioned here.

In conclusion, FABMs can be used [00:46:00] by most women except for women who cannot negotiate intercourse and barrier method use with their partners. They are diverse and there's no right one for everyone and there are some training resources available although some of these vary in accessibility and quality.

These are just a few references if you're interested at some of the major studies and ... as the major methods that I discussed today.

Chelsea Polis: [00:46:30] Terrific. Thank you so much. Dr. Urrutia. I think you really shed a lot of useful information, hopefully especially for providers around some tips for counseling. I'm just going to now wrap up with a couple of concluding thoughts before we move into the Q and A.

Like all contraceptive methods, FABMs have advantages and disadvantages. Some of these have already been touched on, but I thought it'd be helpful to conclude by reviewing some of them altogether. In terms of advantages, [00:47:00] FABMs have no side effects and they may particularly appeal to people who prefer not to use methods that involve hormones or devices. By encouraging fertility awareness, these methods may also promote what some people term “body literacy”. For example, providers have shared anecdotes that some patients reveal that prior to learning about their cervical mucus and the changes in it throughout their cycle, that they use to worry that normal vaginal discharge was a sign of infection. Understanding [00:47:30] fertility signs might have other benefits beyond use for pregnancy prevention. Also, tracking fertility signs can be immediately adapted for use in attempting to become pregnant if a couple's pregnancy intentions change. Finally, although not all FABMs are practiced within a religious context, these methods are compatible with teachings of some major religions and so these can be useful options for people who need a method that's compatible with their beliefs. Some [00:48:00] disadvantages include that use of FABMs requires either abstinence or use of a second contraceptive method during the approximated fertile window, which maybe as short as six days or can range up to 18 days or even more, depending on the method used and the particular circumstances of that individual. Also, FABMs are highly user-dependent and as Dr. Urrutia mentioned are very unforgiving of incorrect or inconsistent use because when used incorrectly, unprotected [00:48:30] sex is occurring on those very days, which are most likely to be fertile meaning that these methods can result in some cases, in higher typical-use pregnancy rates than for some other methods. Also, for FABMs that require instructions, the quality of that instruction may play a substantial role in method effectiveness. As was noted, some medical or lifestyle factors such as irregular sleep, work, travel schedules and other issues can complicate use of certain FABMs. Finally, like [00:49:00] all known barrier contraceptive methods, FABMs provide no protection against HIV or other STIs. Then, there are some characteristics that may be perceived either as an advantage or a disadvantage depending on the individual or the couple. For example, the importance of partner participation is seen as a positive for some couples who like to emphasize the communication that's inherent in use of the method. They can be difficult to achieve for some other couples, particularly those where [00:49:30] negotiation around the timing effects or the use of alternate methods of protection is not possible. Similarly, some people choose FABMs precisely because they really enjoy tracking their fertility signs on a daily basis while other people might find this daily tracking requirement to be burdensome.

I wanted to share a few evidence-based resources on FABMs that might be useful and relevant to you as providers, and I believe that links to most of these are available in the [00:50:00] web link section of the platform for this webinar. One of these that's not available through a link is the book, Contraceptive Technology and this book has really been a leading family planning resource for over 30 years. The picture that you see on the slide is of the 20th edition and a new 21st edition is actually going to be

published within a couple of months. This book has chapters on all contraceptive methods including one that was co-authored by Dr. Victoria Jennings and myself on FABMs specifically. Another [00:50:30] key resource to be aware of is the United States Medical Eligibility Criteria for Contraceptive Use or the MEC. This document provides regularly updated guidance, in this case tailored to the United States, on the safety of various contraceptive methods in the context of specific health conditions and characteristics. For FABMs, the MEC notes that there are no medical conditions that become worse because of the use of FABMs and the MEC describes various conditions, which make using FABMs [00:51:00] more complex. Things that have been mentioned earlier such as breastfeeding, being postpartum, et cetera. For each condition the MEC suggest whether user should delay using that method or proceed with caution and special counseling. Just to mention a global version of the MEC is also published and updated regularly by the World Health Organization for people who are working in different contexts. Finally, the Family Planning Handbook is a collaboration between Johns Hopkins, The World Health Organization, USAID, and many other organizations. It recently [00:51:30] went through a major update, which was released just recently and this handbook offers guidance on providing various contraceptive methods and contains a specific chapter on FABMs including an overview of those FABMs. How to counsel for them and provide them, how to assist continuing users, and some helpful question and answer sections. The book is primarily intended for providers in lower resource settings but it does contain a lot of useful information and like the MEC it's really available [00:52:00] for download online and again, in that link on this platform.

In conclusion, all methods of pregnancy prevention including FABMs have advantages and disadvantages. This is part of what makes it so critical that a broad contraceptive method mix is offered in order to support people towards achieving their reproductive goals. For people who want to avoid pregnancy, we need to ensure that we help them identify a method that works well for them [00:52:30] in the context of their own preferences and lives. Providing clear information about contraceptive options, including their risks and benefits and their effectiveness, is a key part of informed choice and have a client-centered approach to high quality family planning. In order to provide clear information to clients, we need to base our information on high quality scientific evidence. As we've shown today, there are multiple evidence-based resources that contains some FABM information and there are more forthcoming [00:53:00] including our systematic review, which will be the topic of our next webinar.

On behalf of both Dr. Urrutia and myself, I'd like to thank you very much for joining us today. You can always reach us at the email addresses that are listed on this slide, if you have any questions after the conclusion of the webinar. I believe at this point, we will turn it over for a Q and A. Thank you so much.

NCTCFP: Thank you, Dr. Polis and Dr. Urrutia. We will begin with [00:53:30] some of the Q and A. The first question is, how do medications interfere with FABM methods? For example, do allergy medications affect cervical mucus consistency or do other medications have an impact on cycle tracking?

Rachel Urrutia: I guess this is for me ... This is Dr. Urrutia. Allergy medications may impact cervical mucus. We actually don't know the answer to that question because a study hasn't been done, but it really depends on the woman. If [00:54:00] a woman is taking the same allergy medication every day, she should still be able to see the change in her mucus pattern from baseline. However, if a woman is intermittently taking allergy medications or cold medications, we do ask women to pay attention to that and so there may be times ... and an age method is going to have its own rules about how to handle that but several of the methods do. For example, in Sensiplan which I know the best, we have places where women can record [00:54:30] potential disturbances. If they have a vaginal infection and they're using vaginal treatments for that, they may not be able to rely on mucus observations during that time of the month and so they may have to use other markers or they may have to have a longer period abstinence until they know that they can rely on those things.

NCTCFP: Okay. Thank you. The second question is when discussing [00:55:00] FABM, do you also include LAM, which is lactational amenorrhea method?

Rachel Urrutia: Well, that depends ... and there's a lot of discussion about what constitutes an FABM. I think, I personally include LAM as an FABM because I think it does have aspects of women understanding when they could be potentially more fertile than other times. You'll see on our decision tool that it actually is included but we did not include it today since it's a very small subset of women [00:55:30] and we thought that actually most people are aware of LAM and how it's worked and its effectiveness. I'm happy to answer more questions about it if you have them.

NCTCFP: Okay, next question is, do you have any data on usage of FABMs in different ethnic groups?

Chelsea Polis: I can take this question. This is Dr. Polis. There was an article published recently by Dr. Megan Kavanaugh and Jenna Jerman, colleagues of mine at the Guttmacher Institute, [00:56:00] and that paper reviews prevalence of a range of contraceptive methods in the United States using the most recently available data from the National Survey of Family Growth. I believe that that method found greater use of these methods among women who identified as other or multiple races, but I would need to go back to be sure whether those differences are statistically significant or not so I don't want to comment on that definitively at the moment but I'm certainly happy [00:56:30] to follow up by sharing that paper, which can

hopefully be circulated. I would also add that as was mentioned towards the beginning of the webinar, an analysis that I've recently been working on is looking at different issues in measurement of the prevalence of fertility awareness based methods, and how this has impact by the fact that many women using these methods use a secondary method such as a condom during the fertile window. This actually has some implications for the way that we define prevalence of use of these methods and in that paper, [00:57:00] we've also done some analysis to look at characteristics of women using FABMs including, if they're using them as part of a multiple method strategy. Those data aren't yet published but we hope that they will be out soon and so we can share more about what that's shown on race ethnicity when that analysis is available.

Rachel Urrutia: This is Dr. Urrutia. I just wanted to add, too, that a lot of the methods have been studied in a variety of different countries and cultures. [00:57:30] The one method that's been studied the most broadly is probably the Billings Ovulation method in many different cultures, countries, ethnic groups. The Standard Days and the TwoDay method have also been studied not in the US but in several developing countries, mostly Latin America.

NCTCFP: Okay, we've had several questions about the Billings, instructors, [00:58:00] just questions regarding where can they sign up for updates about the teacher training, where can you locate certified instructors, et cetera. So, could you comment on that Dr. Urrutia please?

Rachel Urrutia: For the Billings ovulation method, their website has a search function where you can look for a local instructors and there's also a way for clients to get online instructions so they don't have to have a local instructor. The same can be said [00:58:30] for the Marquette method. Now, for the Symptothermal method, Sensiplan, I mentioned that we will ... our small clinic, small cohort of Sensiplan teachers in the US will be hosting another provider training eventually and so, if anybody is interested in that specifically, please just email me at my contact information and I connect you with details.

NCTCFP: Okay, next question, what do you recommend [00:59:00] as a way to start implementing NFP into the clinic, where is a good way to begin?

Rachel Urrutia: I am currently working in a clinic that really focuses on doing this so my experience is a little bit different in that regard, although I have worked in Title X Clinics before. I think that the most important way to begin is to have ... to know where the local resources are. [00:59:30] For a lot of the methods, it would just involve looking at the websites that I provided and searching for a local instructor. Because Symptothermal methods, the Sensiplan method is not so widely available, you may want to look at the local Couple to Couple League for options, although like I said, they haven't undergone effectiveness training specifically. I think that definitely it would be really important for people to become trained in the Standard Days method and the TwoDay method. That [01:00:00] training is free

and is available online and it's not hard to do and the methods are very simple. I think being aware of the two applications, Natural Cycles and DOT, I think you might find our decision tool helpful but it is brand new and so I realized it may not be perfect, but that would probably be a helpful place to start. And, if you can't have certified teachers present, at least you would know where to direct people who want that type [01:00:30] of method who are your local resources. I also mentioned that ... Sorry, one other thought is, it may be worth contacting local Catholic Diocese because they also have a list of fertility awareness instructors. Although most of them will have a religious bent they are usually open to women and couples of all ... of non-religious belief so it might be worth contacting them as well.

Chelsea Polis: On that point, I just wanted to make one additional [01:01:00] point. The question was phrased as incorporating NFP in the clinic and I do just want to flag for people because I've noticed in the literature, the term NFP is kind of used quite variably. There is not 100% agreement on all of the terminology around these methods, which I think is something that would be really useful to work towards but I do just want to reiterate that the term “natural family planning” or NFP generally refers to use of these methods occurring within a religious context while [01:01:30] the term fertility awareness based methods, or FABMs, generally refers to use ... is more of an umbrella term for use either in a religious or non-religious context. It might just be useful being aware of those terminology differences to ensure the clarity of communications around these methods.

NCTCFP: Thank you. We have reached the top of the hour, so unfortunately, we are unable to answer [01:02:00] any further questions at this time, but we will be doing a follow-up webinar so we will be continuing to address the questions that were posed today as well as questions you are welcome to submit via the webinar evaluation and request for credit survey that is linked on the screen right now so if you click on the webinar evaluation and request for CE survey, link in the box, it will take you to that survey and you can also [01:02:30] share what else you would like to hear in the ... hear about in the forthcoming webinar. We will also be continuing this conversation with several sessions at the 2018 National Title X Reproductive Health Conference, which will be held in Kansas City, Missouri, July 15th through 18th, 2018 so please visit the conference website to view the agenda and for further information about the conference. Thank you so much to Dr. Chelsea Polis and Dr. Rachel [01:03:00] Urrutia for joining us today and thank you to all of the attendees who have joined us.

Rachel Urrutia: Thank you.

Chelsea Polis: Thank you so much for having us.