

## Chapter Three

### Special Situations

#### 1. Coming off the Pill

**Will your first cycles off the Pill be normal?**

Probably not—at least in the sense of being typical of what you will experience once your system gets rid of the Pill's synthetic hormones.

**Will your first cycle off the Pill be fertile?**

That's impossible to predict. Several factors come into play—what kind of Pill you used, how long you used it, and the effects it had on your body.

**Should you try to become pregnant right away?**

In our opinion you should wait at least three months before you seek pregnancy. By that time, most of the residues from the Pill have probably left your body.

**What might you experience in your first cycles off the Pill?**

Your temperatures might be erratic at first, and your cervical mucus might be copious. If ovulation occurs, it may be delayed.

**Are mucus and temperature signs equally helpful at this time?**

While the temperature readings may be erratic at first, they tend to stabilize before ovulation. If you ovulate, you will most likely be able to discern clearly an upward thermal shift. Further, there is some indication that the Pill damages the glands in the cervix that secrete mucus. The bottom line is that daily temperature readings are probably the most helpful sign in your first two or three cycles off the Pill.

**What if more than usual abstinence is required?**

Offer it up in reparation for sins against chastity—your own sins and those of your family and extended families, your friends, your local congregation and your community. Transform any difficulties you encounter into redemptive suffering by uniting your difficulties with the suffering of the Lord Jesus who suffered and died for our sins.

**What rules should you use when coming off the Pill?**

Phase 1: Abstain during Phase 1 in your first cycle. Don't go beyond Day 6 in your second and third cycles.

Phase 2: Abstain during Phase 2 for at least the first three cycles, even if you are seeking pregnancy.

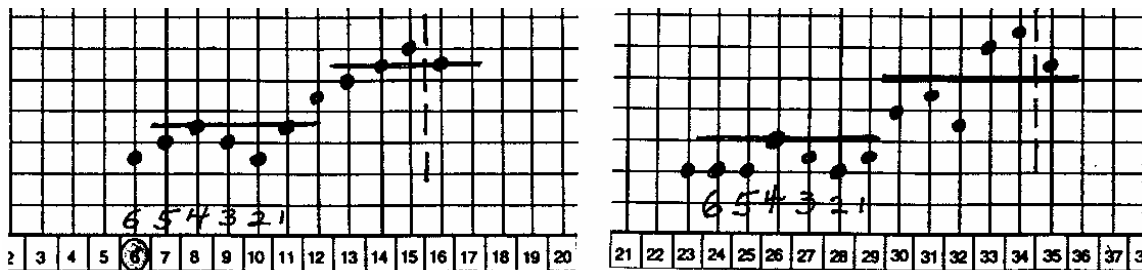
Phase 3: Use the five-day Temperature-only Rule described below.

**What is the Temperature-only Rule for coming off the Pill?**

**Phase 3 begins on the evening of the fifth day of an upward thermal shift in which the last three days are consecutively at the HTL (a full thermal shift) and in which the last day is a mucus-dry day.**

We developed this variation for women coming off the Pill. It starts with the three-day full thermal shift. Then it adds one day to make up for the lack of a two-day cross-check from the mucus dry-up pattern. It adds another day to help make up for the lack of experience. In other words, it adds a “just-for-beginners” day.

We think that by the fifth day of well-elevated temperatures the mucus should be drying up even though the hormonal residues from the Pill may still be around. So if there is not even one day of drying-up, we are uncertain about what is happening. That's why we have added the provision that at least the last day of the elevated temperature pattern should be a mucus drying-up day. Note that in the right hand graph below, the overall rising pattern was six days before the start of Phase 3. The last three days have to be at the full thermal shift level.



**Five-Day Temperature-Only Post-Pill Rule**

In our opinion, couples coming off the birth control pill ought to be conservative in their interpretation and practice. The makers of the Pill have generally advised waiting a few months to seek pregnancy. Perhaps they fear a lawsuit in the event of any birth defects that might be blamed on their products still in your system. It makes sense to us to wait for your system to cleanse itself of the artificial hormones in the Pill.

**For how many cycles off-the Pill should couples use this rule?**

Judging from off-the-Pill charts we have seen, we think that by the third or fourth cycle, your system is controlled by your own natural hormones. We are not, however, aware of any scientific research that has attempted to demonstrate when the Pill residues are completely out of your body.

## 2. Miscarriage

**What is a miscarriage?**

A miscarriage is the delivery of an unborn baby that has died within the womb. Health care professionals sometimes use the term “spontaneous abortion” in which the emphasis is on the “spontaneous” because it has nothing to do with the moral crime of induced abortion.

**When and how often do miscarriages occur?**

We don't know, but we have seen estimates that between 15% and 30% of all conceptions end in a miscarriage. That counts those new lives that were conceived but failed to implant, and it includes those who die in the uterus in late pregnancy. From anecdotal reports, it seems to us that most miscarriages occur in the first 13 weeks of pregnancy.

**Can anything be done to prevent or reduce the number of miscarriages?**

Probably yes, at least in some cases. In the case of a woman who has had previous miscarriages, sometimes medical intervention by way of natural progesterone or other therapies can help. See a NFP-only physician for such assistance. In other cases, improved nutrition may help.

**Is the time after a miscarriage fertile?**

Yes. The time between a miscarriage and the next menstruation is almost always fertile. We recommend that you start (or continue) temperatures immediately after the miscarriage. In some cases, the temperature will remain high for some time (as it was during pregnancy) before it drops to the usual low pre-ovulation levels. A thermal shift usually occurs before the return of the first menstruation. Couples who want to postpone a pregnancy should refrain from the marriage act until postovulation infertility has been confirmed by the cross-checking signs.

**Should couples seek pregnancy right away?**

Couples may seek pregnancy during the first post-miscarriage cycle, according to some doctors. Others will say to wait for two or three cycles.

Our “common-sense” suggestion would be to wait until after you have one complete, normal cycle after a miscarriage. That is, you would not seek pregnancy in the weeks right after the miscarriage. You would wait for your first period and then through the rest of that cycle. If that cycle appeared normal, then you would seek pregnancy in the next cycle.

### 3. Breakthrough bleeding

#### What is breakthrough bleeding and what causes it?

This is a bleeding episode that may resemble menstruation, but it is not. The endometrium builds up to such a degree that the very top layers cannot be sustained and are sloughed off. It tends to occur when ovulation is delayed in that cycle.

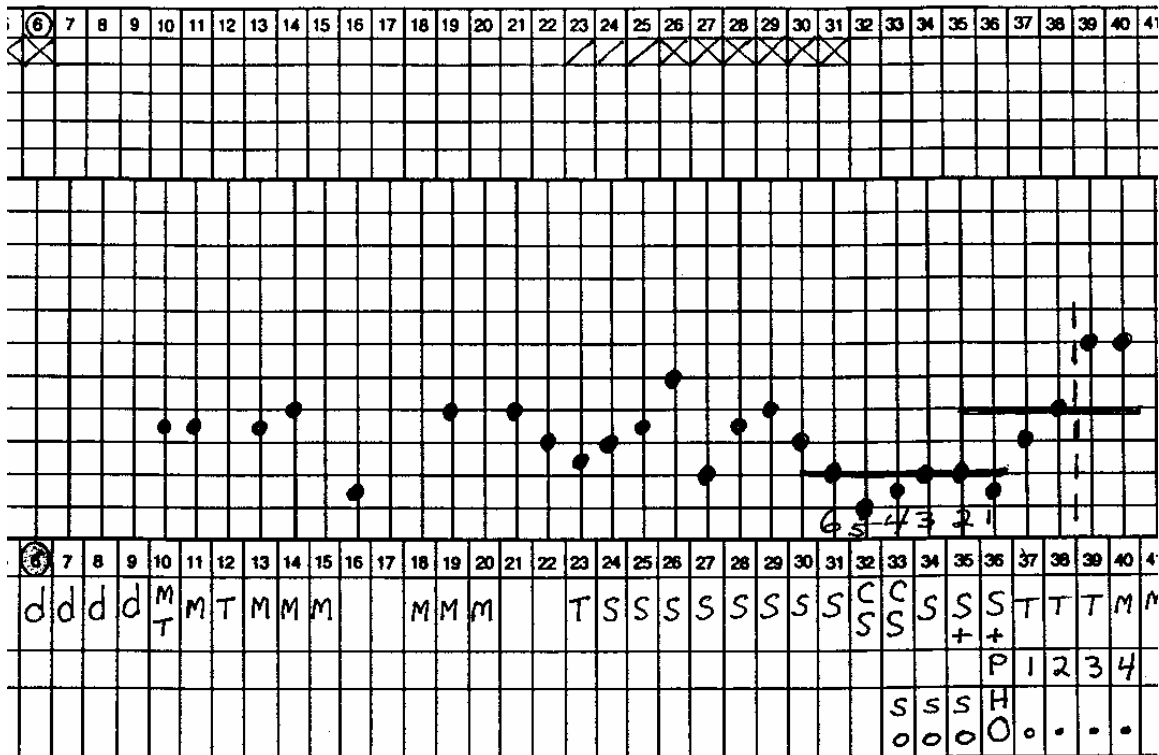
#### What might you experience with breakthrough bleeding?

The bleeding may be spotting or may look like regular menstruation. You may notice lots of mucus during and after the bleeding. With breakthrough bleeding, three things happen:

1. You have bleeding prior to the shift in temperatures.
2. More-fertile mucus is present during the bleeding and after the bleeding stops.
3. An upward temperature shift occurs shortly after the bleeding stops.

#### Is this a fertile time?

Yes. If you engage in the marriage act during breakthrough bleeding, pregnancy might occur since ovulation may soon occur. When you look at the chart below, keep in mind that ovulation sometimes occurs one or two days before or after Peak Day, and even as much as three days before or after Peak Day in a few cases.



Breakthrough Bleeding

**How do you distinguish breakthrough bleeding from a true menstruation?**

The key is that breakthrough bleeding is **not** preceded by a sustained thermal shift. On the other hand, a true menstruation at the end of an ovulatory cycle **is** preceded by a sustained upward thermal shift.

In the example we present here, you would know by the low temperatures that this bleeding might be breakthrough bleeding, especially when you notice lots of mucus present at this time.

This chart shows breakthrough bleeding on Days 23 to 31. Her temperatures remained low and on Day 24 she began to notice stretchy mucus. The woman told us that the “mucus was very stretchy on Days 35 and 36,” and that from Day 39 to Day 47 all her temperatures stayed above 98.0°. She began to chart her cervix sign on Day 33. She observed a very open cervix on Day 36 and said her cervix was “nearly closed” on Day 37. Her menstruation began on Day 48. Thus this was a 47-day cycle. Phase 3 began the evening of Day 39 by Rule R and Day 40 by Rule C and Rule B.

**What is the practical meaning of breakthrough bleeding?**

It provides a good reason to use the temperature sign along with the other signs. Only an elevated temperature sign gives you a positive assurance that a bleeding episode is a true menstruation coming at the end of an ovulatory cycle.

### 4. Irregular shedding

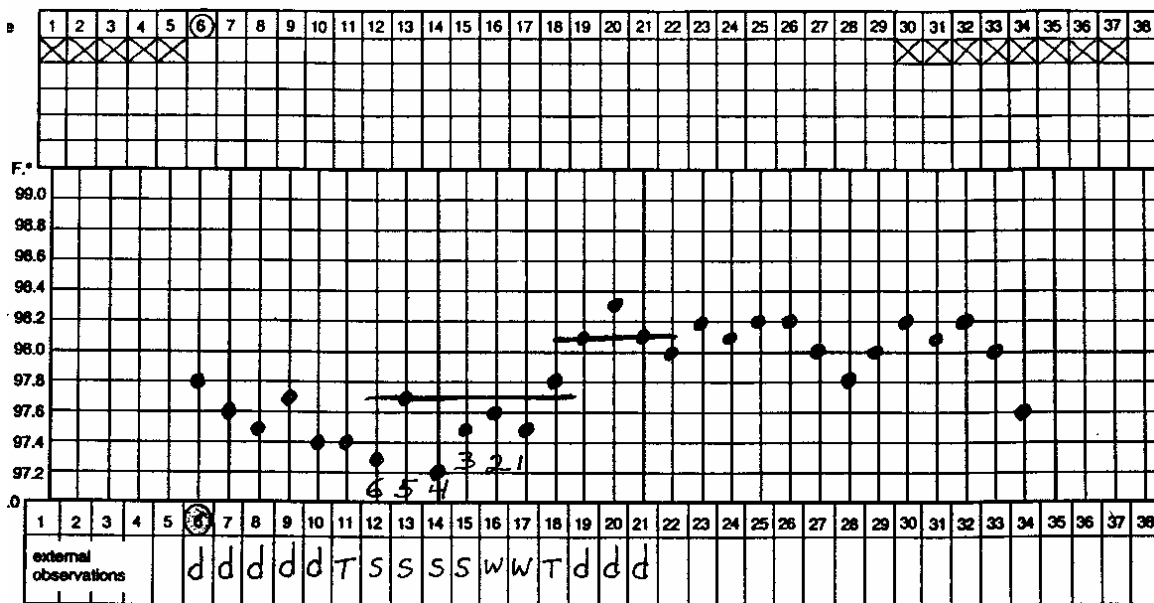
#### What is irregular shedding? Is it a problem?

Irregular shedding is a combination of a few days of bleeding or spotting and continued elevated temperatures just before the start of full menstruation. Irregular shedding always develops into a menstrual period; it does not leave only to have a menstrual flow appear sometime later. Sometimes better nutrition helps to eliminate this situation.

Irregular shedding can cause a problem for couples using the 21-Day Rule or the Clinical Experience rules to determine the end of Phase 1. It can make the cycle just ending appear to be shorter than it really is, and that might erroneously change the “shortest cycle” basis for the 21-Day Rule. Also, if you think that the new cycle started several days before it actually did, your application of the Clinical Experience rules would be excessively conservative.

#### How do you deal with irregular shedding?

When this situation occurs, the first day of the new cycle is the first day of the temperature drop to the pre-shift LTL in that cycle rather than the first day of bleeding or spotting. In our Irregular Shedding example, Day 34 was the first day of such distinctly lower temps and was therefore the first day of the next cycle.



Irregular Shedding

This chart shows irregular shedding on Days 30 to 33. Her temperature dropped on Day 34. This was a 33-day cycle, not a 29-day cycle as it appears at first glance.

By way of review, when did Phase 3 start in this cycle? Phase 3 began the evening of Day 21 by Rule C and Rule B. If the temperature on Day 13 was shaved 1/10 of 1° F., Phase 3 would begin the evening of Day 20 by Rule R.

## 5. Mucus Patches — On and Off

### What is a mucus patch?

We repeat our definition as stated in the mucus-related section of “Chapter Two: Sympto-Thermal Method.”

A mucus patch is the group of days on which you notice mucus. It begins with the first day of mucus and normally ends on Peak Day. We do not count the days of less-fertile mucus after Peak Day. Thus, if you have four days of mucus prior to Peak Day, you have a 5-Day mucus patch including Peak Day.

### What are “on and off” patches?

In some cycles, a woman will experience more than one mucus patch. Some patches will have only less-fertile mucus; others will also have one or more days of more-fertile mucus.

### Does this happen very often? When does it occur?

On-and-off mucus patches are rare during normal fertile cycles. They are normally associated only with longer cycles in which ovulation is delayed. It is more common when fertility is returning after childbirth, in cycles just off the Pill, and during premenopause.

### What if you experience patches of mucus that come and go?

This is not unusual in very long cycles whether you ovulate or not. We are not aware of any reported research on this subject. What follows is how we would (and did) handle this situation.

Regardless of the type of mucus, we would abstain from the marriage act when any mucus is present.

If the mucus disappeared, we would look for the temperature to start rising. If it did, we would wait for the start of Phase 3 by one of the cross-checking rules.

If the mucus disappeared, the cervix was closed, firm and low, and the temperatures stayed low, we would consider ourselves to be back in Phase 1 infertility. We would consider the last day of the mucus patch as Peak Day for all practical purposes. We would wait at least until the evening of the fourth dry day after such a Peak Day before considering ourselves back in Phase 1. We would make sure that the temperature stayed low and would follow the standard Phase 1 rules of “not in the morning” and “not on consecutive days.” The Phase 1 rules help the woman to observe the next mucus patch should it occur.

## 6. Anovulatory cycles

### **What is an anovulatory cycle? When do they occur?**

The anovulatory cycle is a cycle in which ovulation does not occur.

Such cycles may occur occasionally—but rarely—during the fertile years of any woman. They occur more frequently in the premenopausal years and with some frequency in the first few postpartum cycles. They also occur among women with certain endocrine disorders.

### **When do you know it's an anovulatory cycle?**

You know you didn't ovulate in a cycle only after the cycle is over. For example, you experience a bleeding episode that has not been preceded by a thermal shift. The bleeding episode is not accompanied by cervical mucus and is followed by normal dryness and low temperatures. In other words, it is not the "Breakthrough Bleeding" described earlier in this chapter. Then you know that the bleeding episode was menstruation and that you are now in your next cycle.

### **What days can you consider to be infertile in such a cycle?**

With hindsight, you know that all the days were infertile, but you don't know that at the time. If you are waiting for a thermal shift, you will not find one because there was no ovulation.

This is when it is especially helpful to be well experienced with your mucus and cervix observations. If you know you are mucus-dry and that your cervix is closed, low and firm, and the temperature remains low, you are in Phase 1 infertility. Under those circumstances, you should follow the standard Phase 1 rules such as "not in the morning" and "not on consecutive days." Review again the Phase 1 rules in "Chapter Two: The Sympto-Thermal Method," pages 42-49.

### **What if you experience patches of mucus that come and go?**

Please see the previous page and also the rules repeated in the Premenopause section that follows.

## 7. Premenopause

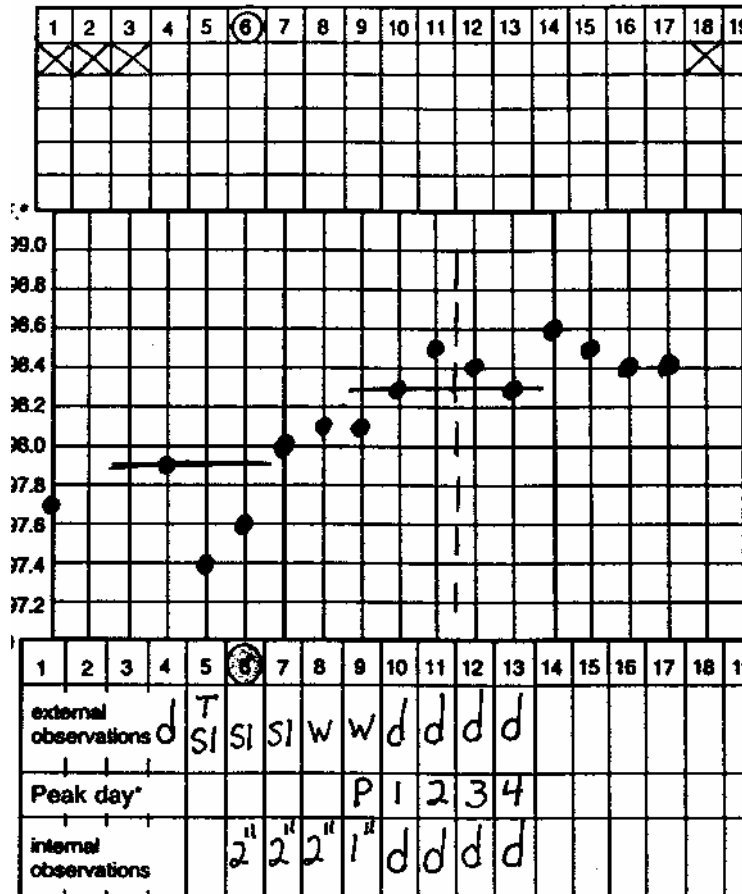
### What is menopause? When does it occur?

Menopause refers to the end of female fertility. The woman has had her last ovulation and her last menstruation. The average age of menopause is about 50. How do you know if you have reached menopausal infertility? Researcher Rudolph Vollman, M.D., found that if a woman had gone for 12 months without a period, she didn't have any more periods. On the other hand, he found that after only six months of amenorrhea (the absence of periods), 22% in his study group had another period.

### What is premenopause?

Premenopause refers to the half-dozen or so years before menopause starts.

The premenopausal years are a time for doing good charting of all the fertility signs. You know, for example, that a bleeding episode is a true menstruation if an upward thermal shift has occurred prior to that bleeding. During this time of transition you may have a very short cycle or a very long cycle. Sometimes a short menstruation is a sign that you will have an early ovulation as in the chart below.



A Very Short Cycle with Early Ovulation

Sheila: This is one of my premenopausal charts. I was 49 and had a cycle variation of 25-34 days. This was an unexpectedly short cycle of 17 days. Note that menstruation was very short. I had two other short cycles with short menstruations. We didn't take

temperatures on Days 2 and 3. Thus there were only four temperatures for determining the LTL, but all the readings starting with Day 7 were above those four earlier temperatures. Mucus appeared on Day 5 and Peak Day was Day 9. Phase 3 began the evening of Day 12 by Rule K and Rule R.

### **What if you experience long cycles?**

Long cycles are usually caused by delayed ovulation, and during premenopausal cycles, delayed ovulation is not uncommon. Here is the advice or regimen we and others have followed during Phase 1 in very long cycles:

- If the internal and external mucus signs indicate dryness for four days, and
- if the cervix sign indicates infertility, and
- if the temperatures remain low,
- then we would follow the Phase 1 rules of “not in the morning” and “not on consecutive days” beginning on the evening of the fourth dry day.

### **What if you experience on-and-off mucus during long cycles?**

During long premenopausal cycles, sometimes we experienced mucus patches that would come and go during Phase 1. Regardless of the type of mucus, we would abstain from the marriage act when any mucus was present.

If the mucus disappeared, we would look for the temperature to start rising. If it did, we would wait for a cross-checking interpretation of Phase 3.

If the mucus disappeared for four days, the cervix was closed, firm and low, and the temperatures stayed low, we would consider ourselves to be back to Phase 1 infertility. We would consider the last day of the mucus patch as Peak Day, and we would wait at least until the evening of the fourth dry day after such a Peak Day before considering ourselves back in Phase 1. We would make sure our temperatures remained low and would follow the standard Phase 1 rules of “not in the morning” and “not on consecutive days.” These Phase 1 rules help the woman to observe the next mucus patch should it occur.

### **What if you experience all-the-time less-fertile mucus?**

If you develop a pattern of continuous less-fertile mucus, we suggest waiting it out during the first one or two cycles to make sure you can detect the change to the more-fertile mucus sufficiently before ovulation. If your own experience shows that you are able to detect the onset of the more-fertile type mucus or the opening or elevation or softening of the cervix *at least five days* before the Peak Day, then you run only an extremely small chance of a surprise pregnancy from the marriage act during the time of the definitely less-fertile mucus. This assumes, of course, that you abstain from the marriage act after the first show of more-fertile mucus or the opening or rising of the cervix.

On the other hand, if you can detect the change to the more-fertile mucus *only four or three days* before Peak Day, there is a slightly increased chance of pregnancy, but we think it is still a small risk. Remember this advice is for the woman who has all-the-time less-fertile mucus.

If you are able to detect the change to the more-fertile mucus *only two days or one day* before Peak Day, we believe there may be a significant risk of pregnancy from the marriage act on a day of less-fertile mucus that close to Peak Day.

The above comments are not based on any published research dealing with premenopausal women because we are not aware of any such research. Rather, they are estimates based on the research showing that ovulation *frequently* occurs on Peak Day and the next day but may occasionally—and very rarely—occur as early as three days before Peak Day. In addition, on the basis of charts from women in their normal fertile years, we believe that even the less-fertile mucus may modify the vaginal environment sufficiently to allow sperm to live for 72 hours—or even longer in some cases.

### **Is nutrition important during premenopause?**

We believe it is important for you and your family to eat well, exercise well, and take dietary supplements when you need them. Good nutrition is especially important for the woman in her premenopausal and menopausal years.

### **Are there any general guidelines for the premenopausal years?**

Our suggestions are of two types.

First, don't be dismayed by all our talk about the possibilities of difficulties you may encounter—and that you may never encounter. We thought it best to let you know what some couples experience so that if you have similar experiences you won't think you are unique. On the other hand, many thousands of couples have gone through this time of transition with very little difficulty.

Above all, if you do experience some difficulties, don't feel sorry for yourselves and don't give up. Don't get sterilized. Tubal ligations and vasectomies, surgeries which result in sterilized intercourse, are forms of mutilation and the grave matter of mortal sin.

If you should experience some difficulties, look at them as opportunities for working with the Lord Jesus. Unite your difficulties and sufferings with the sufferings of Christ and offer them as a special prayer for chastity for your own children and your other friends and relatives.

Our second set of guidelines for the premenopausal years encompasses much of the previous material in this chapter on "Special Situations." They start on the next page.

## Guidelines for the Premenopausal Years

What follows is primarily for those avoiding pregnancy.

1. Review the preceding section on **breakthrough bleeding**. Don't engage in the marriage act during a bleeding episode not immediately preceded by an elevated thermal shift pattern.

2. Use a **Day 3 or Day 4 cutoff for Phase 1** even if more days are allowed by the 21-Day Rule or the Doering rule. The reason for this recommendation is that there is a greater possibility of an unusually short cycle with very early ovulation during premenopause as we ourselves experienced.

3. After menstruation, follow the standard Phase 1 rules of “not in the morning” and “not on consecutive days.” We recommend the **internal observations** for your mucus signs. Some women find that the **cervix observation** is particularly helpful during premenopause.

4. As soon as any mucus appears, consider yourselves in Phase 2.

5. If you experience a **patch of mucus** not followed by rising temperatures, review and follow the mucus patch rules previously given in this chapter.

6. If you experience **all-the-time** mucus, review that section above.

7. If you experience long and **unexplained bleeding**, be sure to consult with your physician, and be sure to bring in your charts.

8. Make sure your nutrition is all that it should be, and don't be afraid to use appropriate dietary supplements.

9. Keep taking your **waking temperatures** on a daily basis during premenopause. In long cycles, the continuation of low temperatures provides an assurance of non-ovulation and non-pregnancy.

10. Become well experienced in the cervix observation and the internal mucus observations **well before** entering premenopause. These observations may provide you with the most accurate information about your state of infertility or fertility.

### Why is there so much fear of pregnancy during premenopause?

We don't know. On the one hand, the primary reason may be spiritual—we don't really trust God sufficiently. On the other, our fears may be prudent. Who are we as writers to say whether our fears and your fears were or are the result of focusing too much on our own limitations? Who are we to say whether such limitations are so obvious and real that the decision to seek to avoid premenopausal pregnancy is a matter of Christian prudence and not just a matter of shrinking from the work involved with another baby?

One thing we can say with certainty. From our experience we think it is safe to say that there is an almost universal fear of pregnancy during the premenopausal years. Some of it is based on the fear of being parents again at an age where the couple are already (or could be) grandparents.

Another huge fear is the possibility of increased risks of birth defects, especially Down Syndrome. The pessimists say that the risk doubles when the wife is over 35.

Those with more hope in God's providence point out that the risk increases from less than 1% to slightly over 1% and that there is still better than a 98% chance of having a normal baby. In addition, the late and famed geneticist Jerome Lejeune has questioned the current "risk categories," noting that it may simply not be true that older women have a greater chance of bearing a child with Down Syndrome.

Perhaps the best way to allay fears is to listen to the late and great Dr. Herbert Ratner who was a good philosopher as well as a physician. We heard him tell audiences that he had seen the Down Syndrome child draw whole families together and that he had seen many cases of a couple being rejuvenated by a premenopausal child.

We don't claim to be able to fathom the ways of Divine Providence, but we believe with St. John that "perfect love casts out fear" (1 John 4:18). Unfortunately, it may also be true that perfect fear casts out love. So we encourage you to pray that your decisions will be guided by love rather than fear.

### **Recommended Reading**

***Fertility, Cycles and Nutrition*** by Marilyn Shannon. We strongly recommend this book for the special situations mentioned in this section. It's the only book in its class and has helped many women. An informed doctor says it is the best self-help book for women he has seen. This book covers repeated miscarriages, infertility, premenopause, heavy bleeding, irregular shedding, irregular cycles, and many topics related to NFP. (Available at this website and at [www.lpp.sk](http://www.lpp.sk) in the Slovak language.)

***Sex and the Marriage Covenant: A Basis for Morality*** by John F. Kippley. This book explains why the Church teaches that the use of unnatural forms of birth control is immoral and provides sound, practical moral guidance for all. Chapter 12, "The Sterilized Couple," addresses the issue of sterilization and explains why the repentant sterilized couple needs to abstain from the marriage act during the fertile time. (Available at this website.)