

Fertility Charting



Handbook

“How to take control of your fertility”

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Chapter 1: Understand the Concept

Every woman's fertility, fertility pattern, and signs are all unique. Taking control of your

fertility is knowing your signs and patterns to maximize your chances of becoming pregnant. Charting your fertility can help you do just that! Studying and recording your fertility signs so that you can identify your most fertile time, is known as fertility charting. There are only a few days during each cycle when conception is likely. Charting your fertility assists you to identify those days so that you can best time intercourse with your partner to get pregnant.

Before taking control of your fertility you must understand the concept of charting, the signs to look for, and what it all means. You must understand your cycle. Your cycle can be broke down into 3 separate phases.

1. Follicular phase
2. Ovulatory phase
3. Luteal phase

The first phase is called the follicular phase. This is the phase starting with cycle day 1 (the first day of blood FLOW that requires a tampon or pad). It is a non-fertile phase beginning in which your body begins revving up hormones to prepare for ovulation. The next phase is the ovulatory phase. This is the time in which you are most fertile and which conception can occur.

The last phase is the luteal phase. It is the last stage of your cycle and it's post-ovulation so you are NOT fertile. If conception occurred then you should expect a positive pregnancy test between 7-14DPO. But be aware that you may not get a positive result until well after 14DPO. Studies have shown that there is quite a bit of variance in the amount of HCG that is secreted into the blood. It varies from woman to woman and from pregnancy to pregnancy. For more information on the "normal" ranges of HCG during pregnancy please refer [HCG LEVELS DURING PREGNANCY](#).

To gain additional understanding you will need to understand which signs to be looking for and which ones are more important. There are primary & secondary fertility signs that you will need to observe and record. The most important are the primary fertility signs which are:

- **basal body temperature (BBT)**
- **cervical fluid**

Observing and recording these primary signs is enough to provide the clues you need to see if and when you ovulate and to help time intercourse appropriately to conceive.

Your basal body temperature is to be taken when you wake up with a special thermometer that you can buy at your local drugstore. The main difference between a BBT thermometer and a regular thermometer is that a BBT thermometer measures your temperature in .1 increments (98.1, 98.2, 98.3,...etc), while a regular thermometer

measures in .2 increments (98.2, 98.4, 98.6,...etc). Your BBT correlates with the hormone fluctuations in your cycle. BBT increases after ovulation due to increased progesterone.

Your cervical fluid can be easily examined when you go to the restroom. Your cervical fluid is the fluid that is produced by your cervix that you can see and feel in or outside your vagina during your cycles. Cervical fluid, which is sometimes called cervical mucous (CM), changes throughout your cycle depending on your fertility status. Later on we will discuss the differences in the CM during each phase in your cycle.

Other, secondary, optional signs can add extra insight and help to cross-check the interpretation from your primary fertility signs. Secondary, optional fertility signs that you may or may not choose to observe include:

- the position, texture, opening of your cervix (known as CP- cervical position)
- results from tests and devices (OPK's, fertility monitor, ferning device, etc)
- other personal observations that you learn to associate with your fertility.

Recording these fertility signs, you can see when you are fertile on a graph. The information can be analyzed and interpreted and the feedback lets you see when you are approaching ovulation, when you have already ovulated, when you should expect your period or a positive pregnancy test, along with other insights that will help you get pregnant and learn about your unique fertility pattern.

Chapter 2: Observing Your Fertility Signs

CERVICAL FLUID

Cervical fluid is produced by your cervix as ovulation approaches due to increased estrogen. Your cervical fluid changes throughout your cycle. It increases in quantity and becomes clear and stretchy as you get closer to ovulation. Noticing and recording these changes will help you better time intercourse and recognize your own fertility pattern.

The most common pattern is when cervical fluid starts out dry after your period and then gets sticky, then creamy, then wet and watery, becoming most like egg white as you get closer to ovulation. You may get different types of cervical fluid on the same day. But, you need to always record your most fertile cervical fluid to make sure that you do not miss a potentially fertile day.

Checking your cervical fluid internally

If you check your cervical fluid by internal observation, only the method for gathering the fluid is different. Otherwise, follow the same steps and observations as for external observation. To collect cervical fluid internally follow these steps:

1. Insert two fingers in your vagina until you can feel your cervix.
2. One finger should be on each side of the cervix.
3. Press gently against your cervix.
4. Collect the fluid by moving your fingers to the opening of the cervix.
5. Remove your fingers and pull them apart slowly.
6. Make your observations as outlined for external fluid observation.

Checking for cervical fluid externally:

The best way to check your cervical fluid is to make observations when you go to the restroom. After you wipe, you can wipe outside your vagina a second time and note what, if anything, you find on the bathroom tissue. You can also use your clean fingers to check and you may also notice some cervical fluid in your underwear. Avoid checking your cervical fluid just before or after intercourse as arousal and seminal fluids will distort your observations.

The things to note when checking your cervical fluid

- Does the vagina feel wet or dry?
- Is there any fluid on the tissue?
- How does it look?
- What color is it?
- What consistency is it?
- How much is there?
- How does it feel when you touch it?
- Can you stretch it between your thumb and index finger?

If you are having trouble finding cervical fluid, doing kegel exercises (tensing and relaxing the muscles that control the flow of urine) helps to push cervical fluid to the vaginal opening and makes observation easier. Exercise and bowel movements also push cervical fluid to the vaginal opening making observation easier. You may find that the best time to check your cervical fluid is after a bowel movement.

Types of Cervical Fluid

- **Dry:** Record your cervical fluid as "dry" if you have no cervical fluid present at all; if you notice no cervical fluid in your underwear and/or if the outside of your vagina feels dry. You can expect to see dry days both before ovulation after your period and after ovulation.
- **Sticky:** Record your cervical fluid as "sticky" if it is gummy, stiff or crumbly and if it breaks easily and quickly and if it is not easily stretched. It will probably be yellowish or white, but could also be cloudy/clear.
- **Creamy:** Record your cervical fluid as "creamy" if it is like hand lotion, white or yellow or cloudy/clear, like milk or cream, mayonnaise or like a flour/water solution.

It may stretch slightly but not very much and break easily.

- **Watery:** Enter "watery" if your cervical fluid is clear and most resembles water. It may be stretchy also. This cervical fluid is considered fertile and this may be your most fertile cervical fluid or you may get it before you get egg white cervical fluid
- **Egg white:** This is your most fertile cervical fluid. Record "egg white" if your cervical fluid looks at all like real egg white, it's stretchy and clear, or clear tinged with white, or even clear tinged with pink. It also resembles semen (and has a lot of the same physical properties to allow the sperm to travel and be nourished). You should be able to stretch it between your thumb and index finger.
- **Spotting:** Record "spotting" when you have any pink or dark red/brown spots that leave a small mark on your underwear or panty liner or that you only see when you wipe. If it does not require a pad or tampon, record it as spotting rather than menses. You may see spotting before or after your period, around the time of ovulation or around the time of implantation if you conceive. Do not start a new chart until you have red flow.
- **Menses:** When you record "menses" you can choose light, normal and heavy. Always start a new chart on your first day of menses. That is the first day that you have red blood flow that requires a pad or tampon. This is cycle day one.

Factors that can influence your cervical fluid pattern

Certain factors may influence the quality and quantity of cervical fluid that you produce and could impact the interpretation of your chart. In most cases the effects are not great enough to seriously hinder your charting efforts or distort the analysis enough to dramatically alter your results. However, the following factors may impact cervical fluid patterns and should be noted when possible:

- arousal fluid (can be mistaken for egg white cervical fluid)
- being overweight (can cause increased cervical fluid)
- breastfeeding
- decreased ovarian function and/or delayed ovulation
- douching (not recommended unless advised by your doctor)
- illness
- just stopping birth control pills
- lubricants (not recommended when trying to conceive as they can be hostile to sperm)
- medications such as antibiotics, antihistamines, diuretics & expectorants (ask your doctor before using an expectorant to increase cervical fluid), fertility medications such as Clomid, vitamins & herbs (ask your doctor before taking herbs while trying to conceive)
- semen residue (can be mistaken for egg white cervical fluid)
- tranquilizers
- vaginal infection or sexually transmitted disease (ask your doctor if you think this

is a possibility)

Cervical Fluid Continued

You can have fertile cervical fluid and still not ovulate. If you have quite a few patches of egg white cervical fluid and a temperature rise, then your ovulation was probably delayed due to one or more various external reasons. Numerous patches of egg white fluid with no obvious thermal shift probably means that you are having an anovulatory cycle. If you have numerous cycles that show this pattern, you should ask your doctor to look at why you might not be ovulating.

Basal Body Temperature (BBT)

Your BBT is an vital fertility sign because it is the only sign that will tell you positively that you ovulated. It also is the only sign that will let you pinpoint, as close as possible, *when* ovulation occurred. All your other signs tell you only that ovulation is approaching. It is best to use your cervical fluid and secondary signs in combination with charting your BBT to get the most out of charting.

After ovulation, the corpus luteum (the remains of the follicle that released an egg at ovulation) produces progesterone. Progesterone causes an increase in your body temperature that is visible when you measure your BBT with a special BBT thermometer just upon waking in the morning.

BBT GUIDELINES

Your temperature data will be most dependable if you follow these guidelines. Not following these guidelines may make your chart complicated to read and may make detecting ovulation more difficult as well.

- If you must use a heating pad or electric blanket, keep it at the same setting throughout your cycle.
- If you use a mercury thermometer, shake it down the previous night.
- Keep your thermometer by your bed so you do not have to get up
- Record your temperature soon after you take it.
- Take your temperature after at least 3 consecutive hours of sleep.
- Take your temperature as soon as you awake but prior to rising in the morning as any activity can raise your BBT. If conditions arise that prevent you from taking your temperature right away, take it as soon as you are capable and make a note of the circumstances. But always try to take your temperature at the same time every morning.
- Temperatures can be taken orally or vaginally but must be taken in the same place throughout the cycle.

- Use the same thermometer during your cycle if possible. If it breaks or the battery dies and you use a new one, make a note of it on your charts.

Factors that can influence your BBT

As with your cervical fluid, there are certain factors that can influence your basal body temperature. The following factors may influence your BBT:

- alcohol (especially in large quantities, though all alcohol consumption should be recorded) or smoking (if you smoke, you should consider quitting before you are even pregnant)
- breastfeeding
- change in waking time or sleep disturbances (insomnia, night-waking, upsetting dreams, poor sleep)
- change of climate or change of room temperature
- discontinuing birth control pills or starting/stopping drugs and medications
- emotional stress or physical stress
- Fever, illness and infections (even those that do not produce a fever), cold, sore throat
- jet lag and/or travel
- use of electric blanket

Cervical Position (CP)

Your cervical position is an optional, secondary fertility sign. It may take a few cycles to notice the changes your cervix experiences throughout your fertility cycle. When you are approaching ovulation, your cervix will be high and soft (and you may notice that it feels more open also). When you are no longer fertile, your cervix will feel lower, more firm and you may notice that it is more closed. If you are not comfortable checking your cervix or you find the changes difficult to observe, and you are able to observe your cervical fluid easily, checking your cervix is not absolutely essential. If you are comfortable checking your cervix and are able to identify changes, you will benefit from the additional information that will help cross-check your other signs.

Checking your Cervix

If you choose to check your cervical position as an indicator of fertility here are some guidelines:

- To avoid the possibility of infection, always check the cervix with clean hands.
- Check the cervix once a day after menses. You only need to check once a day, unlike cervical fluid which you may check several times a day.
- Check your cervix at the same time every day as it may change throughout the day.
- Use the same position for checking your cervix throughout the cycle as changing

positions will change your observation of cervical height.

- Squatting or placing one foot on a stool (or toilet seat) are good positions.
- Relax. (You will be able to more easily relax as you gain more experience).
- Insert one or two fingers into the vagina. At the back of the vagina, you should be able to feel your cervix. If you feel something at the back of your vagina that stops your fingers, then you have found your cervix. If you apply gentle pressure you will notice that it feels smooth, round and firmer than the surrounding vaginal tissues.
- Feel your cervix and make the following observations:
 - Is the cervix high or low? (it is more difficult to reach if it is high)
 - Does the cervix feel soft or firm?
 - Does the cervix feel open or closed? (Women who have already had children may notice that the cervix always feels slightly open).
 - Does the cervix feel wet or dry?
 - Do you feel any bumps on your cervix? (If you feel bumps that do not seem to be related to your fertility pattern, talk to your doctor right away)
 - Record observations.

Recording Cervical Changes

You can record the **position**, **firmness**, and **openness** of your cervix.

- **Position:** Your cervical position may be: low, medium or high. Your cervix heightens and becomes harder to reach as you approach your most fertile time. The important thing is to notice how it changes throughout your cycle in relation to your fertility.
 - **Low:** Record "low" for your least fertile cervical position. This is the position where it is easiest to feel and reach your cervix.
 - **Medium:** Record "medium" for the position between your lowest and highest.
 - **High:** Record "high" when your cervix is hardest to reach. You may not even be able to reach it. You will notice that it feels more wet, soft and open at this time as well. This is your most fertile cervical position.
- **Firmness:** Again, the issue is to notice the changes in the texture of your cervix relatively throughout your cycle as it changes. At your least fertile time, both before and after ovulation, your cervix will feel the most hard and firm, a bit like the tip of your nose. As you approach ovulation, your cervix will soften, feeling more like your lips. You can record the firmness of your cervix as Firm, Medium, or Soft.
 - **Firm:** Record "firm" as the most hard and firm texture you experience throughout your cycle. Your cervix will likely also be low and quite easy to reach at this time.
 - **Medium:** Record "medium" when your cervix feels between your most firm and most soft. You may feel this just before you approach your more fertile time before ovulation and after ovulation as well.
 - **Soft:** Record "soft" when your cervix feels the most soft. It will probably feel quite wet and high at this time as well and you may even notice that it also feels open. It may be hard to reach. This is your most fertile cervical

texture.

- **Openness:** Not everyone is able to observe this sign, but you may also notice that your cervix feels more open when you are most fertile. If you are not able to observe this sign (many people are not), simply do not use it. If you are certain that you can notice the change in the openness of your cervix you should record the following:
 - **Closed:** Record closed when your cervix feels at its most closed, least open position.
 - **Medium:** Record medium when your cervix is slightly open.
 - **Open:** Record open when your cervix feels at its most open position.

Optional Devices and Tests for Measuring Fertility

There are an increasing number of products on the market designed to indicate possible fertility. They test changes in hormones that can be detected in your urine or saliva. When using these kits and devices, the most important thing is to follow the manufacturer's instructions as closely as possible.

These kits and devices can give additional clues about your fertility status that can add to the observations you make from your primary fertility signs. In most cases such devices are not essential, especially if you are easily able to recognize the changes in your cervical fluid, but you may find you like to have the added information for cross-checking. No device or kit that you can do at home can pinpoint ovulation as well as your temperature data since only a thermal shift shows increased progesterone which is the hormone you release *after* ovulation. They can be quite useful though for timing intercourse and showing you when you have increased fertility.

A few words about Ovulation Prediction Kits (OPKs)

Ovulation Prediction Kits have become quite popular and can be quite useful to help you find your fertile time. OPKs work by measuring the presence of Luteinizing Hormone (LH) in your urine. A surge of LH which is sent to your ovary causes your ovary to produce enzymes which in turn causes the dominant follicle to rupture and release the egg into the Fallopian tube. This is ovulation and it is expected to occur within 24 hours of the surge of LH. An OPK is thus expected to be positive the day before you ovulate. Following a few guidelines can help you get the most out of your OPK.

- Like any product, follow the manufacturer's instructions carefully.
- If you do not test every day from *before* you expect to be most fertile, you may miss the surge. Likewise, if you test too late, you may miss the surge. Also, it may not be possible to tell if you are about to ovulate or if you just ovulated since you will have increased LH in both cases. Usually, though, the positive OPK means that you are about to ovulate.
- Testing daily once you have started to test is the best strategy since your first

positive OPK result probably means that you are about to ovulate and your last positive OPK, if you get more than one, may mean that you just ovulated. Since OPK packages include only a limited number of test strips, timing when to start testing is crucial.

- First morning urine is usually not the best for OPKs since your LH surge usually begins in early morning when you are still sleeping and may not be apparent in your first morning urine. If you test in the early morning, you may miss your surge entirely since LH levels may already be reduced by the next morning. Late morning or early afternoon is usually best unless the instructions suggest otherwise.
- Record your OPK results as positive if the test line is as dark as or darker than the control line. Record your results as negative if the test line is lighter than the control line.
- Do not rely exclusively on OPK results to time intercourse as you may not see an LH surge (positive OPK) even though you may be fertile. Your increased fertility begins *before* you see a positive OPK result since sperm can live in the reproductive tract for a few days in fertile cervical fluid. Keep having intercourse every other day before you see a positive OPK result, but switch to every day once you see a positive result until ovulation has been confirmed by your temperature data.

Other Possible Fertility Signs

Additional fertility signs that you may or may not have are: **Ovulation Pain:** Also known as *mittelschmerz*, which means "middle pain" it refers to a slight pain that you may feel near your abdomen or ovary at the time of ovulation; **Ovulation spotting:** Some women see slight spotting at the time of ovulation; **Increased Sex Drive:** You may notice that your sex drive is cyclical; **Tender Breasts:** While your experience may be different, you may notice a pattern to the sensitivity of your breasts. They may feel more sensitive at around the time of ovulation and they may continue to feel sensitive throughout your luteal phase.; **Your own observations:** You may notice some specific changes yourself that can offer clues about your fertility pattern. Changes in your complexion, your energy level, your moods, or anything else that you notice shows a cyclical pattern can offer insight into your fertility pattern.

Chapter 3: Closing information but, It's just the beginning

Although this information is helpful in starting you on the right track to taking control of your fertility, it is just the beginning. After several cycles you should be able to have a clearer view of your fertility, when/if you ovulate, and if your ovulatory patterns, luteal phase, etc are within "normal" limits. This will help you in your effort of trying to conceive. If you have not conceived within 1 year then you will need to take your efforts to the next level and seek medical attention, testing, and possibly treatments. You will need to take a

copy of your fertility charting to your physician so that he/she may include this in their decision on diagnosis and treatment.

There are many factors that could contribute to not achieving a pregnancy. Those include, but are not limited to:

- Improper charting
- Improper timing of intercourse
- Luteal phase defect
- Not ovulating
- Improper creation and distribution of hormones
- Male factor infertility (ex: low sperm count, anti-sperm antibodies, low morphology, etc)
- PCOS
- Endometriosis

Have fun with your charting experience and take pride in the fact that you are taking control of *your* fertility and your family. Charting your fertility can be a rewarding experience. You will get the satisfaction of being intuitive to your body and helping yourself expand your family. Children are a true blessing from God.

"Before I formed you in the womb, I knew you. Before you were born, I set you apart for my holy purpose. I appointed you to be a prophet to the nations."-- Jeremiah 1:5.

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