**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

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| **Subject:** Fertility Awareness-Based Methods (FAM) | | **No.** |
| **Approved by:** |  | **Effective Date:** |
| **Revised Date:** January 2018, January 2019, **January 2021** | | |
| **References:** U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC), 2016; U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR), 2016; Contraceptive Technology, 20th Ed. | | |

**POLICY:** This Clinical Practice Standard follows the recommendations of the U.S. MEC, 2016; U.S. SPR, 2016; and Contraceptive Technology, 20th Ed.

**PURPOSE:** This Clinical Practice Standard provides direction for reproductive health clinics to assist clients in their use of fertility awareness-based methods.

Fertility Awareness-Based (FAB) methods help clients understand how to avoid pregnancy or how to become pregnant. FAB methods are based on: 1) identifying the fertile days of the menstrual cycle through monitoring the cycle days (e.g., Standard Days method and Calendar Rhythm method; 2) observing fertility signs such as cervical secretions, and basal body temperatures (e.g., Two Day Method, the Billings Ovulation Method, Symptothermal Method).

Approximately 25% of people using FAB methods will experience an unintended pregnancy during the first year of typical use. FAB methods are reversible and can be used by clients of all ages.

Fertility Awareness-Based methods do not protect against sexually transmitted infections (STIs).

**STANDARD:**

1. (**insert AGENCY name**) MDs, NPs, PAs, DOs, NDs, and RNs may provide information and counseling to any client who requests the Fertility Awareness-Based method.
2. No medical conditions become worse by using FAB methods.
3. The U.S. MEC identifies a number of conditions which makes using Fertility Awareness-Based method more complicated.

* **Delay** (use of calendar or symptom-based methods until the following conditions are evaluated or corrected):

1. Breastfeeding < 6 weeks postpartum - ***both methods***;
2. Breastfeeding ≥ 6 weeks - ***calendar-based method***;
3. Postpartum (in non-breastfeeding clients) < 4 weeks - ***both methods***;
4. Postpartum (in non-breastfeeding clients) ≥ 4 weeks - ***calendar-based method*** (after completion of three postpartum menses may begin calendar-based method);
5. Post abortion - ***calendar-based method*** *(*the client can start calendar method after having had at least 1 post abortion menses; clients who before this pregnancy had most cycles of 26-32 days can then use the Standard Days Method). May offer methods appropriate for the postpartum period before that time;
6. Current irregular vaginal bleeding – ***both methods***;
7. Current vaginal discharge – ***symptom-based method until after treatment***;
8. Use of drugs that affect cycle regularity, hormones, and/or fertility signs – ***both methods*** (The condition should be carefully evaluated, and a barrier method offered until the degree of effect has been determined or the drug is no longer being used); or
9. Acute diseases that elevate body temperature: – ***symptom-based method***.

* **Caution** (method is normally provided in routine setting but with extra preparation and precautions - e.g. special counseling to ensure correct usage):

1. Post menarche – ***both methods***;
2. Perimenopause – ***both methods***;
3. Breastfeeding ≥ 6 weeks – ***symptom-based method***;
4. Breastfeeding - after menses returns – ***both methods***. After 3 postpartum menses and cycles are regular, the client can use calendar method; after 4 postpartum menses and if the most recent cycle lasted 26-32 days the client can use the Standard Days Method. Offer a barrier method if the client plans to use a FAB method later;
5. Post abortion – ***symptom-based method***;
6. Use of drugs that effect cycle regularity, hormones, and/or fertility signs – ***both methods***(The condition should be carefully evaluated, and a barrier method offered until the degree of effect has been determined or the drug is no longer being used); or
7. Chronic diseases that elevate body temperature – ***symptom-based method***.Temperature-based methods are not appropriate for clients with chronically elevated temperatures. In addition, some chronic diseases interfere with cycle regularity, making calendar methods difficult to interpret.

* **Accept** (no medical reason to deny the FAB method in these circumstances):

1. Postpartum ≥ 4 weeks – ***symptom-based method***;
2. Vaginal discharge – ***calendar-based method***; or
3. Chronic and acute diseases that elevate body temperature- ***calendar-based******method***.
4. Clients with conditions that make pregnancy an unacceptable risk should be advised that FAB methods may not be appropriate for them.

**PROCEDURE:**

1. Follow ***Core Reproductive Health Services*** ***Clinical Practice Standard***.
2. Each client will receive client instructions regarding warning signs, common side effects, risks, use of method, alternative methods, use of secondary method, and clinic follow-up schedule. Document the client’s education and understanding of the method of choice.

**PLAN:**

1. Initiating the fertility awareness-based methods
2. Standard Days Method (SDM): (see **Attachment 1**)

* Clients must avoid unprotected sexual intercourse on days 8-19 of the menstrual cycle.
* Clients with 26-32-day menstrual cycles may use this method.
* Clients may use a barrier method of contraception, for pregnancy protection, on days 8-19 if desired.
* If the client has unprotected sexual intercourse during days 8-19, consider the use of EC, if appropriate.
* Clients with 2 or more menstrual cycles of < 26 or > 32 days within any 1 year of SDM use:

1. Advise the client that the method might not be appropriate because of higher risk of pregnancy.
2. Provide assistance to the client to consider another method.
3. Calendar Rhythm Method:

* Prior to starting this method, the client must record the length of the previous 6 menstrual cycles to identify the longest and shortest cycles.
* Calculate the fertile period by looking at the calendar.

1. The first day of the fertile phase is found by subtracting 18 days from the length of the shortest cycle.
2. The last day of the fertile phase is found by subtracting 11 days from the longest cycle.
3. Avoid pregnancy by abstaining from sexual intercourse from the first day of the fertile period to the last day of the fertile phase.
4. Two Day Method: (see **Attachment 2**)

* Is based on assessing for the presence or absence of cervical secretions (the presence of secretions conforms sufficiently to the actual fertile window so that further evaluation of the secretions’ characteristics is not necessary).

1. Clients are counseled to avoid unprotected sexual intercourse on all days there is the presence of secretions; AND on the first day following a day with secretions.
2. The mean length of the identified fertile period is 13 days.

* Instruct the client in how to observe, record, and interpret their cervical secretions:

1. Color;
2. Elasticity;
3. Abundance; and
4. Viscosity.

* Counsel the client on how to recognize whether or not they have secretions:

1. By touching the vulva with the fingers, or using toilet paper to collect secretions and assess their characteristics;
2. Noting secretions on underwear; or
3. Simply feeling for wetness at the vulva.

* Advise the client to observe for secretions 2 times per day (adjust observations according to the times they typically have intercourse):

1. Once in the afternoon; and
2. Once before going to bed at night.

* Clients may start the method anytime during a cycle.

1. Billings Ovulation Methods: (see **Attachment 3**)

* Advise the client to observe cervical secretions several times each day.
* Instruct the client in how to observe, record and interpret their cervical secretions:

1. Color;
2. Elasticity;
3. Abundance; and
4. Viscosity.

* Advise the client to avoid unprotected sexual intercourse:

1. During menses (menstrual bleeding could obscure the presences of secretions);
2. On preovulatory days following days with intercourse (possible confusion with semen);
3. On all days with wet, slippery, transparent, or stretchy secretions; and
4. Until four days past the last day with wet secretions.

* Based on rules, clients should avoid unprotected intercourse for approximately 14 to 17 days of each cycle.

1. Symptothermal Method:

* Based on changes in cervical secretions and basal body temperature:

1. Requires client to observe and evaluate their cervical secretion several times each day.
2. Take their temperature each morning before rising (with Basal Body Temperature thermometer).
3. Record and interpret their findings to determine whether the day is a fertile day.
4. Some may check the position and feel of the cervix (cervix rises up to the top of the vagina, becomes softer and moister when approaching ovulation).

* Clients need to abstain or avoid unprotected intercourse for approximately 12 to 17 days each cycle.

1. Offer and provide condoms as a back-up method and for STI protection.
   * + 1. The decision to offer and dispense future-use EC should be made on an individualized basis and should include shared decision making between the provider and the client. The practice of offering and dispensing future-use EC to *all* clients has had no impact on unintended pregnancy rates. Data shows that clients who had EC available at the time of unprotected intercourse either didn’t take it at all or took it incorrectly. Additionally, the practice of providing EC to all clients represents a significant cost to the agency. Clients *requesting* (those that self-identify that they need or want) EC for future use and those using less reliable methods of contraception (tier 3 methods) might benefit most from having future-use EC made available.
          1. Instruct the client to wait 5 days after the administration of Ella® before initiating hormonal contraceptives. Recommend the use of a barrier method of contraception with all subsequent acts of intercourse that occur within the next 14 days.
       2. Review the client’s history and access of recommended health screenings. Send a Release of Records for past health screenings, if performed elsewhere.
       3. Offer and schedule a Reproductive Health Well Visit with the prescribing provider if the client has not had one within the past 12 months.

**ROUTINE FOLLOW-UP:**

1. The recommendations listed below address when routine follow-up is recommended for safe and effective continued use of contraception for healthy clients. Although routine follow-up is not necessary for the use of fertility awareness-based as a contraceptive method, recommendations for follow-up might vary for different users and different situations. Specific populations such as adolescents, those with certain medical conditions or characteristics, and those with multiple conditions may benefit from more frequent follow-up visits.

Advise the client to return at any time to discuss any problems or concerns or if wanting to change the method being used. No routine return visit is required for this method of contraception.

At other routine visits, healthcare providers should:

* Assess the client’s satisfaction with the contraceptive method and whether the client has any concerns about method use; and
* Assess any changes in health status that would change the appropriateness of using the method.

**CLIENT EDUCATION:**

* + - 1. Provide the client information on all contraceptive methods; it is important that the client understands all options available to decrease risk of pregnancy.
      2. Provide educational material or resources to assist the client in being successful in determining their fertile days.
      3. Advise the client on the importance of a partner’s cooperation in order to be successful in preventing an unintended pregnancy.
      4. Advise the client to use condoms for protection against STIs.
      5. Advise the client to call the clinic with any questions or concerns regarding contraception.

**REFERENCES:**

Centers for Disease Control and Prevention. 2016. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

Centers for Disease Control and Prevention. 2016. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf>

Hatcher, R., Trussell, J., Nelson, A., Cates, W., Kowal, D., Policar, M. 2011. Fertility Awareness-Based Methods, In Deborah Kowal (Ed) *Contraceptive Technology*, 20th Ed. Pg 417-432. Ardent Media: Atlanta, GA

Jennings, V. 2014. Fertility awareness-based methods of pregnancy prevention. <http://www.uptodate.com/contents/fertility-awareness-based-methods-of-pregnancy-prevention?source=preview&search=%2Fcontents%2Fsearch&anchor=H28#H28>

**ATTACHMENT 1: Criteria for Starting the Standard Days Method**

|  |  |
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| **Clients whose menstrual cycles are usually between 26 and 32 days** | |
| Date of last period known | Start immediately |
| Date of last period unknown | Start on first day of next period |
| **Special circumstances** | |
| Postpartum/breastfeeding | **Wait for at least 4 periods** |
| Start after two most recent periods are about a month apart |
| Three-month DMPA injection used for contraception | **Wait for at least 90 days after last injection** |
| Start after two most recent periods are about a month apart |
| Pill, patch, implant, EC, IUD, Miscarriage or abortion | **Cycles before using method or pregnancy were 26 to 32 days long** |
| Start on first day of next period |

DMPA: depot-medroxyprogesterone acetate**.**

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**ATTACHMENT 2: Two Day Method Algorithm**

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**Did I note secretions today?**

**No**

**Yes**

**Did I note secretions yesterday?**

**I can get pregnant today**

**Yes**

**No**

**I can get pregnant today**

**Pregnancy not likely**

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**ATTACHMENT 3: Examples of Cervical Secretion Variations during a Menstrual Cycle**

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|  | | | | | | | | | | **FERTILE** | | | | | | | | |  | | | | | | | | | | | |
| **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** |
| **Date** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cervical Secretions  (Feel,  Look,  and Touch**)** | Wet, slippery, transparent or stretchy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Thick, cloudy or sticky |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dry, no secretions seen or felt |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Period |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Unprotected intercourse should be avoided during menses, on preovulatory days following days with intercourse, on all days with wet, slippery, transparent or stretchy secretions, and for four days past the last day with wet secretions

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