



Natural Fertility Support

Notes for Using Symptothermal Chart

Temperature and mucus patterns along with the other symptomatic information recorded on your chart will give us valuable information regarding hormonal status, nutritional status and your general health as well as timing for conception or contraception,

SETTING UP YOUR CHART

- Record Month at the top of the chart
- Day 1 is the 1st day of a period (i.e. full menstrual bleeding. Initial spotting does not count)
- Record date of day 1 and consecutive dates of the month along “Date” row (May include part of the next month)
- “Day of Week” - fill in the days of the week i.e. M,T,W,Th,F,S,S.
- “Lunar Peak”. This information can be obtained from personal lunar calculations in the current month. These dates are not essential but are very helpful for over all calculation of fertile times. Read Francesca Naish’s books for full information.
- Record days of bleeding from day 1 with ‘X’ at bottom of chart in ‘Bleeding’ section. Also record any spotting ‘S’ in this section.
- If you are already part of the way through your cycle, begin recording in the column for today’s date.
- Generally begin recording your temperature on Day 1 of your cycle.
- Begin recording mucus observations as soon as you stop bleeding. Record the most fertile mucus if it has varied during the day. (*See MUCUS OBSERVATIONS section for more information*)
- Record any period or mid cycle pain or sensations.
- Record various mood and symptoms throughout the cycle.

TAKING YOUR TEMPERATURE

- You will need a Basal digital thermometer
- Thermometers are available at chemists.
- Take your temperature **orally**. Place the bulb under your tongue in good contact with the flesh, close your mouth and read after 2 to 3 minutes.
- Keep your thermometer, pencil and paper beside your bed. Make a note of your temperature, the time you have taken it and the day of the cycle on the paper or enter it directly onto the chart.
- Take your temperature at the same time and in the same way each day, **immediately on waking and before getting out of bed**. Different methods and times will give different readings.
- At least 4 hours sleep is required to reach the ‘body at rest’ state required for temperature assessment.
- When marking temperature on the graph, note any special circumstances in the “Conditions Affecting Temperature” section e.g. if you have had less than 4 hours sleep, a disturbed night, sore throat, unwell, waking earlier or later than usual, temperature changes/overheating in bed, medication, travel across time zones etc.
- If you have to get out of bed (e.g. to answer the phone / go to toilet) move gently, get back into bed and take your temperature.

ADJUSTING:

- If you wake **earlier** than usual - adjust temperature reading **up** by 0.1 degree for each hour (i.e. 2 squares on the chart) before recording.
- If you wake **later** than usual - adjust temperature reading **down** by 0.1 degree for each hour (i.e. 2 squares on the chart) before recording.
- One square/box on the chart = 0.05° C = 1/2 hour if adjusting
Two squares/boxes on the chart = 0.1°C = 1 hour if adjusting.

THE THERMAL SHIFT / INDICATION OF OVULATION

Temperature changes i.e. the *Thermal Shift*, will show if and when ovulation has occurred. We can assume that ovulation has taken place where three consecutive daily readings are at least 0.1 degree higher than the six previous readings.

Temperature will confirm the start of the post-ovulatory infertile phase but does not warn of the approach of ovulation or the start of the fertile phase.

The strength of the temperature rise is an indication of the adequacy of progesterone. It should be prompt, substantial and sustained for at least 12 days.

Temperature –

- Confirms ovulation (important for conception) and most likely day of ovulation (important for timing)
- Confirms the length of pre and post ovulation phases.
- Will confirm pregnancy – if the luteal (2nd) phase is more than 18-20 days & temperature remains high.
- Does NOT warn of the approach of ovulation. It cannot be used to assess the start of the fertile phase.

MUCUS OBSERVATIONS

Change in the cervical mucus is the only observable symptom that **precedes** ovulation and therefore **gives warning of approaching fertility**.

Without this change, there is no fertility - even if ovulation does occur, sperm will not be able to stay alive.

Generally, in favourable circumstances, sperm can live for up to 3 days.

The fertile mucus (produced in the crypts just inside the cervix and regulated by hormone levels) provides protection for the sperm from the natural acidity of the vagina and facilitates their migration into the uterus.

HOW TO CHECK MUCUS

Changes in the **quality** of mucus are critical to differentiate between fertile and infertile

- You will be looking for variations in the **AMOUNT** and **TEXTURE**. Colour does not give a lot of diagnostic information but can help in recognising patterns.
- Check several times each day while seated on the toilet, before urination.
- Collect from the mouth of the vagina.
- Mucus needs to be checked by touch with the fingers. Toilet paper will absorb fluid.
- Assess **texture**, **amount** and any “**wetness**”. Fertile mucus will have a higher water content (feel wetter), is clear and resembles raw egg white.

- Take care to distinguish fertile mucus from lubrication from sexual arousal or any retained semen after intercourse. This will become more evident with experience.
- Record nature of the most fertile mucus of the day on the chart. There may be variations throughout the day.
- Be aware that numerous things can affect mucus production. e.g. dehydration, various medications such as aspirin, antihistamines, antibiotics, fertility drugs (Clomid), hormones etc or infections, stress and other illnesses.
- External sensation can also be recorded (once you are more used to charting) e.g. vulval swelling or enlarged lymph gland in groin may indicate the side on which ovulation is occurring.

Example of a typical cycle :-

- ⇒ After bleeding there may be some dry days - no apparent mucus at all
- ⇒ There may be tacky/sticky opaque mucus - a bit like Clag glue.
- ⇒ Then infertile or possibly fertile - with more of a damp feeling
- ⇒ Water content then rises, wetter and more lubricative. More profuse. This is the change to fertile mucus.
- ⇒ "Spinn" mucus is very fertile. It resembles raw egg white, is stretchy and feels wet to the touch.
- ⇒ After ovulation there is a return to the thick infertile mucus and then maybe none at all.

SUMMARY



INFERTILE MUCUS

Opaque, yellow or white, sticky, thick, pasty, tacky, dense. Holds its shape. Is unchanging in amount.

PROBABLY FERTILE MUCUS

Opaque, yellow or white, sticky, thick, pasty, tacky, dense. Holds its shape. Increasing in quantity. Feels damper.

FERTILE MUCUS

Thin, watery, wet, fluid, translucent (clear or milky), liquid, flowing, slippery, possibly pink. Increasing amounts.

EXTREMELY FERTILE MUCUS/ 'SPINN' (Spinnbarkeit)

Profuse, stretchy quality like raw egg white, slimy, jelly-like, wet and slippery.

Fertility is defined as starting as soon as the mucus changes, and lasting until 3 days after the last day of any type of fertile mucus.

CERVIX CHANGES

Changes occur in the cervix that can give you clear indication of the approach and finish of your fertile phase. If you care to examine your cervix you will find it to be hard, low, shut and dry during the pre-ovulatory and post ovulatory phases and soft, high, open and wet during your fertile phase. These observations can then be noted on your chart.

Obviously also wash hands thoroughly before and after checking mucus or cervix.

