

A GUIDE TO FERTILITY AWARENESS AND CONTROL

(From Life National)

What fertility is

Fertility is the ability to have a child – to be a father or a mother.

Is everyone fertile?

We become fertile at puberty – which varies between the ages of 11-14. Once sperm is produced men are fertile all the time. Women are fertile only for a short time in each monthly cycle, when the eggs (ova) mature and are released from the ovary.

What a cycle is

A woman's cycle is the time between the start of one period (menstruation) and the start of the next. The average cycle is 28 days. Around the middle of the cycle an egg (ovum) can mature and move out of the ovary into the fallopian tube.

This is called ovulation. The egg lives for less than 24 hours after it leaves the ovary, unless it is fertilised. About 2 weeks after ovulation, if fertilisation does not take place, the woman's period (menstruation) begins.

What fertilisation is

Fertilisation takes place when the man's sperm meets and enters the woman's ovum. Fertilisation is also called conception. Sperm can live inside the woman's body for 3-5 days. The egg lives for less than 24 hours. Sperm can fertilise one or more eggs immediately after ovulation.

What happens after fertilisation

The new human person begins his or her life at fertilisation and travels down the fallopian tube to implant in the lining of the womb (the endometrium). The fallopian tubes need to be healthy and undamaged by disease. If there is a blockage in the tube the new life will not begin. If the tube or endometrium are damaged the new human may not survive.

What implantation is

About 4-7 days after fertilisation the new life/person 'nests' in the lining of the womb and will live there, growing rapidly, until birth. If there is disease or a chemical or device in the womb to stop implantation, the new life will die by a form of early abortion.

When a woman knows she is pregnant

Confidential pregnancy tests can be done, free of charge, after the day a period is due, and are 98% accurate.

How fertilisation or implantation can be prevented

There are several methods:

- Chemical
- Mechanical
- Surgical
- Natural
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Chemical Methods

Chemical methods include the pill, the 'morning-after' pill, progestogen injections, progestogen implants.

The Pill

About 25% of women in Britain use a form of oral contraceptive – the pill. There are 3 main types: the combined pill which contains a fixed dose of synthetic hormones similar to the natural hormones oestrogen and progesterone; the progesterone-only pill (mini-pill); and phased pills which contain different proportions of oestrogen and progesterone.

How it works:

1. By thickening the mucus at the cervix (the opening of the womb) so that sperm cannot pass into the womb easily.
2. By preventing ovulation.
3. By changing the lining of the womb so that the new life after fertilisation will not implant, and an early abortion occurs.

The mini-pill works by 1 and 3.

Advantages, side-effects and long-term effects are described in LIFE's Briefing Sheet on contraception. The pregnancy rate of the combined pill is around 7%.

The Morning-after Pill

High-dose pills containing oestrogen and progesterone are taken in two doses within 72 hours of intercourse. The drugs postpone ovulation and prevent implantation. The intention is to cause early abortion. The high doses required make them unsuitable for regular use. It is reckoned that 2/3 of users' pregnancies are not destroyed.

Progesterone injections

The synthetic hormone progesterone can be injected to provide 3 months' protection against the new life implanting, hence causing early abortion. It is used in the Third World. But because of possible serious side-effects, including persistent bleeding from the womb, no periods, and prolonged infertility, it is recommended only in 'special circumstances' in Britain. It has been banned in the USA.

Implants

Another long-term use of progesterone to prevent implantation, and thus cause early abortion, is called Norplant. Six hollow rods 34mm long, made of silicone and containing progesterone, are inserted, under local anaesthetic, in the woman's upper arm. Depending on the strength of the drug, there is a gradual release over 2-5 years. This is a new method, launched in the UK in October 1993, with publicity claiming it has fewer of the risky side-effects such as deep-vein thrombosis or blood clots in the lungs caused by the ordinary Pill. But studies since then (*Drug and Therapeutic Bulletin*, 17/3/94), show that between 50%-80% of women experience irregular bleeding; 25% had headaches; 10% complained of a variety of problems (nausea, weight gain, acne, hair growth, or loss, mood change).

Spermicides

Chemical creams, foams, gels and tablets can be inserted into the vagina before intercourse with the intention of immobilising sperm. They are usually used with the condom or diaphragm. The spermicidal sponge placed over the cervix before intercourse has a risk of causing toxic shock syndrome. These chemicals are usually reckoned to be effective in preventing pregnancy.

Mechanical Methods

Condom

A thin rubber (latex) sheath fitted over the penis before intercourse to prevent the sperm from reaching the egg. Latex has tiny holes in it, too small for sperm to pass through, but large enough to allow the HIV virus through, so it does not give adequate protection against AIDS and other virus-caused sexual diseases.

The condom can fall off or burst in use, up to 57% of the time, but this will not always result in pregnancy because fertilisation can occur only around ovulation time. Pregnancy rates vary between 5% and 15%.

Diaphragm or cap

A dome of soft rubber fitted over the cervix before intercourse to prevent sperm entering the womb. The pregnancy rate is about 15%.

IUD – coil - Intra-uterine device

A small plastic and/or metal device inserted into the womb in order to prevent the new life from implanting. It causes an early abortion. It is possible for the womb to be perforated during insertion, or for the IUD to fall out. The pregnancy rate is around 3%.

The side-effects include the potentially serious pelvic inflammatory disease (PID), which is a cause of female infertility; ectopic pregnancy; heavy and painful periods.

Surgical Methods

Male and female sterilisation usually results in permanent prevention of the ability to have a child.

Male sterilisation – vasectomy

Under local anaesthetic the vas deferens is cut and tied to block sperm from the testes. There is an increased chance of prostate cancer.

Female sterilisation – tubal ligation

Under general anaesthetic the fallopian tubes are cut and then tied, clipped or burnt. There is a possibility of heavier periods or irregular bleeding.

Because sterilisation is meant to be permanent it can cause psychological problems in both men and women.

Natural Methods

It is possible to identify when ovulation takes place and to avoid intercourse at the fertile time. It takes a while to learn how to recognise the symptoms of fertility but the technique can easily be taught. As with all methods of fertility control, much depends on the motivation of the couple involved. Both partners must be equally committed to this joint fertility awareness, because they will have to avoid sex a few days every month. Properly used the pregnancy rates are between 4% and 0%.

Many couples, including some who have tried chemical or mechanical methods, like the natural method because:

- **It is natural.** It involves not ‘neutering’ of either the woman or the man. So it enables both to be wholly present and self-giving to each other without a barrier between them or any artificial suppressing of part of them. It respects their dignity and wholeness of their sexuality.
- **It involves both partners as equals** and jointly responsible for their fertility.
- **It is environmentally better,** requires no long-term drug dependence or use of powerful (and dangerous) chemicals, and so is safer for women.
- **There are no side-effects and it costs nothing.**

For further information

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