

European Institute for Family Life Education



**FEDRA**  
Fertility Awareness for  
Responsible Parenting



## **Natural Family Planning Teachers' Training Course**

Theoretical Part  
for all NFP Methods

Manual | FEDRA Workgroup

European Institute for Family Life Education

# **NFP TEACHERS' TRAINING COURSE**

Comprises two sections:

## **Manual**

Theory section,  
valid for all NFP methods

## **Workbook**

NFP rules for various NFP  
methods

# **MANUAL**

Version 0.1

FEDRA work group

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# Foreword

The Institut Européen d'Education Familiale (IEEF)/Institute for Family Life Education (EIFLE) is a European umbrella organisation with the goal of supporting organizations in teaching and spreading natural family planning.

In the year 2010 IEEF set itself the goal to develop a mutual Teachers' Training Course Package. In October 2010 the first preparations were taken and the FEDRA project (FEDRA = **F**amily **E**Ducation for **R**esponsible **p**Arenting) was called to life. IEEF applied for funding in the European Union 'Grundtvig Program', which is part of the 'Lifelong Learning Program' twice. In 2011 the EU accepted the FEDRA project for funding with a project duration of three years, but after only a few months the EU commission terminated the project for incomprehensible reasons. Thus funding for the project only lasted for 7 months.

The aim of the FEDRA project is to enhance the quality of teacher's training programs and to produce reference material for all partner organizations. The following aspects were of importance for the project with its topic centred on *Fertility Awareness* and *Responsible Parenting*:

- Available Fertility Awareness (FA) programs include learning about the physiology of fertility, possible fertility problems, contraception methods, the ethics of sexuality, etc. FA entails highly relevant knowledge on sexual health and behaviour, both for (young) families, but also for teenagers, who are shaping their sexual identity. In particular, FA is relevant for immigrants, who often have fertility and family values other than their cultural environment, and other vulnerable groups.
- FA training is an opportunity to approach young women (prospective mothers) and women/mothers with a continuing education offer.
- Quality in FA adult education requires the preparation of well-trained trainers, supported with adequate and high-quality training materials. Sexual education programs in European schools often provide information about contraception and sexually transmitted infections, but seldom focus on fertility awareness. Also, FA education is more relevant to adult learners, who are directly faced with decisions about their family life. FA includes different techniques and traditions, and teaching FA means adapting such a varied and complex content to different adult learners – different for culture, values, learning habits and style, etc.

An additional goal is to improve the quality of FA programs and materials for NFP clients and to make training programs effective and attractive and to make these available for NFP teachers.

The available training material is compliant with IEEF accreditation regulations for the training of NFP teachers and can be used by all providers of training programs.

The standardized training material comes in several parts: a manual with general fertility knowledge relevant for all NFP methods and various workbooks, which teach different NFP methods. They will be made available in all partner languages.

IEEF/EIFLE partners that participated in this work are:

- La Bottega dell'Orefice – Italy
- Associazione seed – Switzerland
- PERLE e. V. – Germany
- Cana Movement – Malta
- Asociación Española de Profesores de Planificación Familiar RENAFER – Spain
- Vytautas Magnus University – Lithuania

## History of this manual

Basis for this manual is a training pack developed by Dr. Anna Flynn and Wyn Worthington, a midwifery tutor, and the Natural Family Planning Teachers' Association of Ireland (NFPTAI) for teacher's training courses in Ireland. This work was edited and revised by Maureen O'Carroll in 2010. We are very grateful to the Irish organization for giving us their material as a basis for this work.

In the year 2011 the work began for IEEF and all partner organizations:

- translating
- summarizing
- rewriting
- shortening
- enhancing
- researching
- updating
- adding

This was the main work involved, which enhanced our own knowledge on NFP and also let us know how good our basis already was. After having worked on the material intensively for several years we thank the following people:

**Karin Türck**, who is a co-founder of INER e.V. and was president of the organization for many years. She accompanied us through our fertile lives for many years with her professional competence and dedication and conveyed appreciation for the body and the life as well as love and creation.

**Prof. Dr. med. Josef Rötzer**, the father of the symptothermal methods, whom we owe the profound knowledge of a highly effective family planning method which has deepened our happiness in marriage.

**INER e.V.** (Institute for Natural Conception Regulation), where we started to learn how to spread the knowledge and to teach NFP.

After having worked on the training material for several years, our special thanks go – above all – to **Sigrun Ohme-Peters** for all the hours, days, weeks and months, in which we discussed concepts, learned computer programs and languages, images etc.

We thank our patient husbands and all families who offered their houses and hospitality for our work meetings – we now know the southern part of Germany from the train and car perspective pretty well.

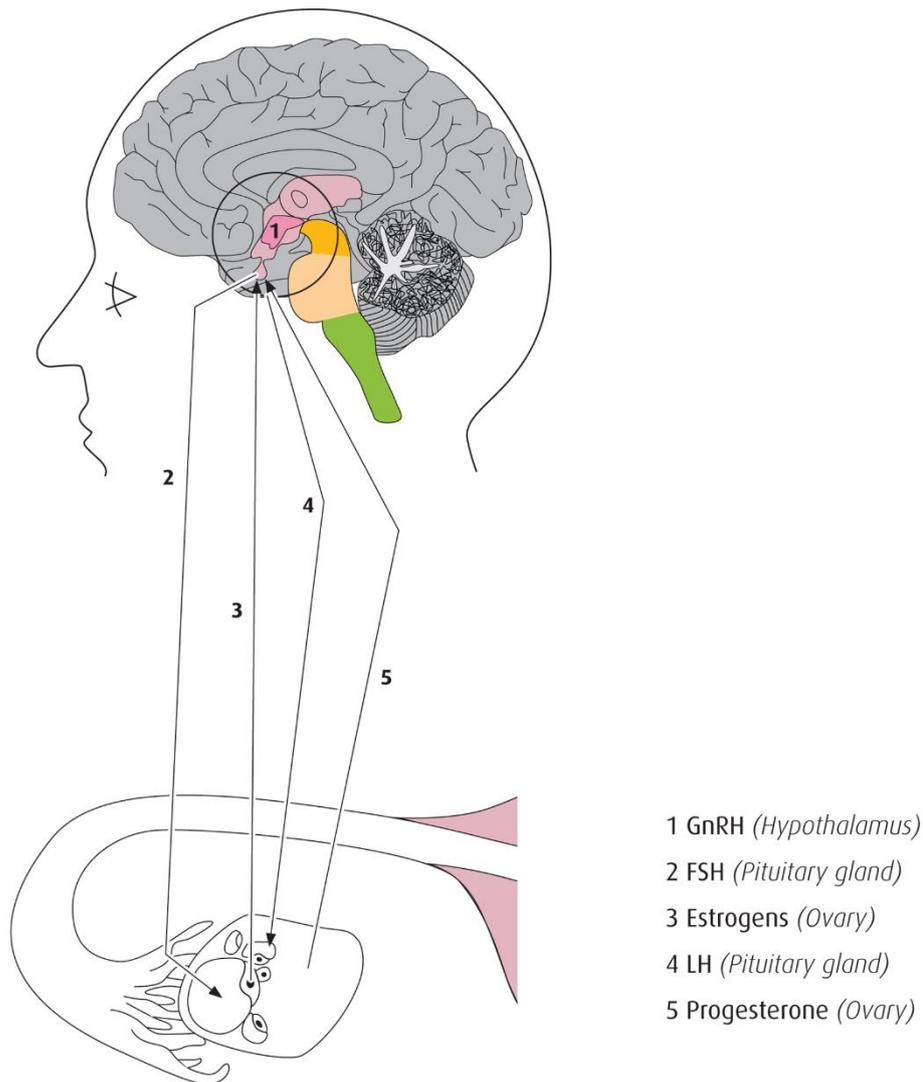
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May this work be blessed and find a wide range of applications.

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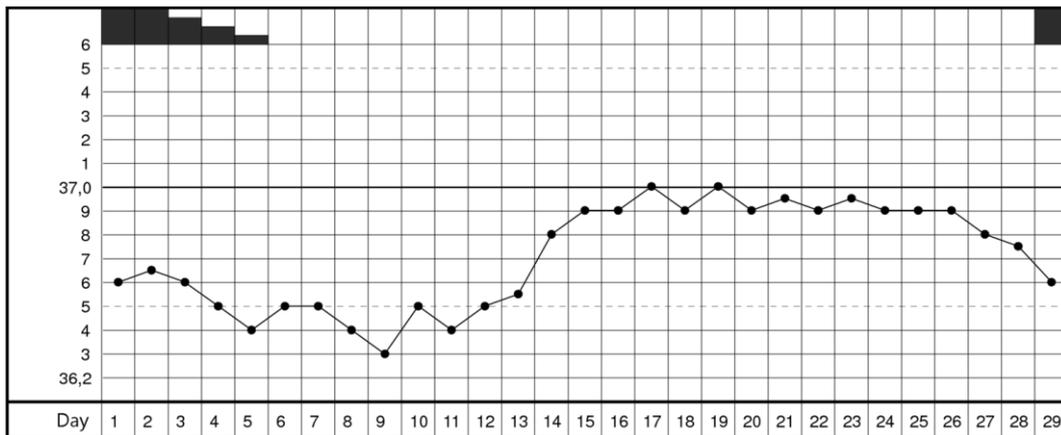


**Fig. 6-1: The Hypothalamic-Pituitary-Ovarian axis (HPO axis) and feedback mechanism**

### 6.2.2 The feedback mechanism

In their textbook, Griffin & Ojeda<sup>3</sup> summarize the feedback mechanism as follows: "While the hypothalamus stimulates the secretion of FSH and LH through the delivery of GnRH to the pituitary gland, FSH and LH control the secretion of ovarian steroids, which in turn act on the uterus and the breast and also feedback on the hypothalamus and anterior pituitary to regulate the secretion of GnRH, and the gonadotropins FSH and LH"<sup>3</sup> (Fig. 6-1). This feedback mechanism is ultimately under the control of the higher centres in the brain via the hypothalamus so that external events e.g. 'stress' can affect the normal mechanism of the cycle (paragraph 8.2).

Oestrogen and progesterone are low at the beginning of the cycle and follicle stimulating hormone (FSH) is released from the pituitary gland under the stimulation of gonadotropin releasing hormone (GnRH) from the hypothalamus. FSH stimulates a number of ovarian follicles to develop. The developing follicle destined to ovulate is selected from a pool of antral follicles. It is called the dominant follicle and is the main source of oestrogen. The rising oestrogen from the dominant follicle suppresses FSH secretion in order to stop development of any new follicles (negative feedback



**Fig. 11-1: Biphasic Temperature pattern:** This temperature pattern shows a low temperature phase followed by a high temperature phase and is therefore a biphasic temperature pattern, and indicates ovulation has occurred. The point at which the temperature rises to a higher level is the beginning of the thermal shift process. On day 14 the temperature rises and it remains elevated until day 29 due to the action of progesterone. Ovulation probably occurred some time between day 13 and day 14. Progesterone maintains the endometrium and as pregnancy did not occur in this cycle the corpus luteum atrophies causing a drop in progesterone.

## 11.3 Progesterone and body temperature

The rise in the body temperature is due to the thermogenic properties of progesterone secreted by the corpus luteum after ovulation. Progesterone acts on the hypothalamus to increase the thermoregulatory set-point<sup>o</sup>, thereby elevating body temperature by approximately 0.2 °C or 0.5 °F.<sup>28</sup> This is the basis for using body temperature measurements to determine whether ovulation has occurred.<sup>28</sup> In a study done by Moghissi et al<sup>15</sup> a significant rise in basal body temperature did not occur until 2 days after the LH surge, and this coincided with the rise of serum progesterone to 4ng/ml. After ovulation the serum progesterone continues to rise and in most cycles (i.e. in the mid-luteal phase) it reaches a peak of ~12-15ng/ml around 7 to 8 days after the LH surge. Thereafter, progesterone decreases slowly to reach preovulatory levels.<sup>15</sup>

### 11.3.1 Progesterone drop in the late luteal phase - effect on the waking temperature

Progesterone maintains the integrity of the endometrium and in the event of conception it maintains the pregnancy. If pregnancy does not occur in the cycle, the corpus luteum, which has a finite lifespan of about fourteen days, will start to regress after 7 days, and will have atrophied completely 14 days after ovulation. The demise of the corpus luteum causes a drop in secretion of progesterone. The endometrium is therefore no longer maintained and is shed as the menstrual period. When the progesterone level in the blood drops, the temperature falls to the previous low level.<sup>14</sup>

<sup>o</sup> **Body temperature and the hypothalamus:** The body has a 'set point' temperature (37 °C / 98.6 °F) around which the regulatory mechanism in the hypothalamus operates. If the core temperature is greater or less than the set-point, a reflex cooling or heating mechanism, respectively, is initiated, e.g. by shivering or by sweating in order to keep the body temperature constant. The person herself also responds by behavioral change, e.g. by changing position or clothes etc. (for position of hypothalamus, see Fig. 8-1.)

### 12.9.2 Changing character of mucus in the fertile phase

At the end of menstruation the woman may feel an explicit sensation of 'dryness' at the vulva for a few days which in some cases may be unpleasant. It stops when the cervical mucus begins to flow. Some notice that the sensation of 'dryness' goes away even before there is any mucus visible. Additionally, some women become aware of a sensation inside the vagina without anything being visible at the exterior – 'something is evidently happening'. The capacity of feeling mucus in the vagina before its appearance at the vulva is important to exactly identify the beginning of the fertile phase: if sexual contact occurs when no mucus is present at external genitalia but has already been produced at the cervix, a conception is possible as semen is deposited in vaginal fornices. After this initial sensation of moistness the woman notices the presence of mucus as a moist, damp, or sticky **sensation** at the vulva, and/or mucus may be actually visible at the vulva although scant at first, with a thick, opaque appearance ('less-fertile' mucus).



Fig. 12-3: Less-fertile mucus

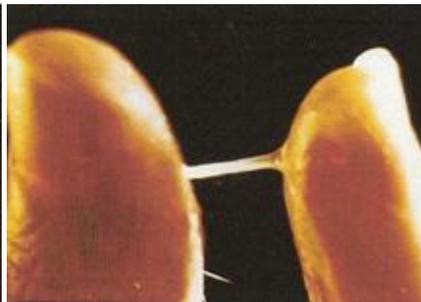


Fig. 12-4: More-fertile mucus

The mucus increases in quantity over the next few days, becomes more fluid, and changes to a 'wet, slippery' sensation at the vulva, and to a **clear**, stretchy, raw egg-white-like appearance ('more-fertile' mucus). The ability of the more-fertile mucus to hold a stretch is called *spinnbarkeit*. The mucus is able to hold a stretch up to 15 cm. There is an associated sensation of wetness, lubrication or slipperiness at the vulva, which is typical of the more-fertile mucus seen at the time of ovulation and peak day (Fig. 12-6).



Fig. 12-5: **More-fertile mucus:** The mucus is now clear like raw egg-white and its texture is described as 'elastic, stretchy, spinnbarkeit'.

### 12.9.3 Peak mucus day

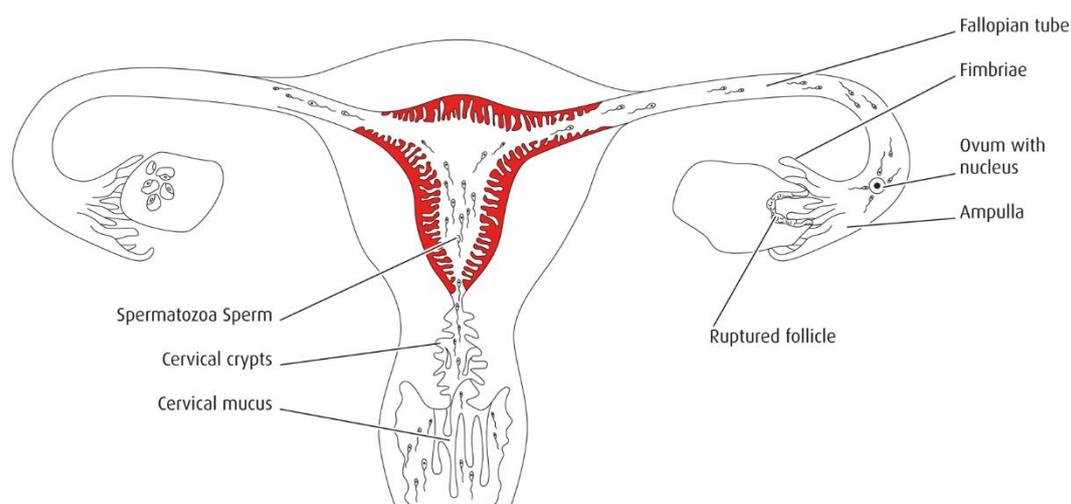
**Peak mucus day** is the last day of 'slipperiness' or of any fertile-type mucus irrespective of quantity, and can only be recognised in retrospect when there has been a definite change to 'less-fertile' mucus or no mucus. It is the loss of 'slipperiness' or 'wetness' that

# Chapter 18: Achieving Pregnancy

## 18.1 Factors necessary to achieve pregnancy

- A healthy mature ovum and a healthy mature sperm.
- A healthy patent (open) fallopian tube through which sperm travels to fertilize the ovum and the fertilized ovum travels to the uterus.
- An endometrium that has been prepared to accept a fertilized ovum first by the action of oestrogen before ovulation, and then by the action of progesterone after ovulation (paragraph 10.4).
- A healthy corpus luteum for the secretion of adequate levels of progesterone to maintain the pregnancy in the uterus until the placenta takes over this function at 8 weeks gestation.<sup>6</sup>
- Cervical mucus: pregnancy cannot occur without the presence of 'more-fertile' cervical mucus (L mucus, S mucus) as the function of this type of mucus is to enhance sperm motility, to nourish and to filter sperm.<sup>7</sup>

Fig. 18-1 shows fertilization of the ovum: The 'more-fertile' mucus transports sperm from the cervical os to the uterus. Then sperm make their way to both fallopian tubes. The ovum has been released from the ruptured Graafian follicle in the ovary (i.e. ovulation has occurred), and some sperm have reached the outer end of the fallopian tube and one of them is about to fuse with the ovum (fertilization). After ovulation, the granulosa cells in the wall of the ruptured Graafian follicle in the ovary become the corpus luteum, which secretes progesterone to support the pregnancy until the placenta takes over this function at about 8 weeks gestation.<sup>6</sup>



**Fig. 18-1: Ovulation and fertilization**

After this congress, members of the EIFLE board are:  
Dr. Michele Barbato, president; Dr. Jokin de Irala, vice president; Heinz Hürzeler, treasurer; Maria Kinle and Dr. Isabelle Ecochard; Dr. Ursula Sottong, former president.

## Conclusion

The history of EIFLE continues. The annual General Assembly has proven very useful: it helps people to keep in touch and allows adaptations when necessary. If possible, the general assembly is to be held in a different country each year. The general assembly has been held in Birmingham, Paris, Prague, Rome, Milan, Warsaw, Kaunas, Bern, and sometimes several times in the same city, as in Paris, Rome and Milan.

IFFLP has ceased to exist, but two new organizations have been founded on two continents to replace it: in Europe it is **EIFLE** and in Africa it is **FAAF** (the "Fédération Africaine d'Action Familiale"). René Ecochard's Link Committee is an excellent connection between all organizations. A university master on family life and natural methods has been created.

Life goes on!