



**WANTING TO PREVENT  
PREGNANCY?**

**LOOKING FOR A FRESH APPROACH  
TO BIRTH CONTROL?**

# Introduction

What if I told you that there was a way of preventing pregnancy that was as effective as the oral contraceptive pill, and more effective than IUDs, condoms and diaphragms.<sup>1</sup>

And what if I told you that this method was non-invasive, simple to use, economical, and device and drug-free?

And what if I said that this method had been subjected to more scientific research than any other method of regulating fertility?<sup>2</sup>

Sounds good, right?

Well, would you believe that I'm talking about the Billings Ovulation Method™?

You may not have heard about the Billings Ovulation Method™ before. If you have, you may have it confused with the Rhythm Method, also known as the calendar method. Far from it! The Billings Ovulation Method™ is based on rigorous science. It is backed by more than 50 years of medical research, with optimum results. And instead of a "one-size-fits-all" approach, it works with each woman's unique patterns of fertility and infertility.

So read on to learn how you can confidently prevent pregnancy... with no nasty side-effects!

The Billings Ovulation Method™ — as effective as the pill... only NATURAL!

The Billings Ovulation Method™ has pregnancy rates of zero to 0.5 percent and is not the Rhythm Method which, even when used perfectly, has a failure rate of around 9 percent.

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<sup>1</sup> John Murtagh, (2011), General Practice 5th Ed, McGraw-Hill.

<sup>2</sup> J.J. Billings (2002), The Billings Ovulation Method in China, p.6.

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“The Billings Method will be recognised in medical history as one of the greatest discoveries of the 20th century.”

Thomas W. Hilgers,

Professor of Obstetrics and Gynaecology, Omaha USA

# 1: Let's Check Out the Competition!

There are a number of different methods of contraception available, including barrier methods (condoms and diaphragms), hormonal methods (the Pill, implants, injections) and Intrauterine Devices (IUDs). But when you look at their failure rates and/or their side-effects, the Billings Ovulation Method™ starts to look like an increasingly attractive option!

## Barrier Methods

OK, there are a couple of problems with relying on condoms to prevent pregnancy. Firstly, the failure rate among typical users is around 15 percent.<sup>3</sup> And then there are practical issues, such as having them on hand at the right time.

With a diaphragm, even if used, fitted and positioned correctly, the failure rate is about 6 percent — significantly higher than the zero to 0.5 percent pregnancy rates with the Billings Ovulation Method™.

You may have seen pregnancy rates for condoms as low as 2 percent. But those figures are based on perfect use. In reality, allowing for incorrect or inconsistent use, pregnancy rates with condoms are much higher: around 15 percent.

## IUDs

The copper IUD may increase menstrual bleeding or cramps. The hormonal IUD can cause hormonal side effects similar to those caused by the Pill, including headaches, mood swings, breast tenderness and acne. Also, between 2 and 10 percent of IUDs are pushed out from the uterus into the vagina during the first year, in which case you would no longer be protected against pregnancy.<sup>4</sup>

<sup>3</sup> Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs and World Health Organization, (2011), *Family Planning: a Global Handbook for Providers, 2011 Update*, p.200.

<sup>4</sup> WebMD, Intrauterine Device (IUD) for Birth Control, <http://www.webmd.com/sex/birth-control/intrauterine-device-iud-for-birth-control>. Accessed 27 Aug 2011.

## Hormonal Methods

There are two main issues to consider when using hormonal methods of contraception like the Pill: side effects and long-term risks.

*Side effects:* These may include tender breasts, nausea and breakthrough bleeding. Some women taking the pill can experience weight gain, mood changes or loss of libido.<sup>5</sup> The more serious side effects can occur when women with particular risk factors take the Pill, such as those who smoke, or who have cardiovascular problems or high blood pressure. In these cases, the risks of heart attack and stroke are increased. There is also a small risk of the serious condition Deep Vein Thrombosis (DVT), so women with blood clot problems should not take the pill.

*Long-term risks:* The jury is still out, but use of the Pill may increase a woman's risk of breast cancer.<sup>6</sup> The risk of breast cancer may be further increased the longer you take the Pill, and the older you are when you are taking it. The increased risk does not disappear until 10 years after stopping the Pill.<sup>7</sup>

“I think there has been a growing dislike in the last decade or so with people not liking to take the Pill forever... A feeling that they just don't want to keep pumping their body full of tablets”

Dr Di Palmer,

Women's Health Specialist, Royal Women's Hospital.<sup>8</sup>

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<sup>5</sup> The Royal Women's Hospital of Victoria, The Pill, <http://www.thewomens.org.au/ThePill>  
Accessed 27 Aug 2011.

<sup>6</sup> R. Burkman, J.J. Schlesselman, & M. Ziemann. (2004). Safety concerns and health benefits associated with oral contraception. *American Journal of Obstetrics and Gynecology*. 190(4 Suppl):S5-22.

<sup>7</sup> Collaborative Group on Hormonal Factors in Breast Cancer. (1996). Breast cancer and hormonal contraceptives: Collaborative reanalysis of individual data on 53,297 women with breast cancer and 100,239 women without breast cancer from 54 epidemiological studies. *Lancet*. 347:1713-1727.

<sup>8</sup> ABC Health & Wellbeing, A Pill A Day, <http://www.abc.net.au/science/slab/thepill>  
Accessed 27 Aug 2011.

## 2: And Now Check Us Out!

The Billings Ovulation Method™ is a scientific method of fertility management that has been successfully used by millions of women around the world.

- ✓ It is completely natural, so it has none of the unpleasant or harmful side effects commonly associated with many methods of contraception.
- ✓ It is applicable in all circumstances and all stages of reproductive life, even if you are breastfeeding, you have irregular cycles, or you are approaching menopause.
- ✓ It is based on your body's natural signals of fertility and infertility.

So get to know your body with Billings LIFE. Learn to understand your cycle and to recognise the signs and symptoms of fertility and infertility. Information is power!

Unlike the Pill, the Billings Ovulation Method™ is chemical-free.

Unlike IUDs, the Billings Ovulation Method™ is non-invasive.

And it is cheaper and more reliable than condoms.

No side effects, and as reliable as the Pill...

...Sign up here!

Phone 1800 335 860 to book your appointment with a Billings Ovulation Method™ tutor.

“Thank you for all you’ve taught me. I will come back to the Billings Method while breastfeeding. It’s been a really good experience learning and knowing so much about my body and fertility.”

Sarah, 33 years.

## 3: Brace Yourself... I'm going to talk about Cervical Mucus!

Yes, it's all about the mucus! If you have no idea what this has to do with preventing pregnancy, you are not alone. A recent Australian study found that less than one in five women had correct knowledge about their body's signs and symptoms of fertility and infertility.<sup>9</sup> Even so, you have probably noticed different types of cervical mucus during your menstrual cycle, and thought nothing of it. But far from being nothing, this mucus, which is produced by the cells of the cervix for a few days before ovulation, is essential for fertility. The sensation and appearance of this mucus at the vaginal opening (called the vulva) help you to identify the fertile and infertile times in your cycle.

"It just seems so obvious. I don't know how I didn't notice it before." Kate, 28 years

### Learn to Identify Your Pre-Ovulatory Pattern of Infertility

Following menstruation your hormone levels are low. Your cervix becomes blocked by a thick plug of mucus that prevents sperm from entering the uterus. This means that you are infertile. For many women the sensation at the vulva during this time is one of dryness. This is described as a *Basic Infertile Pattern of dryness*. Other women notice a pattern of discharge that does not change. It has the same sensation and appearance day after day. For these women, this discharge also indicates infertility. This is described as a *Basic Infertile Pattern of discharge*.

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<sup>9</sup> The Ovulation Method Research and Reference Centre Australia. (2010). *Pregnancy outcomes associated with peak fertility*.

“Fertility is associated with rapid changes in hormone production. Anything static must be infertile. This is the basis for the Basic Infertile Pattern.”<sup>10</sup>

## Learn to Recognise the Signs of Beginning Fertility

The fertile phase of the cycle begins when the ovaries start to produce oestrogen as the egg develops. This hormone stimulates the cervix to produce different kinds of mucus. A change in the sensation and appearance of the mucus at the vulva is nature’s way of letting you know that you are now potentially fertile.

One of the types of mucus produced by the cervix dissolves the mucus plug. This means that sperm can now enter the uterus. Another type of mucus acts as a filter, destroying unsuitable sperm cells. Yet another type of mucus forms channels which help the sperm travel through your reproductive system to meet and fertilise the egg. This mucus also protects and nourishes the sperm, helping them to live up to 5 days.

As the ovaries produce increasing amounts of oestrogen you will notice a changing pattern of mucus and a difference in the sensation the mucus produces. The mucus becomes progressively wetter and then slippery. You may notice the mucus becomes thinner and clearer. But even if you don’t see any mucus, the sensation of slipperiness means that you are fertile.

Every woman is an individual with her own individual pattern of cervical mucus. And her unique pattern is a remarkably accurate reflection of her reproductive hormones.

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<sup>10</sup> M. Corkill & M. Marshall, (2008, December 19), Natural fertility regulation – the Billings Ovulation Method. *Australian Doctor, How to Treat*.



It is truly amazing how wonderful the human body is and how by just being aware of different signs and symptoms from your body you are able to realise when you are more fertile."

Susan, 24 years and Jason, 25 years

## 4: Pinpointing the Peak

The last day of the slippery sensation is the most fertile day of your cycle. It is called the Peak of fertility, and is very close to the time of ovulation... good to be aware of if you are wanting to avoid a pregnancy! You can be sure that if you recognise the Peak of fertility then you have identified the time very close to ovulation.

Just before ovulation another hormone called progesterone starts to be produced. This hormone prepares the lining of the uterus in case there is a fertilised egg ready to implant. Progesterone also causes changes in the cervical mucus. It activates the cervix to produce the thick, impenetrable mucus that forms the plug in the cervix. It also activates the reabsorption of fluid from the mucus so that the slippery sensation disappears. So it is the rising level of progesterone that causes the abrupt change in sensation that helps you identify the Peak.

It is important to realise that the Peak is not necessarily the day of *most* mucus. The amount of mucus may decrease but the slippery sensation may continue for a day or two— the sensation is the most valuable symptom.

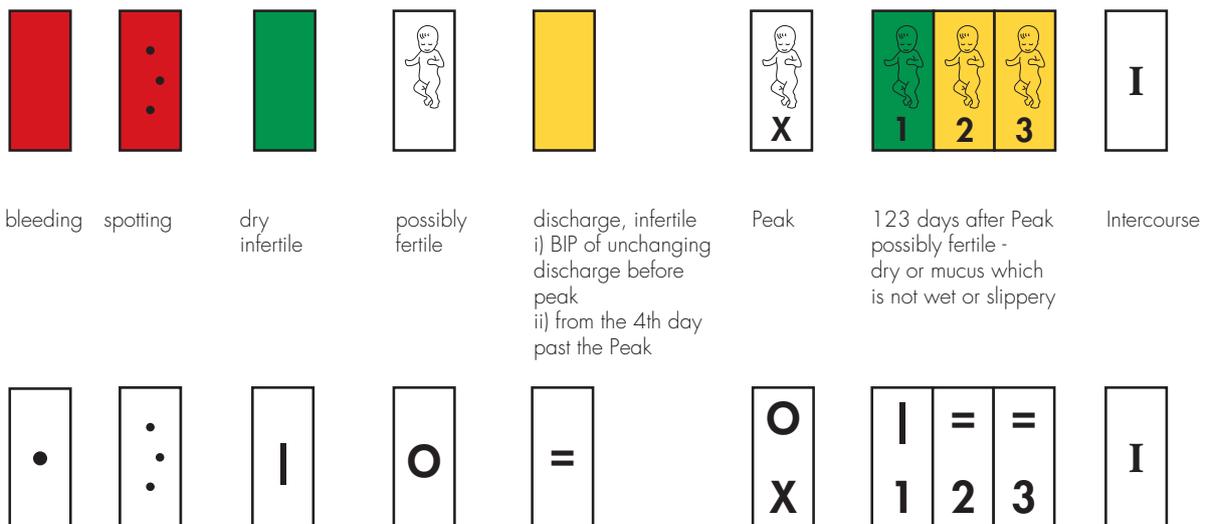
You will only be able to confirm your Peak day the following day, when you no longer feel the slippery sensation. Ovulation occurs on the peak day in the majority of cycles, but may be delayed until day 1 or day 2 past the peak. The egg will live for up to 24 hours. During these 3 days past the peak the plug of mucus reforms in the cervix. After the end of the 3 days your fertile time for that cycle is over.

## 5: Take the Guesswork out of Preventing Pregnancy

By keeping a daily record of the sensation and appearance of mucus at the vulva you can learn to recognise your times of infertility and fertility, and the time of ovulation. Don't worry if your pattern isn't like that of another woman. Every woman is an individual with her own individual pattern. Most women quickly grasp the pattern of their fertility, and a trained Billings Ovulation Method™ tutor can ensure that you are correctly interpreting your chart. A World Health Organisation trial in five countries show that over 90 percent of women can identify the fertile phase and the Peak day of fertility in their first month of observation and charting.

## How to Keep the Chart:

At the end of each day you record your observations of the sensation produced by the mucus outside the vagina. If you see any mucus you write down your observations of its appearance. Just a couple of words on your chart and then use appropriate coloured stamps or write the symbol that represents what has happened.



Even better, learn how to chart and interpret your individual patterns of fertility and infertility with an experienced Billings Ovulation Method™ tutor.

Phone 1800 335 860 to book your consultation today.

## 6: Four Simple Rules to Prevent Pregnancy

There are just four simple rules of the Billings Ovulation Method™ to help you prevent pregnancy. They apply in all circumstances and all stages of reproductive life, even if you are breastfeeding, you have irregular cycles, or you are approaching menopause.

## Early Day Rule 1:

Avoid intercourse on days of heavy menstrual bleeding. This is because in a short cycle fertility may begin before the bleeding has finished and the bleeding could mask the presence of the fertile mucus.

## Early Day Rule 2:

Once the Basic Infertile Pattern has been recognised – days of dryness or unchanging discharge – alternate *evenings* are available for intercourse... evenings because you need to be upright and moving about for a few hours for the mucus to flow down to where you can become aware of it; and *alternate*, because the day after intercourse you may feel damp and see a discharge of seminal fluid, and this can mask the mucus pattern.

## Early Day Rule 3:

When there is any change in sensation or in the appearance of the discharge you should wait without intercourse to see what happens. This allows you to observe the development of the mucus pattern without interference from seminal fluid. If the Peak is observed the Peak Rule can be applied. If the Basic Infertile Pattern returns the couple should wait for a further 3 days and then resume using Rule 2 from the fourth evening.

## Peak Rule:

From the 4th morning past the Peak, intercourse is available on any day, at any time, for the remainder of the cycle. Waiting until the 4th day past the Peak allows time for ovulation to take place and for the life of the egg. For the remainder of the cycle you are infertile because the egg is dead and you won't ovulate again until after the next menstruation.

For more information about these 4 simple rules, go to our website:

[www.thebillingsovulationmethod.org](http://www.thebillingsovulationmethod.org)

or phone 1800 335 860 to book an appointment with a Billings Ovulation Method™ tutor.



## 7: BONUS

[Download your free Personal Record Chart now!](#)

## 8: So Now You Know...

...how essential cervical mucus is for fertility and infertility. Changing hormone levels throughout your menstrual cycle affect the amount and texture of the mucus. Each kind of mucus has a special role to play. Once you are familiar with these changes you will be able to identify your own pattern of infertility and fertility. This knowledge is empowering! It is knowledge that every woman ought to have.

## 9: References

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“This is knowledge of her body that every woman ought to have.”

Dr Evelyn Billings AM, DCSG, MBBS (MELB), DCH (LOND)



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