

# Behavioral Methods

## Birth Control Guide for People With CF

### FERTILITY AWARENESS-BASED METHODS

#### (ALSO KNOWN AS FAMS, FABS, OR NATURAL FAMILY PLANNING)

Fertility awareness-based methods are ways to track your menstrual cycle. This tells you which days you are likely to be fertile (able to get pregnant). On the days you are fertile or may be fertile, you avoid having vaginal sex or use a backup birth control method to prevent pregnancy. FAMS are also helpful for females who wish to become pregnant. This helps them identify the best days to have sex when they are the most likely to be fertile.<sup>1</sup>

FAMS only work if you are good about tracking your cycle all the time. You also have to be consistent with using a backup form of birth control or not having sex on days you may be fertile. Depending on the method, you will need to use a backup method or not have sex for about 11–17 days each cycle.

FAMS include the standard days method, cervical mucus or ovulation method, and the symptothermal method (checking both cervical mucus and temperature).

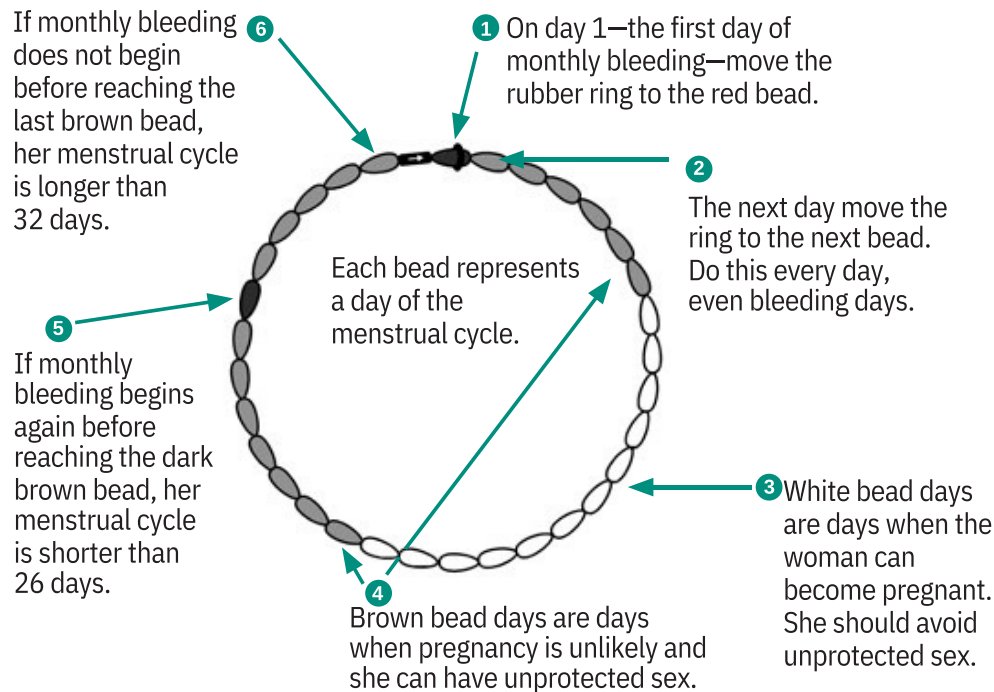
To successfully use FAMS, you have to know a lot about your own menstrual cycle. This includes how long your cycle lasts each month. Often, cycles last between 26 and 32 days. It may help to track your cycle for a few months before using a FAM as your only form of birth control. This way, you know what is “normal” for you. If you have irregular periods, these methods are not an effective way to prevent pregnancy.

How well FAMS work at preventing pregnancy can vary. **With perfect use, FAMS are around 95–99% effective. With common use they range from 77–98% effective.** About one in four females using FAMS as their only form of birth control will get pregnant each year.<sup>2</sup> They are most effective when you use multiple FAMS at once to predict your fertile days. Apps can help you track this. Examples are Natural Cycles®, Ovia®, or Clue®. You can also download charts online to print out.

### THE STANDARD DAYS METHOD

This method is calendar based. It is effective for females with cycles between 26 and 32 days. You track your period and avoid unprotected sex on day 8 through day 19 of your cycle. On these days, you are more likely to be fertile.

This method works best when you use a visual tool. Examples are CycleBeads®, a string of 32 color-coated beads, or similar apps. These tools help to track your cycle days. They visually show the range of days during the month when you should use a backup birth control method or not have sex. You can get CycleBeads® online or through some family planning clinics.



Source: World Health Organization and Johns Hopkins<sup>2</sup>

## CERVICAL MUCUS OR OVULATION METHOD

(Also known as Two Day, Billings, and Creighton methods)

With cervical mucus methods, you check your cervical mucus multiple times each day. This helps to tell if you may be fertile on that day. You check your cervical mucus by looking at mucus (vaginal discharge) on toilet paper when you use the bathroom or in your underwear. This is often done in the afternoon and at night. You do not want to look for mucus shortly after having sex. It may be easy to confuse semen (cum) with mucus.

You can use this method if your cycle is shorter than 26 days or longer than 32 days as long as you still have a regular cycle. Users of this method often need to avoid sex or use a backup method for 14–17 days of each cycle.

If you have a vaginal yeast infection, this method is not reliable. The yeast infection will change your vaginal discharge. Yeast infections are common in females taking antibiotics, on steroids, or with poorly controlled diabetes.

## THE TEMPERATURE METHOD (Also known as the basal temperature method)

This method helps to tell when you are ovulating by tracking your temperature each day. Most people have a temperature of 96°–98°F before ovulation. After you ovulate, your temperature goes up about half of one degree. To use the temperature method, you must check your temperature the same way every day. Then you track it on a fertility chart. You need to check your temperature as soon as you wake up before you get out of bed or do anything else. This includes before checking your phone or going to the bathroom.

Since this method relies on very small changes in temperature, you need to buy a basal thermometer. You can get this online or at most drugstores. With this method, you should avoid

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having sex or use a backup birth control method from the first day of your period until you have had at least three days of higher temperatures.

Keep in mind that things like stress, illness, lack of sleep, drinking alcohol, and smoking can impact your temperature. You should make a note of these things on your tracker. This helps you tell which changes are related to your cycle.

### **SYMPTOTHERMAL (Combination of checking cervical mucus and body temperature)**

With this method, you check cervical mucus changes and your basal temperature each day. This works better than using each method alone. But, it relies on checking and tracking these things all the time. Other impacts on cervical mucus or temperature changes may make this method less effective.

### **LACTATIONAL AMENORRHEA METHOD (LAM)**

Lactational amenorrhea uses breastfeeding as birth control. When you are exclusively breastfeeding every 4–6 hours, your body often naturally stops ovulating (releasing an egg). When you are not ovulating, it also means that you do not have a period. Amenorrhea means having no period. Exclusively breastfeeding means you are only nursing your baby. You are not using any formula or using a breast pump. You can only use this method up to 6 months after your baby is born or until you get your period, whichever comes first.

This method is around **98% effective** at preventing pregnancy but is also very demanding. Exclusively breastfeeding is hard. It can take time for you and your baby to get the hang of it.

This method of birth control poses extra challenges for females with CF. Using LAM means that only you can feed your baby. This may make it hard to get enough rest to stay healthy or to keep up with medications and treatments. It can also be a challenge to get enough fluid and calories to keep both you and baby healthy. It is possible to pass medications you are taking to your baby through breastmilk. Let your care team know if you are planning to breastfeed.<sup>3</sup>

Breastfeeding may not be right for everyone. Some females may not be able to breastfeed or may not want to.

### **WITHDRAWAL METHOD**

#### **(ALSO KNOWN AS THE PULL-OUT METHOD OR COITUS INTERRUPTUS)**

“Pulling out” is exactly like it sounds. It involves pulling the penis out of the vagina before ejaculation (cumming) to prevent any semen (cum) from going into the vagina. Your partner must be sure to pull their penis all the way out of the vagina and vulva (outside of the vagina) before ejaculating every time that you have sex. You can get pregnant even if only a tiny bit of semen gets in the vagina. This includes the pre-ejaculate fluid. The pull-out method does not protect against STIs.<sup>4</sup>

With perfect use, this method can be fairly effective. But, this method can be hard to get right. **With common use, about one in five females using the pull-out method as their only source of birth control will get pregnant each year.** The pull-out method is more effective when used along with barrier methods like a condom.<sup>2</sup>

If you are using the pull-out method as your only method of birth control, consider keeping a morning-after pill on hand. This is so you are prepared if you need it.

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## ABSTINENCE OR OUTERCOURSE

Abstinence means not having sex. Abstinence is a way to prevent pregnancy. Some people are abstinent all the time to prevent pregnancy. Others are abstinent only during days when they might be fertile. Being abstinent all the time is **100% effective** at preventing pregnancy and STIs. You can choose to be abstinent at any time even if you have had sex in the past.

Outercourse can be a form of birth control. This refers to sexual activities other than vaginal (penis-in-vagina) sex. If semen does not get into the vagina, then sperm cannot get to an egg and pregnancy cannot happen. Outercourse includes things like kissing, touching, masturbating, using sex toys, or dry humping/grinding. Outercourse may also include anal or oral sex. You cannot get pregnant from oral sex or anal sex as long as semen does not spill out onto the vulva (outside of the vagina, see image below) or into the vagina.

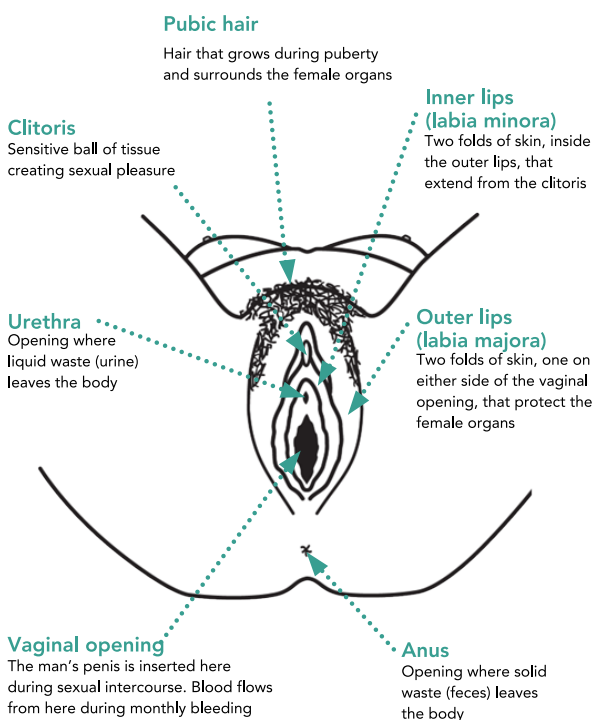
The vulva is a term that refers to the outer part of a female's genitals. It includes the opening of the vagina, labia majora (outer lips), labia minora (inner lips), and the clitoris.

Outercourse does not protect against STIs. STIs can spread through skin-to-skin contact with genitals or through sexual fluids (semen/cum, vaginal discharge). Using a barrier method can help protect against STIs.

Outercourse is 100% effective at preventing pregnancy as long as no sperm get into the vagina. If semen—even a tiny bit—accidentally gets on the vulva or inside the vagina, then sperm could swim through the vagina and fertilize an egg.<sup>4</sup>

If you are using outercourse or abstinence as your only method of birth control, consider keeping condoms or a morning-after pill on hand. This is so you are prepared if you need it.

### External Anatomy



Source: World Health Organization and Johns Hopkins<sup>2</sup>

## REFERENCES

1. Jennings, V. Fertility awareness-based methods of pregnancy prevention. UpToDate.com. Updated May 14, 2024. [https://www.uptodate.com/contents/fertility-awareness-based-methods-of-pregnancy-prevention?source=history\\_widget#topicContent](https://www.uptodate.com/contents/fertility-awareness-based-methods-of-pregnancy-prevention?source=history_widget#topicContent)
2. World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022.
3. Breastfeeding With CF. cff.org. [cff.org/managing-cf/breastfeeding-cf](http://cff.org/managing-cf/breastfeeding-cf)
4. Birth Control. Plannedparenthood.org. [Plannedparenthood.org/learn/birth-control](http://Plannedparenthood.org/learn/birth-control)

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