

# The Development of NFP



## **How the different NFP Methods evolved:**

The different methods of natural family planning evolved in the 20th century, (mainly in the latter half of the 20th century), in tandem with the scientific developments in the physiology of fertility. **All Modern NFP methods are based** on the ability of the woman to detect signs of her own fertility or infertility, i.e. **fertility awareness**. At first a single fertility indicator was used to define the fertile phase and then combinations of different fertility indicators were used to define the beginning and end of the fertile phase. The [scientific basis](#) of natural family planning is well established. The [effectiveness](#) of natural family planning has been documented by research groups in Europe and also by the World Health Organisation<sup>12-19</sup> among others.

## **The Temperature Method : (a single index method of natural family planning) :**

The Temperature Method was one of the first natural family planning methods used. The hormone progesterone, secreted by the corpus luteum in the ovary after ovulation causes the temperature to rise in the luteal phase of the cycle (thermal shift). This gives the classic biphasic temperature pattern in the ovulatory cycle, i.e. low in the pre-ovulatory phase and high in the post-ovulatory phase (luteal phase). The post-ovulatory phase is called the 'definitely infertile phase' as after ovulation the ovum lives for just one day, and no further ovulation can occur in that cycle. The beginning and end of the 'definitely infertile phase' is defined by the RULES of [the Natural Family Planning Method used](#). (The [Temperature Method](#) is a reliable method of avoiding pregnancy but as it can only detect the end of the fertile phase, long periods of abstinence may be required.<sup>1</sup>

- In 1868 Dr W. Squire, London first noted that the basal body temperature follows a biphasic pattern in the reproductive period of life and in 1876 Dr Mary Putnam Jacobi, Philadelphia described the BBT rise in the cycle. In 1904 Van de Velde in Holland noted that the temperature shift from a lower to a higher level was related to ovulation. In 1928 Van de Velde pointed out that the rise in temperature was due to progesterone secretion from the corpus luteum. In 1947 Basal Body Temperature was used to assess the fertile time by Ferin. In 1968 Dr John Marshall a

Neurologist in England did the first prospective field trial of BBT.<sup>1</sup>

### **Ogino -Knaus Method (1930s); (Calendar Method):**

The Calendar Method, developed by Dr Ogino (Japan) and Dr Knaus (Austria), was based on their independent discovery of the length of the post-ovulation phase, (**luteal phase**) of the cycle. The 'calendar rule' or 'calendar method' devised by them to define the probable beginning and end of the fertile phase of the cycle is a statistical measurement based on knowing the following three facts; **(a)** the longest and shortest cycle lengths over 6 to 12 months, **(b)** the lifespan of the sperm and ovum and **(c)** the luteal phase length (on average 14 days). This necessitates having an accurate history of the menstrual cycle lengths for at least 6-12 months. This is a **statistical method** based on data collected from many women. As it did not instruct women on how to detect the signs of their own fertility it was much less effective than modern methods of NFP. **Nowadays the calendar or rhythm method is never used alone.** In the symptothermal double-check method of NFP the calendar rule is used as one indicator that is double-checked with the cervical mucus symptom to define the beginning of the fertile phase of the cycle.

### **Calculo-Thermal Method:**

The Calculo-Thermal Method was the first combination method of natural family planning as it used more than one indicator, i.e. the combination of the 'Temperature Method' with the 'Calendar Rule', and was taught by Fr Wilhelm Hillebrand in Germany in 1935.

### **The Symptothermal Method:**

The Symptothermal Method is another combination method of natural family planning which uses both 'cervical mucus' and 'basal body temperature', and this method was taught by Dr Josef Roetzer, an Austrian public-health physician in 1951 and by Dr Edward Keefe an obstetrician in New York in 1953. Dr Keefe also reported in 1962 on the changes that occur in the cervix at the time of ovulation.<sup>7</sup> The combination of Cervical Mucus and Basal Body Temperature was studied by Dr John Marshall in London.<sup>4</sup>

### **Billings Ovulation Method: (a single index method of natural family planning) :**

Dr John and Evelyn Billings in Melbourne in 1964 used observations of the changing quality and quantity of the cervical mucus secretion as a single fertility indicator to identify the beginning and end of the fertile phase of the cycle, and called it the 'Ovulation Method'.<sup>2,3</sup> Their co-workers included Dr James Brown, a pioneer in oestrogen biochemistry, Prof. Erik Odeblad, School of Medicine, Umea, Sweden who has done pioneering research in the biophysical properties of cervical mucus since 1959.

## **Symptothermal Double-Check Method, (Multiple-Index Method):**

In the 'symptothermal double-check method' of natural family planning two fertility indicators are used to define both the beginning and end of the fertile phase of the cycle. This method was originally suggested by Paul Thyra in the USA in 1973.<sup>5,6</sup> One of the pioneers of the 'symptothermal double-check method' in the mid 1970s was Dr Anna Flynn in Birmingham, England<sup>8</sup> and the Natural Family Planning Teachers' Association of Ireland (NFPTAI) teach her method. Others who also developed the 'symptothermal double-check method' were Dr J Roetzer, Austria<sup>9</sup> and Dr K. Prem, and John & Sheila Kippley<sup>10</sup> of the Couple to Couple League, USA.

## **Creighton Model Fertility Care System:**

This method devised by Dr Thomas W Hilgers, Creighton University, Omaha, Nebraska, USA is a modification of the cervical mucus method.<sup>11</sup> It utilizes a standard nomenclature to describe the mucus observations.

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