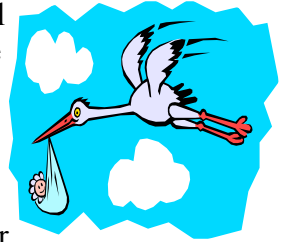


Natural Family Planning after the birth of a baby

LAM - the Lactational Amenorrhea Method

A method designed by nature and used by breastfeeding mothers world wide, to postpone pregnancy

Many women, coming towards the end of their pregnancy, find that while they are eagerly awaiting the birth of the baby, yet there are pangs of regret that they will soon have to start thinking about family planning methods again. For nine months they have been free of it, and have been able to focus on their own health and the health of their baby. However, within weeks, or sometimes even days, of the baby's birth, there is pressure on a couple to choose an effective method of family planning. Many who took the pill before are less eager to take it now, having had it out of their system for a year or more. Yet it is the mini-pill, that is most frequently offered to women who want to breast feed their babies.



The Bellagio Consensus and LAM

At an international meeting of world experts on breastfeeding, held at Bellagio in Italy in August 1988, a new natural way of dealing with family planning in breastfeeding mothers emerged and earned the name:

LAM - The Lactational Amenorrhea Method
(i.e. the breast-feeding with no periods method).

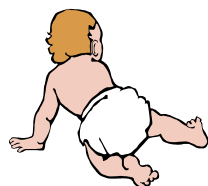
The “method” is not really new. It's as old as the hills! It has been used by women for generations and its success was often dismissed as anecdotal evidence and old wives tales. What is new is that the Bellagio meeting statistically proved that breastfeeding in a certain way, following certain rules, did work as a method of child spacing, **as effectively as the mini-pill**, yet with no side effects either for the woman, for her baby or for the quality of her milk supply. Well documented studies were produced showing why LAM works so well where ordinary breastfeeding fails, which leads us to the statement:

Breastfeeding is not a method of family planning, but LAM is!

The Bellagio consensus provides couples with the choice of a completely natural, non-invasive method for postponing pregnancy in the first six months of breastfeeding at least. Sadly however, despite publication of the report in medical journals, few women are given information on it and other methods are routinely prescribed.



This tutorial tries to remedy the matter by explaining how and why **LAM** works, and sets out the guidelines for use, in the hope that many more women will be able to make an informed choice for a method uniquely designed by nature for the wellbeing of mother and child.





Why breastfeed?

There is so much literature now available on the benefits of breastfeeding for both mother and baby that only a few key ones need be included here.

- First and foremost, breast milk is the most perfectly designed baby milk, high in energy and easily digested.
 - It comes on demand, at the right temperature and requires no sterilisation
 - In addition, it actually gives the baby protection against local infections to which the mother has been exposed and developed anti-bodies.
 - The milk matches the baby's needs in both consistency and amount.
- The hungrier the baby, the more milk is produced. As Professor Howie puts it:
 “When a baby breastfeeds, he is also placing his order for his next feed”. (1)
 - At each feed, the milk flow starts with high water content to quench the thirst and then becomes richer as the baby sucks longer.

The list is endless of benefits that formula milk cannot achieve. The benefits for a baby's health are never emphasised enough. *When a mother puts her baby to the breast, she begins its immunisation programme from birth, through the immunity benefits of her milk.*

Benefits for a mother

For mothers, the benefits are equally important. She can feed the baby anywhere, any time, and know that, for the first six months of its life, the baby is receiving milk specially designed to match its changing needs, with no other supplements needed. At the same time, it stops the brain initiating or triggering ovulation and therefore fertility is suppressed for varying periods of time, as we shall see. It also reduces the risk of ovarian, endometrial and pre-menopausal cancers and osteoporosis.

Natural but not necessarily easy, (at first !)

However, just because breastfeeding is the best and most natural way to feed a baby, doesn't mean it is always the easiest! Like many things natural, it is a skill to be learnt. Some women and their babies take to it like ducks to water, while others meet problems and feel discouraged to the point of giving up. For some, what should have been a joy becomes a nightmare. This is where experienced help is invaluable - from midwives, or from breastfeeding counsellors of the National Childbirth Trust (NCT) or La Leche League, mothers who are experienced in breastfeeding their own babies and also in teaching other mothers to do the same and overcome any early problems.



Don't get discouraged

As all studies show, it is the first 8 weeks or so, which are the most challenging and, without good informed support, many women facing difficulties with breastfeeding give up in frustration and often with a guilty sense of failure. It is interesting to note how many of them succeed with the second baby, which adds weight to the argument that determination and experience (either your own or somebody else's) are keys to success. The critical key to successful feeding is getting the baby *properly latched on* before sucking begins.



Getting the baby properly latched on

Babies are born with a strong suckling reflex. When the side of the mouth is gently stroked they turn their heads to that side and open their mouths. This is the precise moment to put the nipple deeply into the baby's mouth so that the gums can chomp on the areola, not the nipple. The mother needs to be aware that the first fluid is **colostrum**, a clear yellowy fluid which is highly nutritious and suffices till the milk comes in fully on the third day. It is not necessary to suckle for a long time in these first three days. It is a learning time and a rest time for them both. On the third day a flood of milk arrives, more than baby needs. This flood slowly recedes until at about 2 weeks there is a little shortage, but more frequent suckling helps restore the supply, until there is another little famine at six weeks, when again more frequent suckling restores the supply. The mother's body is now properly tuned up for supply to meet demand.

There is a lot of literature and expert help available from breastfeed counsellors as mentioned above. Do not give up without seeking good experienced help and advice. A baby can breastfeed at only one stage in its life. It is worth exploring **all** avenues of help to make this possible.

Breastfeeding and returning fertility

So, if a woman really does want to breastfeed and obtain natural child spacing from it, what does she need to know? The first important fact to understand is how breastfeeding affects other functions in the body. To quote Professor Howie again:

“As the baby suckles, messages are transmitted from the areola (brown nipple area) to the mother's hypothalamus and pituitary gland (parts of the brain) which tell her not to re-start ovulation. The biological importance of this is obvious; if a new pregnancy is started too quickly, the baby will be displaced from the breast and denied the nourishment he or she so greatly needs.”

Therefore, in the vast majority of women, breastfeeding has a suppressing effect on the fertility hormones oestrogen and progesterone, thus delaying ovulation and the onset of menstruation, for months, even years in some women.

How long this suppressing effect lasts will depend on several factors, the main one being **the kind of breastfeeding practised**. Everyone seems to know someone (sister, aunt, mother, neighbour) who conceived while still breastfeeding and so it is commonplace to hear even healthcare professionals dismissing the protective mechanism of breastfeeding as ineffective. What nobody asks is:



- How often were they breastfeeding?
- Were bottle feeds being given in between breast feeds?
- How many feeds were being dropped?
- How many meals of solids were being given? etc.

The fact the baby had a feed in the morning on waking, one before a midday nap and one before going to bed at night counts as “breastfeeding,” in many people's eyes, **but this is not the kind of breastfeeding that suppresses fertility**. So we now have to add the words “**full**” or “**exclusive**” to describe the type of breastfeeding necessary to suppress ovulation.

The effect of suckling on prolactin levels

As a baby suckles and stimulates sensory nerves in the areola, it leads through complex mechanisms to the release of the hormone *prolactin*, which stimulates milk production. At the same time prolactin also interferes with the ovulation process, delaying its return to normal function. Prolactin levels rise during a breastfeed and usually reach a peak within 30-45 minutes from the start of the breastfeed. Then, over the next 2 hours, prolactin falls to a base level again till the next feed. So, it immediately becomes obvious that ***the more frequently the baby feeds, with shorter time intervals between feeds, the more prolactin is produced, therefore the more milk, and the less chance there is of ovulation taking place.***

Use of breast pumps

Interestingly, studies quoted by Professor Howie show that breast pumps do not raise prolactin levels in the same way as a breastfeed. So, while they are useful for extracting milk to feed a baby in mother's absence, they will not have the same value as an ordinary breastfeed for stimulating prolactin release, maintaining milk supply or suppressing fertility.

Night feeds produce higher levels of prolactin

A further point to remember is that there is **more** prolactin produced from ***night feeds*** compared to day feeds. So mothers whose babies sleep through, or are made to sleep through, the night from a young age without a breastfeed, may find their milk supply less abundant and the suppressing effect on fertility diminished.

Importance of night feeds in suppressing fertility

Mothers who keep the baby with them at night and feed, or let them feed, during the night enjoy the slowest return to ovulation. Since this is the practice of village women in developing countries, it explains why they enjoy good birth intervals which can extend into years. A study of Eskimos and Indians, two very different populations, showed the same result, that non-breastfeeding mothers had two babies for every one baby by breast feeding mothers, over the same period. It is estimated therefore that the child spacing effect of breastfeeding is massive in the developing world and that breastfeeding alone prevents more pregnancies than all methods of artificial contraception combined (2). It is therefore easy to understand why there were so many protests at formula milk being exported by the multinational companies to developing countries and bottle feeding becoming “the vogue”.

Summary so far

The sum total of all this for a woman wanting to breast feed her baby and benefit from its child spacing effect, is that ***the early weeks are critical for setting the regulator.***

If a mother is able to:

- fully breast feed from birth, with no bottles being slipped in to “top up” a feed
- with no long time intervals between day feeds (every 2 hours at first, increasing to 3 hours, then 4 hours maximum)
- maintain night feeds for as long as possible
- give a full early morning breastfeed

this will ensure that ***her baby has the best supply of breast milk, the best food possible for health and growth, and for herself the beginnings of the best and most natural means of postponing pregnancy.***

As the baby gets bigger and does not need /or want a night feed, it is important to

- maintain the late evening and early morning breastfeeds,
- allow a gap of no more than 7 hours overnight between these feeds

in order to continue to enjoy the above benefits.

How long do these benefits last?

The frequency of feeding will influence the milk supply throughout the timescale that a woman decides to breastfeed. However, the suppressing effect on her fertility is more variable and requires more precise information.

Once the bleeding associated with the birth (lochia) stops, the fully breastfeeding mother usually has no periods for several months, in some cases, even years. The Bellagio meeting concluded that the ***absence of bleeding for the first 6 months*** (i.e. amenorrhea) was the final clue to this successful child spacing method.

Research showed that if, by chance, a fully breastfeeding mother is going to ovulate ***before the baby is 6 months old***:

- she will usually experience some sort of bleeding first, either as spotting, as a brown discharge, or even a frank bleed.
- This will come ***before*** that first ovulation, usually giving enough warning for the couple to stop intercourse if they wish to avoid pregnancy.
- However, once the baby is over 6 months old, this signal no longer applies.
- After 6 months, ***she will usually ovulate first*** and then bleed or not bleed 2 weeks later, depending on whether she has become pregnant or not.

To summarise:

- *Before 6 months, bleeding usually comes before ovulation as a warning.*
- *After 6 months, the ovulation comes first and the bleeding (menstruation) follows.*

So finally, to postpone pregnancy using Lam, three criteria need to be observed

- a woman must fully breastfeed, with no supplements being included, no long gaps between breastfeeds etc. as mentioned above
- She must experience no more bleeding /spotting after locchia stops
- for the first six months of the baby's life

With these 3 criteria in place, the expected pregnancy rate is less than 2%, that is, even lower than the pregnancy rate given for the mini-pill, which is routinely prescribed during breastfeeding.

Making LAM Work

We will now take each point separately and expand the explanation of what is required.

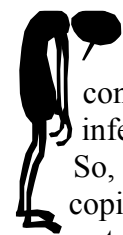
1. First Requirement of LAM - full breastfeeding

There is so much conflicting advice given to mothers from family, friends and healthcare professionals, that very few women really do fully breastfeed their babies. Within weeks of birth, mothers are encouraged to give babies other fluids *“in case he/she is thirsty”*. The advisors are obviously quite unaware of the watery nature of the first milk off the breast at each feed, designed to do just that - quench the baby's thirst. As soon as a breastfed baby cries, one immediately hears from well-intentioned onlookers, *“Your milk isn't rich enough. Give a bottle now and then to satisfy the baby's hunger”*. To a first time mother, this can be difficult to resist. One could laugh at some of the comments, were it not for the fact that they usually lead to a mother giving up.

One cannot emphasise enough that breast milk is **the most complete food**, covering all the baby's nutritional needs till at least the age of 6 months. The advice to give other liquids only exposes the baby to risks from contaminated water and bottles. In developing countries, where water supplies and sterilising facilities are limited, it has disastrous consequences. Even in Europe, bottle fed babies are hospitalised more frequently than breastfed babies.

Nor does it stop there. Research is continually finding long term health benefits in adults who were breastfed as infants. So it is not something to be abandoned casually but rather to be promoted as the best a woman can do for her baby, and everything else is second best. This is not meant to be a criticism of those who do not breastfeed, for whatever reason. It is rather a statement of scientific fact, which those involved in educating the general public need to find some way of publicising more effectively, so that many more mothers and their babies benefit from nature's natural, healthy and beautifully balanced process. In the meantime, for those who are trying to breastfeed, keep this booklet handy and lend it to these well-meaning people to read and encourage their support, not criticism.

Breastfeeding and Fatigue



Another fact that needs airing, is that breastfeeding is more demanding on a woman's energy levels than pregnancy. Yet women often get more help and consideration during pregnancy than they do when they are breastfeeding. The inference is *“You've had the baby, so you're back to normal now, after a little rest!”* So, while breast milk is the perfect food, it can create for the mother the problem of coping with tiredness. It results largely from the demands of milk production on her own nutrition and energy levels. It is also aggravated by her disturbed sleeping patterns from night feeds, which she alone can do. Village women in rural societies always get more family and community support because there are usually traditional rites attached to breastfeeding. Their ability to rest more usually enables full breastfeeding to continue longer and more easily. The urban woman by contrast, often more isolated, with less family support, may find herself so tired and weepy that she is tempted to let someone else give the baby a bottle just so she can catch up on sleep.



Breast feeding and family / social life

However, when you add to that the odd nights out, the shopping trips when baby is left at home and given a bottle, all these occasions, if they increase in number, can challenge the concept of full breastfeeding and undermine the efficacy of LAM. Remember, even if the milk in the bottle is expressed breast milk, it does not have the same effect on the mother's prolactin levels as actually suckling the baby.

These are very real situations for breastfeeding mothers and a woman has to juggle with all these scenarios and try and do what is best for her, for the baby and for the family situation they find themselves in.

Importance of family support

Most mothers realise all the best things in life require sacrifices to achieve them and most say it was well worth the adjustments for the success and benefits of complete breastfeeding. With care, consideration and support of family and friends, it can be managed peaceably without conflict of interests. There is room to manoeuvre within the Lam criteria, to cater for most of our social needs as well!

“Exclusive” breastfeeding - better description for LAM criteria

Since full breastfeeding ideally means *only* breast milk and nothing else given, the term *exclusive breastfeeding* is often preferred as a better description. However, as we are rarely dealing with an “ideal” situation, LAM also allows for *almost exclusive* breastfeeding, allowing for small interruptions, provided they are restricted in number and the quantity of fluid given is small. This allows for the odd breach of nights out etc.. Of course, once it happens regularly that a breastfeed is missed and replaced by a bottle, be it milk or juice, it is no longer “exclusive” breastfeeding and LAM protection is under threat and, in the strictest sense, the LAM rules have been broken.

Will she ovulate as soon as she drops a feed?

The answer cannot be precise because of the range of responses in each individual. For some women, stopping one feed, say the night feed, will trigger an immediate return of menstruation. Another will not ovulate or menstruate for several weeks later, Another will not ovulate at all for the whole time of breastfeeding, even if it is reduced to only a couple of feeds a day. This is a frustrating situation for researchers who are trying to analyse the secrets of the relationship between breast-feeding and return of fertility. A lot is understood, but some areas still remain unexplained.

One factor may be the *intensity of feeding in the early weeks* and the setting of the regulator thereby. Another may be **the intensity of suckling of the baby**. Ultimately however, it may be the woman’s own individual make up that dictates results. As in ordinary cycles, some have long, average or short cycles, some are affected by stress, others never so, some menopause early, others late, so it is the same in the breastfeeding experience. The range of normality is vast, and we can only look at the most common pattern of behaviour. It is the author’s experience that those women who have always had **very regular cycles** before having the baby, cycles which were rarely, if ever, disturbed by stress, it is these women who have the **earliest return of fertility after childbirth**. They rarely go far beyond the six months of LAM before the periods return.

Introducing food

Ideally, under LAM criteria, solids are held back till the baby is 6 months old. If there is a perceived need to introduce them earlier, 5 months should be the very earliest and the portions should be kept small. The woman should now consider herself to have moved from LAM into Extended LAM and start observing NFP rules (*See later*).

For some, as already stated, their periods will return quickly at this point, but for others, with the baby’s appetite growing with size, the demand for milk can increase and suppress fertility for many more weeks/ months/ years even.

One of the key ways to prolong the child spacing benefits of breastfeeding, even after the introduction of food, is to ***always give the breast first before the food***. The opposite advice is often given in baby books. However, by giving the breast first and “topping up” with little

bits of solid, rather than the other way round, the suckling action of the baby is still strong from hunger and the baby will take a lot more milk. It is also important to have some feeding sessions with the breast only, particularly the last feed at night and first feed in the morning. Following this pattern has enabled many women to suppress their fertility well into the second and third year after birth.

2. Second Requirement of LAM: The absence of vaginal bleeding

Once the bleeding connected with birth (lochia) has stopped, a mother who is fully breastfeeding usually has no further bleeding for several months, due to the suppressing effect of *prolactin* on her fertility, as already explained. In fact, the first warning signs of fertility returning before six months is usually the appearance of some kind of vaginal blood loss. Research shows that within the first six months, ovulation does not occur before the bleed, and so the bleed acts as a warning to stop intercourse if the couple wish to avoid pregnancy. Sometimes the blood loss is just red or brown spotting, lasting a day or two, sometimes a bit heavier, and sometimes it can be a frank bleed like menstruation.

Does bleeding always indicate return of fertility?

Most women who have a blood loss within the six month phase of LAM ovulate quite soon after and have a menstruation shortly after that. However, yet again, a percentage of women still won't ovulate for many months to come, and no explanation can be found for the unexpected bleed. Since they are now technically outside the LAM criteria because of the bleed, the only way to clarify the situation is to begin mucus observation and Natural Family Planning charting. If the woman experiences continuing dryness and an absence of mucus, she will be infertile until the situation changes. (See NFP rules at the end of the booklet)

A very small percentage of women, despite full breastfeeding, will experience a full menstrual bleed within a few weeks of delivery and will realise immediately that they are not able to apply the LAM criteria. When this happens during full breastfeeding, it is good to know that the first bleed acts as a warning but that the next cycle will usually be fertile. This explains why, for the majority of women, infertility can be assumed quite confidently up to six months, unless bleeding occurs first.

Bleeding after the six month phase of LAM

The consensus of the Bellagio meeting was that the absence of bleeding (for the first six months) would indicate infertility for the majority of women who are fully breastfeeding their babies. After six months, the probability of ovulation occurring before the first bleed increased significantly.

3. The Third Condition for LAM: Infertility lasts for first six months

Hopefully a picture is building up of what nature plans for the newly delivered mother and her baby. It is a wonderful eco-system whereby the baby experiences the warmth and closeness of its mother while being fed milk so perfectly designed for its health, growth and development. The immunity, the balance of fats and energy, the supply matching demand, the delay of ovulation, all demonstrate the intended balance in nature for the suckling infant and mother. That it should end abruptly at six months, when the child can't even feed itself or crawl, let alone walk, seems very strange.

It obviously isn't intended that a woman should become fertile at six months, conceive and that the baby be displaced from the breast by a sibling, as Prof. Howie argues. In studies of returning fertility in breastfeeding women, while menstruation returned in many women in the seventh, eight and ninth months, there were still many women who remained without periods

for several more months, stretching even into years. The author has taught mothers who remained without periods for 1—3 years, in notable cases up to 4 years. It is well known that many women in less sophisticated societies do enjoy a much longer period of infertility after birth, achieved entirely through prolonged breastfeeding. Some nomadic tribes have provided wonderful evidence of this fact

Therefore, as already mentioned, when the researchers speak of “six months” infertility, it is based on statistical evidence showing that the **majority of women**, no matter what the culture, could enjoy the infertility caused by full breastfeeding for this minimum select period of time. After that, the extension of infertility depends on the woman, on her baby, on feeding patterns, on whether she sleeps with the baby or not, perhaps her nutrition levels and other factors not yet understood. All this lies in the realms of further study. Suffice to say, six months is not a magical date for hormone activity and the return of cycles, but a statistically valid marker for universal application of an infertile window after delivery, given certain criteria.

Summary of requirements for LAM to work:

- Full, (almost) exclusive breastfeeding from birth, with no bottles being slipped in to “top up” a feed
- No long time intervals (2 hours at first, later 4 hours max.) between day feeds
- Night feeds maintained for as long as possible
- As the baby grows, the late evening and early morning breastfeeds maintained with a gap of no more than 7 hours overnight.
- After 6 months, the LAM principles can be extended by introducing food slowly, in small amounts, but always giving the breast first. It can extend infertility for a long time in individuals, but **mucus observations** as taught in Natural Family Planning (NFP) should be adopted as well. (See later note)

Infertility continuing outside the LAM Criteria

If a woman decides to breastfeed her baby just on demand, not watching for long gaps developing in feeding patterns, nor consciously trying to maintain a night / late evening /early morning feed, she is technically outside the LAM criteria.

However, she may still enjoy a long period of infertility for reasons already given. Therefore it is strongly advised that from the beginning she learns Natural Family Planning (NFP) and observes mucus signs and detect the return of her fertility.

The same advice applies to a woman who has used LAM for 6 months and now enters the seventh month (See above)

Summary of return of cycles after a baby

- With no breastfeeding at all, the prolactin levels fall quickly and a woman can ovulate within 6 weeks of delivery.
- With partial breastfeeding, a woman can ovulate within 6 weeks as if she didn't breastfeed at all, or there can be a slight delay of a few weeks, or even months, as if she was fully breastfeeding. The picture is completely unpredictable.
- With full breastfeeding, as already explained, the return to fertility will depend largely on the type of breastfeeding practised.

Summary of Natural Family Planning (NFP) rules to be applied before menstrual cycles resume (*Previous knowledge of NFP is presumed*)

Dryness at the vulva with an absence of mucus:

- infertile for night time intercourse,
- on non-consecutive nights to enable the onset of mucus to be distinguished and not be confused with seminal fluid discharge.

Any sensation of moistness and/or mucus;

- potentially fertile, intercourse to be avoided.
- after its disappearance, a count of 4 consecutive DRY days must be made before resuming non-consecutive night time intercourse, as before.

If dryness returns:

- return to non-consecutive night rule till further change

If the mucus continues, a different rule applies.

- If it establishes itself in an unchanging pattern for two weeks, then this sets up a new basic infertile pattern.
- It counts as infertile until another change occurs, either in sensation, colour, amount or texture (See code **SCAT** in Guidelines).
- The mucus pattern in breastfeeding is typically a scant white creamy discharge, which usually still has a dry sensation accompanying it.

If the mucus is not stable but intermittent and changing:

- the situation is potentially fertile and a “wait and see” policy must be adopted.
- As soon as mucus appears, of any sort, temperature charting should begin in order to confirm an ovulation, should one occur.

If and when a Peak Mucus Symptom (wet, clearer slippery mucus) develops:

- Wait till it disappears. If no temperature rise follows, then no ovulation has occurred.
- Count 4 days of a return to the basic infertile pattern (BIP) and
- resume the non-consecutive night rule till further change

If a Peak Mucus Symptom occurs followed by a temperature rise,

- Wait till night of Peak + 3,
- add an extra high reading to the normal temperature rule for this first ovulation only, before resuming intercourse.

No restrictions apply to intercourse in this post-ovulatory phase.

NFP Rules after the first menstruation:

Pre-ovulation

- After the birth of a baby, any previous cycle history cannot be used as cycles often change after a pregnancy.
- Therefore for the first 3 cycles, use the post ovulation phase only. (*See note below*)
- From cycle 4, use first 5 days or S—21 (whichever comes earlier) for the last infertile day before ovulation (double-checked with DRYNESS) and usual post ovulation rules.
- From cycle 7 use the S-21 rule alone = last infertile evening, which usually gives more infertile time before ovulation.
- After a year's charting, use the standard S—20 Rule = last infertile evening for the pre-ovulation phase.

Post Ovulation

- For the first cycle only, **add one extra high reading to the normal temperature rule** to be sure, before resuming intercourse.
- After that, return to normal post ovulatory rules.

Changed pattern of cycles when menstruation returns during breastfeeding

When a woman is breastfeeding and her periods return, it is quite typical for the ovulation to occur late in the cycle and the period to follow only 8—10 days later.

In fact, this will be the pattern to expect. So even if the cycles appear normal as regards the length (*eg. periods coming every 28—30 days*), it would be quite typical for the woman not to ovulate until around day 19 - 21 and have her period only 9 / 10 days later. This appears to be the effect of prolactin, which is no longer able to suppress ovulation, but can still have the effect of delaying it in the cycle.

Once breastfeeding stops completely, the cycles usually return to the normal balance, within a short time, that is, with the ovulation occurring earlier in the cycle and the period following about 12 – 16 days later.

It is important for new mothers to understand the change in pattern during breastfeeding. Otherwise they may be confused with the mucus symptom, expecting it to come earlier in the cycle. The temperature chart usually re-assures them that indeed the mucus was right because the temperature rise was also “late” compared to her usual cycle.

The rules contained in this booklet presume knowledge of Natural Family Planning for normal cycles. See web site tutorials: Understanding Your Fertility and How to Chart Your Cycle.

It also presumed the couple will be able to consult a trained NFP teacher. Where this service is not available, please make contact through the web site to see if there is a teacher near you. If there isn't, teaching can be offered by phone and email.