For the past eight years I have been battling severe endometriosis. Three surgeries, two rounds of medical menopause, and four doctors later: I am pregnant.

But getting here wasn’t easy. Because of my endometriosis it was automatically assumed that I would have a difficult time getting pregnant and therefore my doctor wanted to put me on Clomid. Given that I had just gotten over another round of menopause-inducing hormones, I wasn't about to add more synthetic hormones to the mix. So I refused the prescription and decided to try to conceive for at least six months before taking a serious fertility drug.

During the last round of menopause I read Taking Charge of Your Fertility, a book that has changed my life. Unlike what most gynecologists will tell you, not every woman's body is the same and therefore not every woman has a 28-day cycle with ovulation occurring on the 14th day. It's hogwash.

Only in some imaginary, fairy-tale world would every woman magically ovulate on the same schedule. Reality check:

Every woman's body is different. Some women have 20-day cycles while others have 32-day cycles. Some women don't ovulate during each and every cycle. The same woman can have one cycle lasting 28 days and the next a 42-day cycle. So how the hell do women a) get pregnant or b) keep from getting pregnant if we are fed the wrong information?

The answer is easy — maybe. I mean it may be easy for most women who are fortunate to not be plagued by medical problems where unfortunately, FAM cannot help — although it can help some women pin-point their problems in conceiving. For those who aren't dealing with infertility or known medical conditions, practicing Fertility Awareness Method can be fantastic. Since studying and practicing FAM I feel so unbelievably in control of my body.

To use FAM, you chart your three primary fertility signs:

- **Waking Temperature**
- **Cervical Fluid**
- **Cervical Changes**

### Waking Temperature

Your waking temperature, or basal body temperature, is your body temperature when you are fully at rest. To track your waking temperature: 1) be sure to keep a digital thermometer by your bed and double check that the batteries are working; 2) set your alarm so that you wake up at around the same time every day, including weekends; 3) when you wake up, reach over and grab the thermometer and pop it in your mouth; 4) record or remember your temperature to record it later.

It is important to note a few important things: use the same kind of thermometer so your results are not skewed and do not get out of bed (or do any other vigorous movement in bed, including sex) before taking your temperature — even slight movement can elevate your temperature. Also, drinking alcohol the night before or going to bed significantly later than normal can alter your results. On those mornings still record your temp but make note of anything out of the ordinary that would cause a slight temperature change in your chart.

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It is important to chart your temperature because the day after you ovulate your temperature will increase. For example, my waking temperature usually goes up and down between 96.4 and 97.0 degrees but the day after I ovulated, my temperature jumped to 97.6. I know the change seems small but it is a great indicator of the tiny signals your body gives off before and after ovulation. This is of course helpful to know in the greater plot of trying to conceive but doesn't tell you exactly when to have intercourse. It’s more like ovulation insurance.

**Cervical Fluid**

For me, this was the coolest part about FAM. It is amazing how your cervical fluid changes throughout your cycle in preparation for ovulation! For many women, your cervical fluid follows a pattern of appearance and texture after menstruation:

- Dry or no fluid
- Sticky, tacky, crumbly or gummy
- Creamy, lotiony, cloudy or milky
- Egg white, stretchy, clear or watery

Paying attention to your cervical fluid is critical to charting. When explaining the complexities of the daily variations in cervical fluid and why it matters I like to tell folks a simple rule: sperm need stretchy and/or watery cervical fluid in order to be able to swim up to the cervix. When you have no cervical fluid or when it is clumpy or pasty, the sperm can’t swim and therefore getting to the cervix is pretty darn hard. Our bodies are so amazing because during the few days before, during, and after ovulation (the exact number of days vary on an individual basis, hence the need to chart) we secrete cervical fluid that is comparable to egg white and can even stretch four inches or more — perfect for sperm!

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Throughout each day, observe your cervical fluid either by inserting your finger into your vagina or sampling what is present on your underwear and record this on a chart. Be sure that you stick to the same method — don’t use your undies one day and then insert your finger the next. Also, it is important not to just look at the fluid, but to rub it between your fingers to accurately gauge the consistency of it. It may take a while for you to get the hang of what your personal cervical fluid is like and how to judge where it falls when charting. Again, for pregnancy achievement the highest-quality fertile cervical fluid is stretchy and wet, like egg white — this means you will ovulate soon if your temperature hasn’t already spiked. This fluid is a great indicator that you should have sex if you are trying to conceive.

Also, charting your cervical fluid can help detect potential fertility problems, since some women simply don’t produce quality cervical fluid due to underlying problems. Charting can give you extra evidence to show your care provider — and can help you avoid unnecessary tests.

For women on clomid or other fertility drugs it is important to note that these drugs can cause your cervical fluid to dry up, making it difficult to track your changing cycle (and ironically more difficult for sperm to get to your egg). Also, some antibiotics can affect cervical fluid, so if you are on a certain medication and charting you should note a change in medications as it can skew results.

**Cervical Position**

Just like cervical fluid, the cervix changes position throughout a woman’s cycle. When a woman is most fertile the cervix will rise higher in the vaginal canal and the os, the opening in the cervix, will widen with the cervix itself feeling soft to the touch. When a woman is infertile her cervix will be lower in the vaginal canal, the os more closed, and will feel firm to the touch.

Unfortunately, I was unable to chart the position of my cervix throughout my cycle because my cervix, even at my most fertile moments, is WAY up in my vaginal canal and it takes most gynecologists a while to find it even when they are using a speculum and a flashlight! So, needless to say I can’t feel my cervix with my finger. However, if you are able to feel your cervix I strongly encourage you to chart its changes since using the three primary fertility signs together when charting is the best way to maximize your chances of becoming pregnant.

**Secondary Fertility Signs**
In addition to waking temperature, cervical fluid and cervical position, other fertility signs including ovulation pain and vaginal sensation. Some women feel sharp pains in the lower abdomen before and during ovulation. Also, as your cervical mucus gets wetter and stretchier you may feel a slippery or moist sensation. If you notice these two occurrences, you can chart that as well and it will help to double-check your primary signs. Also, a benefit of knowing the secondary signs is that you can document the signals your body puts off just before ovulation which helps you get to know your reproductive system even better!

For a visual of what charting looks like, I have my chart below. The purple squares represent the increase in cervical fluid. The hearts are when we had sex, you can see the temp spike and first green vertical line when I ovulated, and the plus sign and second green vertical line for when I got my positive pregnancy test!

The other great thing about charting is that because I knew when I ovulated I was able to take a pregnancy test super early instead of waiting for a missed period, AND my due date will be more accurate.

A Note on Sex

It is important to note that when you have sex semen can alter your cervical fluid. For pleasure-only intercourse, afterwards it is best that you go straight to the bathroom and do kegels to rid your vagina of any semen so that the next day (or during the day, depending on when you do it) your cervical fluid isn't affected by the semen. For pleasure-and-baby-making intercourse you should make sure you lie on your back with a pillow propped under your butt (pillow optional but I found it more comfy) for at least half an hour to ensure the sperm have adequate time to swim up to the cervix and make their way to your egg. After you've waited a while you can go and rid your vagina of the semen.

Also, some men have lower sperm counts than others and FAM proponents will sometimes recommend that you have sex every other day so that your partner has time to build up a good sperm count. If you don't have confirmation of a low sperm-count then I recommend starting out by having sex daily during days you have your fertile-quality CF, and if nothing happens after a few cycles you can try alternating days.

This is only one person's experience — there are numerous resources out there (like Taking Charge of Your Fertility and Honoring Our Cycles. For more about charting, be sure to read How to track your cycles and chart your fertility without going super insane.

Samantha Sewell

Sam Sewell lives in the D.C. area with her wonderful hubby and their beagle named Bailey. Sam is pregnant with her first child, due in December, and is a passionate advocate of home births and all things related to reproductive empowerment and feminism.

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