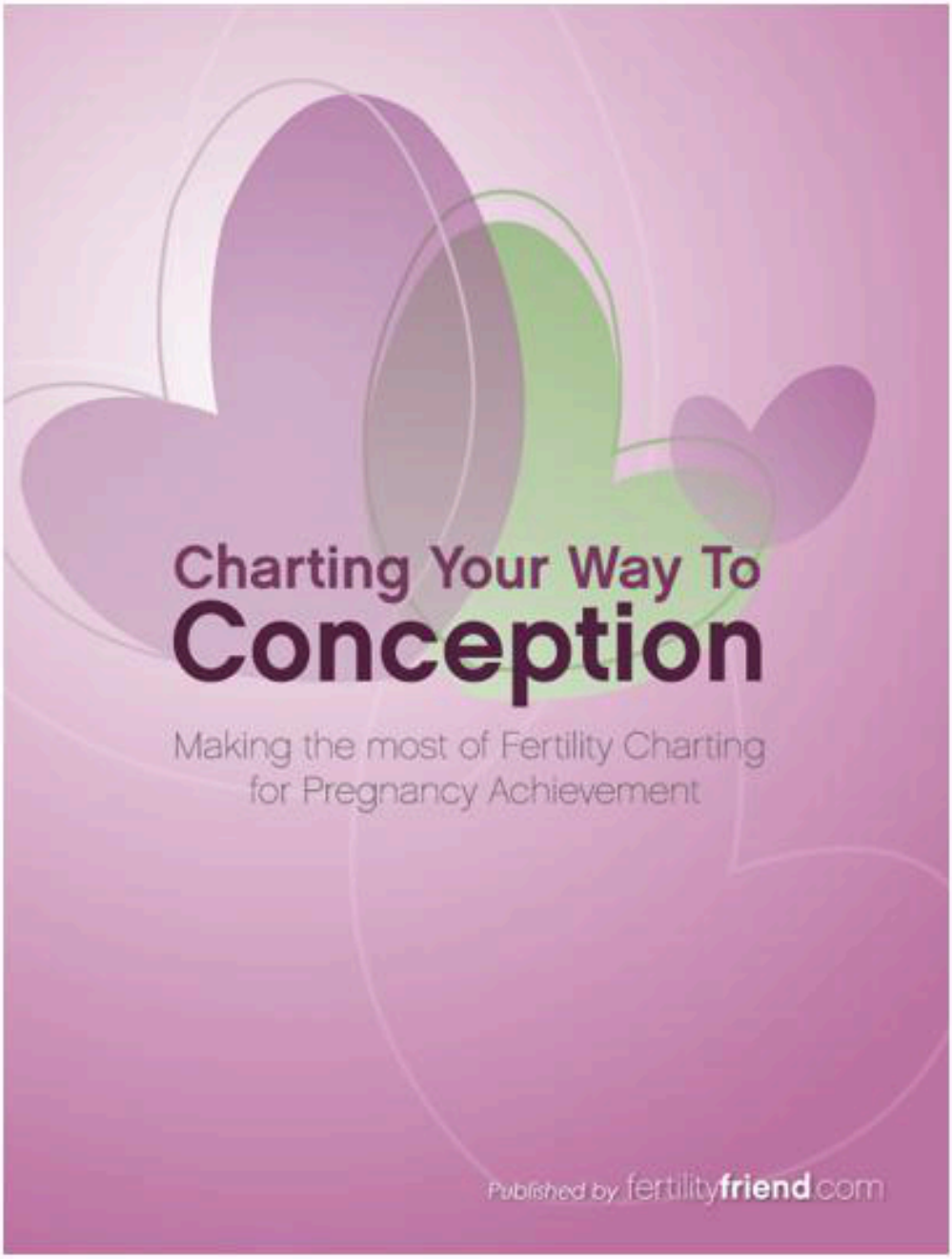

Charting Your Way to Conception

Making the most of Fertility Charting for Pregnancy Achievement

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Revised and Expanded Edition

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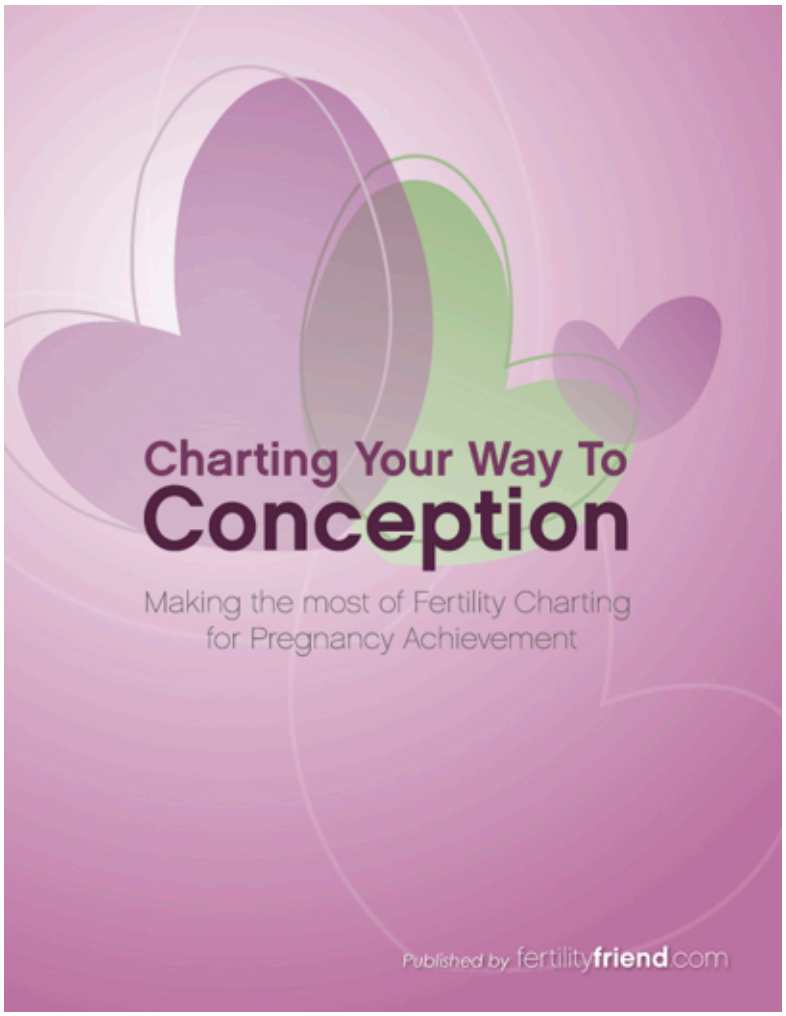

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Introduction

Trying to conceive can be an exciting time, but it can also be stressful when it is not happening as quickly as you would like. Charting your fertility signs is something you can do to put yourself in control and increase your conception chances. A few quick, daily observations can show you what is happening at every phase of your menstrual cycle. With this knowledge, you can find your most fertile time, pinpoint your ovulation date, take control of your reproductive health, uncover potential obstacles to conception and get pregnant faster.

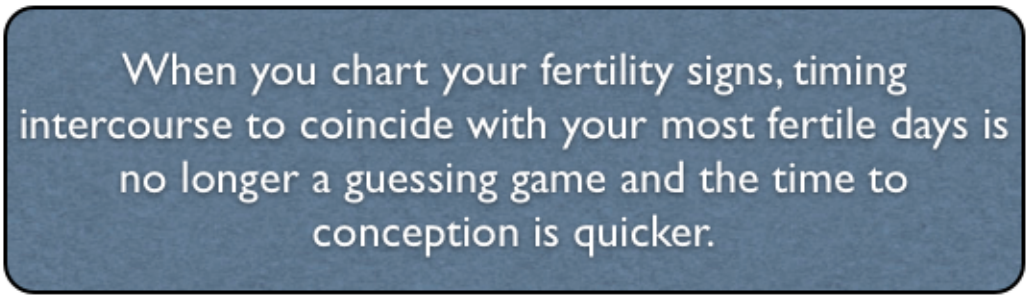
Every woman can learn how to identify her body's natural fertility signals. Sadly, few of us were taught how to identify and read these signs as a matter of standard education. This is changing, however, and more women are now benefitting from understanding their body's natural signs.

The current version of *Charting Your Way to Conception* has been expanded to include more of the questions we are most frequently asked about charting for pregnancy achievement. The most significant and exciting change in this version is the inclusion of illustrations and discussions of more than 80 diverse "real-life" chart patterns.

Charting Your Way to Conception will help you learn how to chart your own fertility signs and recognize your own unique fertility pattern. It is intended as a companion to FertilityFriend.com's online fertility charting service but it can also be used on its own to help anyone understand the meaning of their fertility signs and how to use them to manage their fertility and reproductive health.

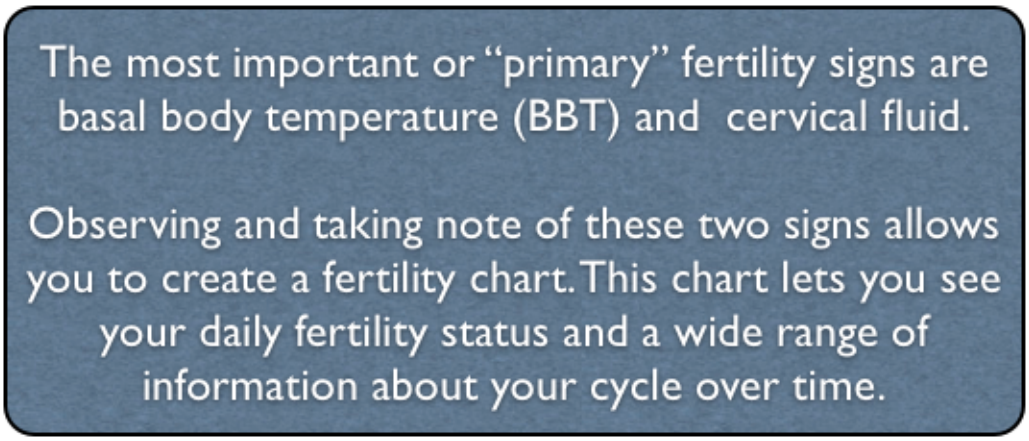
What is Fertility Charting?

There are only a few days each cycle when conception is possible. Charting your fertility signs helps you to find those days using your body's own natural signals so that you can best time intercourse to get pregnant.



You may have heard that you ovulate or are most fertile on day 14 of your menstrual cycle, mid-cycle, or even 14 days before your period is expected. Even if your cycles are regular, this may not be true for you. Your own fertility pattern is unique to you and charting your fertility signs will help you to see it. Fertility charting involves observing, categorizing, and recording your fertility signs so that you can easily see your daily fertility status and identify your own most fertile time. It is effective because your body naturally provides signs that tell you about your fertility status throughout your menstrual cycle.

What are Fertility Signs?



Basal body temperature is your resting temperature, taken before rising in the morning. It can be measured when you wake up using an inexpensive special thermometer that you can buy at your drugstore. Look for a thermometer that says "basal" or "fertility" on the package.

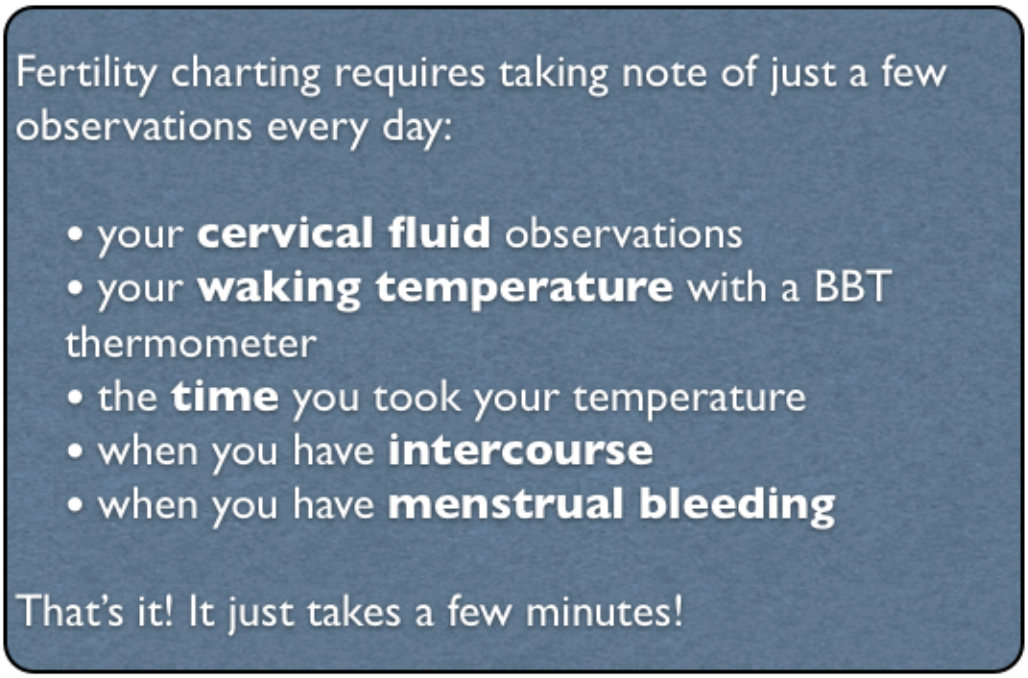
Your basal body temperature rises after ovulation due to increased progesterone in your bloodstream at this time. Because of this, when you measure your BBT daily and plot the temperatures on a graph, you can identify your ovulation date, your fertile time and your cycle phases.

Cervical fluid is the changing fluid secreted by the crypts of your cervix throughout your menstrual cycle. You can see and feel it in or outside your vagina.

Cervical fluid, which is sometimes called cervical mucous (CM), changes throughout your cycle depending on your fertility status. Once you know how to identify your cervical fluid types, this will help you to see when you are most fertile. You can easily observe your cervical fluid when you go to the bathroom.

Taking note of your BBT and cervical fluid observations is enough to provide the clues you need to best time intercourse to get pregnant and see when (and sometimes if) you ovulate. 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 choose to observe include: observations of the position, texture and opening of your cervix, results from commercial tests and devices such as ovulation prediction kits (OPKs), and other personal observations that you learn to associate with your fertility.



Observing and recording these fertility signs allows you to see when you are fertile on a graph or calendar. 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.

Charting with FertilityFriend.com

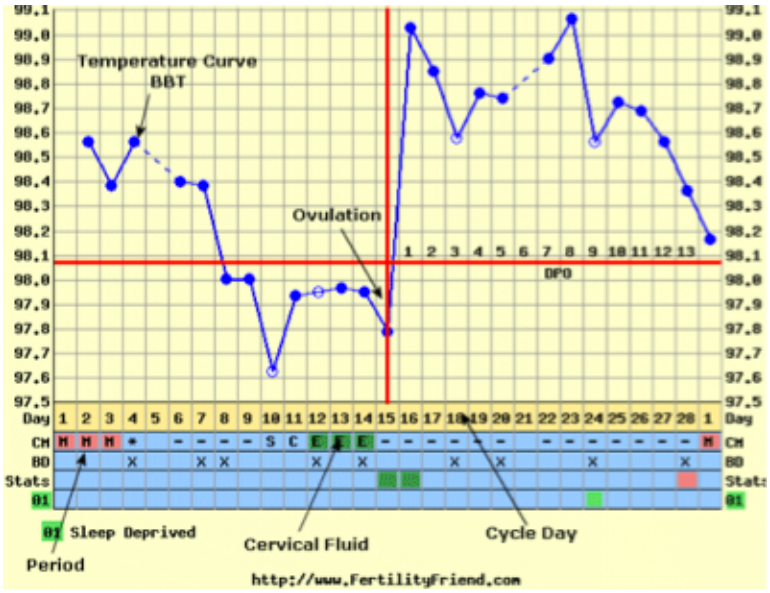
When you chart your fertility signs with FertilityFriend.com, you enter your daily observations about your fertility signs online or on your mobile device on your own personal account using an easy-to-use data entry form. The feedback, interpretation and analysis is interactively and automatically provided for you. The analysis tells you the best time to have intercourse to maximize your chances each cycle. It also shows you when you are fertile, when you have ovulated, when you are no longer fertile, when to expect your period if you are not pregnant, and when you can expect a reliable pregnancy test result. It will even assess your chances of conception each cycle based on your intercourse timing and other signs you enter.

How it works: a brief overview

The pages ahead will discuss the details of fertility charting, how to categorize your fertility signs and how to interpret your chart, but before getting started, here is a brief overview.

Annotated Chart

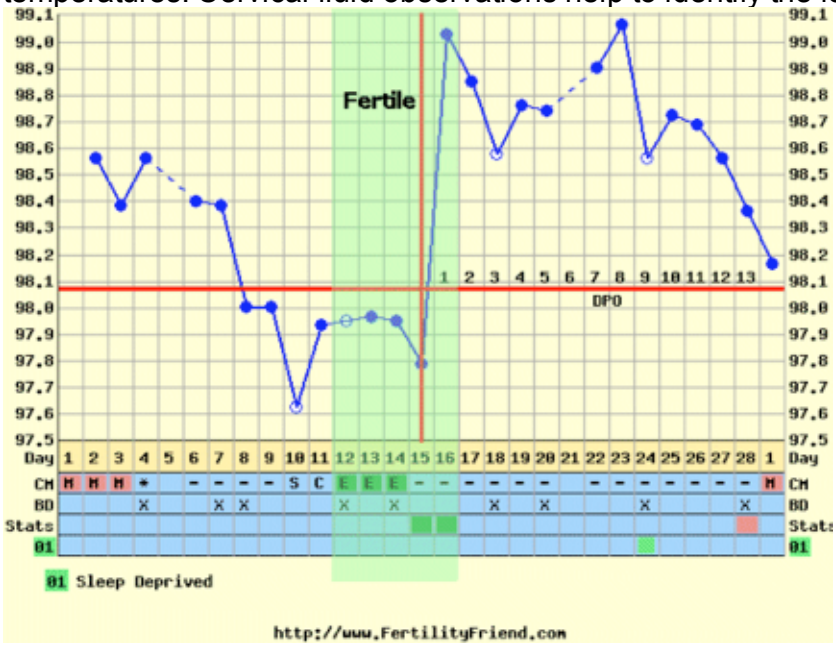
Your chart is a compact representation of your menstrual/fertility cycle. The figure below shows what is displayed on the chart.



The Fertile Window/Best time to conceive

You are most fertile and are most likely to get pregnant during the few days preceding ovulation and the day of ovulation. This phase is often called the **fertile window** and is determined by the combined lifespan of the sperm (up to a few days) and the egg (no more than one day). That's just a few days each cycle! The main advantage of charting your fertility signs is the ability to precisely identify this phase. This knowledge can dramatically increase your conception chances and reduce the time it takes to conceive when intercourse is focused during this time. When you chart your fertility signs, you can find those few days to increase your chances of conception every cycle.

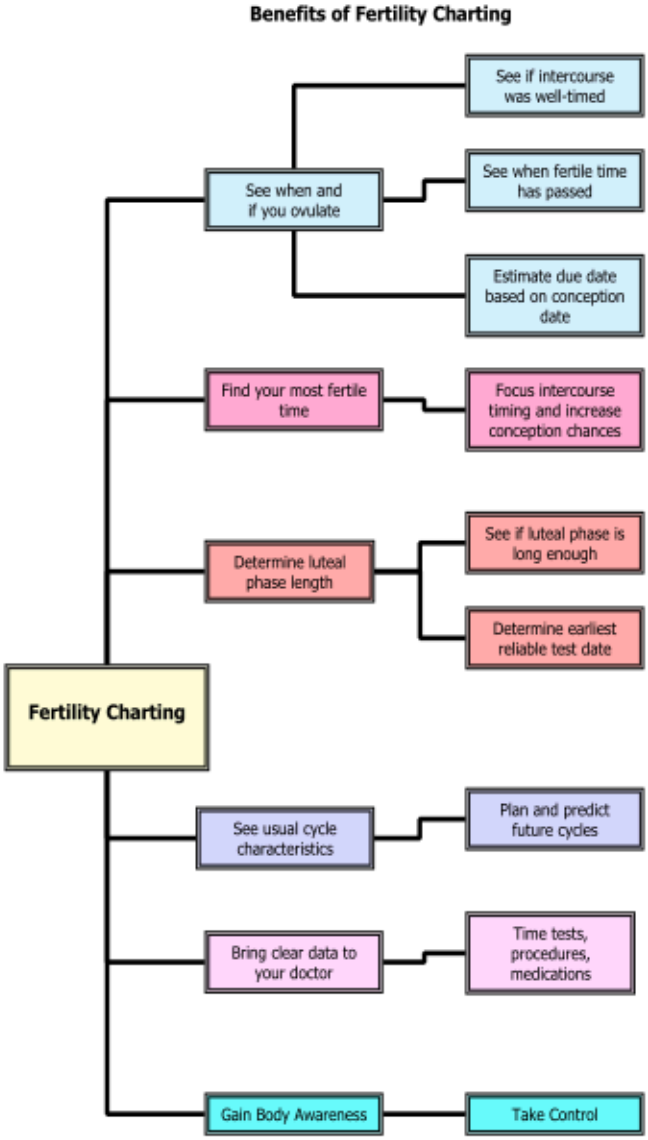
Charting your fertility signs offers a way to visually make sense of these signs and unravel the mystery of your fertility. The chart below shows the fertile time, the few days preceding ovulation and the day of ovulation, shaded in green. Ovulation, and the end of the fertile time can be confirmed after a few higher temperatures. Cervical fluid observations help to identify the fertile time before ovulation.



It can take a cycle or two to really get the hang of charting your fertility signs. Once you understand the signs, it quickly becomes second nature. Many women who start to chart are amazed to discover that

their bodies have been offering these signs all along. Some are even outraged that they were not taught to recognize these signs sooner. Our bodies are providing a bounty of knowledge and it only takes a couple of minutes a day to tap into it. With a little bit of awareness and support, what you gain from charting your fertility can be tremendous!

The following figure shows some of the benefits of fertility charting.



What you can learn from your fertility chart

- **Determine if and when you ovulate**

  Ovulation is the release of a mature egg from the ovary. Ovulation needs to take place for conception to occur. Finding out if you are ovulating is the logical first step when you are trying to conceive. It is probably one of the first things you will want to know if it is taking you longer than expected to conceive. This is not the only information you need, but knowing whether or not you ovulate will help you decide if you should consider seeking medical attention. If you do ovulate, knowing *when* you ovulate will help you better time intercourse and to know if you are timing intercourse well.

- **Determine the start and length of your fertile phase**

  Knowing when your fertile phase begins and how long it is will help you better time intercourse. It will help you determine how frequently and when to have intercourse to maximize your chances of conception. This information can offer you control and, if necessary, help your doctor assist you with your unique situation.

- **Determine the end of your fertile phase**

  While the end of your fertile phase is not as critical to pregnancy achievement as its start, it also provides clues about your cycle and tells you when you can stop having scheduled intercourse. Many couples start the fertile phase with enthusiasm but then stop having baby-making intercourse too soon. When you know when you are no longer fertile, you can take a break without hurting your conception chances or make love without the added pressure that trying to conceive can sometimes bring! Knowing the end of your fertile phase also lets you know when you enter your post-ovulation, or **luteal phase** of your cycle which also offers clues about your fertility.

- **Determine the length of your luteal phase**

  The luteal phase is the time between ovulation and menstruation. When conception occurs, implantation of the fertilized egg happens during this time. In most cases, the luteal phase is fairly constant and does not vary much from cycle to cycle for the same woman. Knowing the length of your luteal phase helps you predict menstruation and know if your period is really “late”. Knowing your luteal phase length will also let you know if it is sufficiently long to allow for implantation to take place and pregnancy to be sustained.

- **Plan and predict your cycles**

  While your cycles may vary slightly (or even a great deal), charting your fertility signs will help you predict when you are likely to be most fertile, when ovulation is likely to occur and when your period is expected. Each cycle charted will give you an increased awareness and better ability to predict what is likely in future cycles. With this awareness, you can improve your intercourse timing and know what to expect throughout your cycle. You will have advanced warning of the beginning of your fertile phase and you will know when to expect ovulation and time intercourse accordingly. After your fertile phase has passed, you will be able to see how well intercourse was timed. When you are aware of your own typical cycle you can also know early if you conceived in a particular cycle.

- **Determine the length of your cycles**

  Knowing your usual cycle length- or the range of your cycle length if it varies- can help you know when you are most likely to be fertile, if you are likely to be pregnant, and when you can test for pregnancy on an early pregnancy test. This information is also useful for your doctor and you can expect that he or she will ask for it at your first appointment if you seek medical help for trying to conceive.

- **Time intercourse or fertility tests and treatments to maximize the chances of conception**

When you know when you are fertile and when you ovulate, intercourse timing can be maximized for conception purposes. Focusing intercourse within your fertile window helps to get you pregnant faster. Knowing your unique cycle pattern can also help you time procedures and diagnostic testing properly if you need them. Your charted cycle data will help your doctor offer you the best possible care by timing tests and treatments to coincide with the most appropriate time in your cycle. Diagnostic tests and treatments are most effective when they are well-timed and you can avoid the guesswork if you are charting your fertility signs.

- **Time when to use ovulation predictor kits (OPKs)**

  Ovulation kits identify the surge in luteinizing hormone (LH) which is the last hormone to peak before ovulation. It is not necessary for everyone to use OPKs, but if you do use them, you probably want to maximize their use since they are expensive and often only allow for five days of tests.

- **Bring clear, clean and accurate data to your doctor**

  Doctors are becoming increasingly supportive of women who chart their fertility signs and many recommend their patients chart. They are also becoming more experienced at interpreting fertility charts. Whether your doctor has suggested that you chart your fertility signs, or if it becomes evident that you need to seek medical attention after you have charted on your own for a few cycles, your doctor will likely appreciate your charting efforts. The more data you have, the better able your doctor will be to evaluate, analyze and make sense of your charts with you. Having several cycles charted can help you and your doctor decide together on the best course of treatment or if treatment is necessary. Having charted cycles available for your doctor in advance can also minimize your waiting. This is especially important if age is a factor.

- **See if you timed intercourse well**

  Many people find the time after ovulation- anticipating their period or a positive pregnancy test result- to be the most stressful part of the cycle. Waiting and hoping for that positive pregnancy test can be agonizing. Once your fertile time has passed and ovulation has been confirmed by your fertility signs, you can examine your chart to see if conception was possible in any particular cycle. You'll know if there's reason to be hopeful. If you do not conceive for several cycles, in spite of well-timed intercourse, you will also know that there may be factors that require medical attention.

- **Know early if conception occurred**

  Your chart offers clues that can tell you that you may have conceived.

- **Know when conception occurred to better estimate your due date**

  Once pregnancy is confirmed, doctors typically estimate your due date based on the date of your Last Menstrual Period (LMP). This estimation assumes a typical cycle length and ovulation date that may not apply to you. If you know when ovulation occurred, then you can more accurately determine your baby's due date.

- **Time when to take an early pregnancy test**

If you know when your period is really "late" then you can decide when you can reliably take a pregnancy test. This can help to avoid the disappointment of seeing negative early pregnancy tests and the anxiety of ambiguous results and early false-negatives caused by testing too early.

- **Gain awareness of your hormonal profile and your body**

  Charting your fertility signs eliminates the mystery that may have surrounded your fertility. It is really no mystery at all when you are aware that each sign is tied to processes that are governed by the hormones that are running through your body. Recognizing these signs and knowing what they mean is eye-opening and enlightening.

- **Experience better reproductive health**

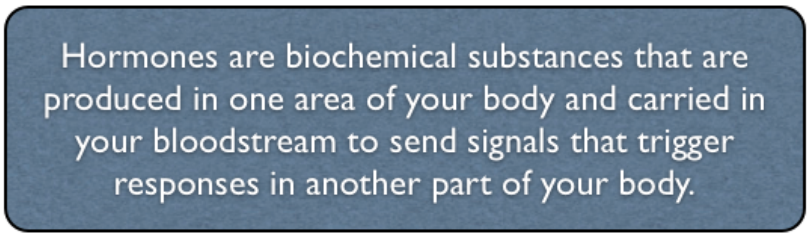
  When you understand and recognize your fertility signs, you are better able to recognize what is “normal” for you and identify potential problems sooner. Additionally, you are better able to communicate with your healthcare providers, seek medical attention when needed, and advocate for yourself when necessary.

- **Take control of your Trying to Conceive (TTC) experience**

  Charting your fertility signs is proactive and can dramatically increase your chances of conception every cycle. Taking control by charting may also convey the message to your healthcare providers that you are serious, motivated, informed, and in charge of your own health.

Your Menstrual Cycle and Your Hormones

Your hormones are driving your fertility signs. Each of your fertility signs is directly related to cyclical hormonal changes and processes. Your hormones are also responsible for triggering the responses needed to prepare your body for conception and a possible pregnancy.



The fundamental hormones that drive your menstrual cycle are:

- Gonadotropin-Releasing Hormone (GnRH)
- Follicle Stimulating Hormone (FSH)
- Estradiol/Estrogen
- Luteneizing Hormone (LH)
- Progesterone

These hormones are produced in the following areas:

- Hypothalamus (in your brain)
- Anterior pituitary gland (also in your brain, located behind and attached to the hypothalamus)
- Ovaries
- Adrenal glands (located on top of your kidneys).

A series of hormonal steps trigger the events of your menstrual cycle.

1. At the beginning of your menstrual cycle, the hypothalamus produces GnRH (gonadotropin-releasing hormone). The GnRH pulses through your bloodstream from the hypothalamus to the pituitary gland in spurts every 60-90 minutes from menstruation until ovulation. The GnRH signals the anterior pituitary gland to secrete FSH (Follicle Stimulating Hormone) and later LH (Luteinizing Hormone). This is what is happening during menstruation and the days before ovulation.

2. Follicle Stimulating Hormone (FSH), as its name suggests, stimulates the development and maturation of follicles in the ovaries. One of these follicles will become dominant and contains the egg that will be released at ovulation. The developing follicles begin to produce estrogen (estradiol).

3. The estrogen released by the developing follicles, and later by the dominant follicle, causes the lining of the uterus, the endometrium, to grow and thicken in preparation of implantation of a fertilized egg.

4. By about the seventh day of your cycle on average (but this can vary widely) the dominant follicle takes over. The egg within the other follicles loses its nourishment and dies along with the follicular cells.

5. The dominant follicle produces a sharp rise in estrogen. (You can recognize this stage of your cycle by closely monitoring your cervical fluid). Estrogen is at its peak one to two days prior to ovulation.

6. This estrogen surge signals the release of LH (Luteinizing Hormone). This is the hormone that is measured by ovulation predictor kits (OPKs). LH travels through the bloodstream to the ovary where it causes the ovary to release enzymes that make a hole in the sac that is the dominant follicle. This causes the dominant follicle to rupture and release the egg into the Fallopian tube where it can be fertilized. This is ovulation. The LH surge is necessary for ovulation to occur. The LH surge (the highest concentration of LH) occurs 12-24 hours prior to ovulation but LH begins to rise about 36 hours before ovulation.

7. Estrogen drops dramatically after ovulation.

8. The dominant follicle, transformed by LH, becomes the corpus luteum after ovulation. This phase of your cycle after ovulation is called the luteal phase since hormone production is governed by the

corpus luteum. The corpus luteum continues to produce a small amount estrogen, but now also produces progesterone. Progesterone is the hormone that dominates this phase of your cycle. Like estrogen, progesterone is needed to develop the endometrium so that a fertilized egg can implant and be nourished should fertilization occur. Your BBT (Basal Body Temperature) rises as a result of progesterone production.

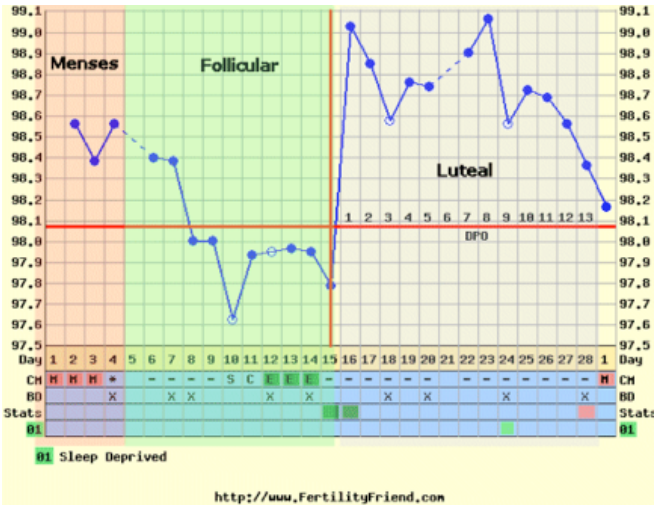
9. If an egg is fertilized and implantation of the fertilized egg occurs, the corpus luteum's life is extended. In conception cycles, the corpus luteum keeps on producing progesterone and some estrogen and the development of the endometrium continues. The pregnancy hormone, HcG begins to be produced when the fertilized egg implants, at around 7-10 days past ovulation. As the pregnancy progresses, hormone production is taken over by the placenta.

10. If there is no pregnancy, the corpus luteum dies, progesterone levels fall and a new cycle begins.

Your Hormones and Your Fertility Chart

The chart below indicates the cycle phases displayed on a fertility chart.

Estrogen dominates the follicular phase before ovulation. Luteinizing Hormone (LH) peaks just before ovulation which is indicated by the vertical red line on the chart. Ovulation is the event that separates the cycle phases. The luteal phase, dominated by progesterone after ovulation, is named for the corpus luteum, the remains of the ovarian follicle that released an egg.



Your Hormones and Your Fertility Signals

Each of the fertility signals that you observe when you chart your fertility corresponds to a hormonal process and the presence of hormones in your bloodstream. Estrogen and progesterone provide the most significant signals.

Your cervical fluid and cervical position provide clues about estrogen. Some commercial devices, such as saliva microscopes and some fertility monitors also measure the presence of estrogen.

Your Basal Body Temperature (BBT) tells you about the presence of progesterone.

Ovulation Prediction Kits (OPKs) and some types of fertility monitors tell you about the presence of LH (Luteinizing Hormone), the last hormone to peak before ovulation.

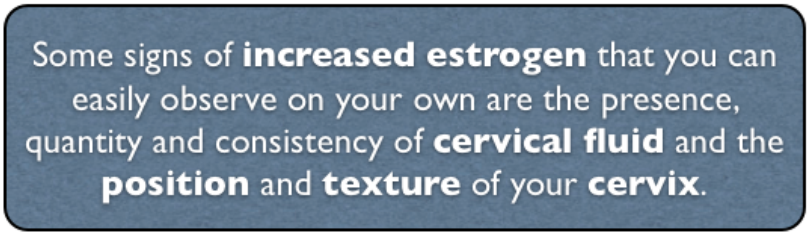
Hormone	Corresponding Fertility Signs
Estrogen	Cervical Fluid, Cervix Position, Saliva Microscope, Fertility Monitor
Progesterone	Basal Body Temperature (BBT)
Luteinizing Hormone (LH)	Ovulation Predictor Kit (OPK) Fertility Monitor

Estrogen and Your Fertility Signs

Estrogen refers to a group of hormones that stimulate growth and strengthen tissues. It is needed to build up the lining of the uterus so that it may nourish and sustain a fertilized egg. When talking about fertility, the kind of estrogen we are referring to is called estradiol. This estrogen is produced by the developing ovarian follicles and later, in increasing amounts, by the dominant follicle before it is released at ovulation.

Estrogen has many roles in reproduction:

- Estrogen signals the release of Luteinizing Hormone (LH) which is needed to trigger ovulation.
- Estrogen is needed to build up the endometrium (the lining of the uterus) so that a fertilized egg can find nourishment and implant.
- Estrogen causes the production of cervical fluid which is necessary for sperm to travel to the fallopian tube where the egg may be fertilized.
- Estrogen causes the cervix to soften and open so that the sperm may enter and reach the fallopian tube for fertilization



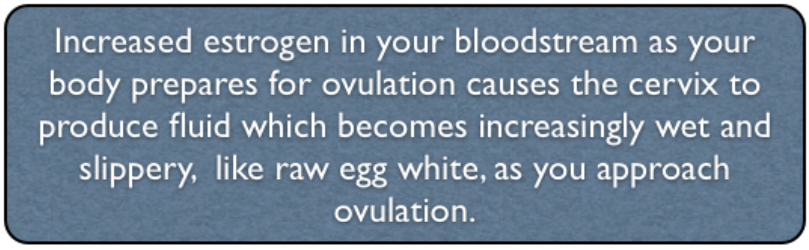
These signs offer some of the best indicators of your fertility status because estrogen is highest when you are most fertile. How to observe and record your estrogen signs so that you can best assess your fertility and time intercourse are discussed in greater detail later.

Estrogen and Cervical Fluid

Cervical fluid (CF) is also sometimes called cervical mucus (CM). It refers to the fluid produced by the crypts of the cervix during the menstrual cycle. Changing throughout the menstrual cycle in response to ovarian hormones, cervical fluid is observable at the cervix or as it passes into the vagina.

The easiest way to know about the presence and quantity of estrogen in your bloodstream, and hence gain clues about your fertility status, is to examine your cervical fluid. Your cervical fluid varies throughout your cycle. Observing these changes offers a primary sign that can tell you a great deal about what is going on with your fertility.

Most of the time, the vagina is quite acidic and is even hostile to sperm. Around the time of ovulation, however, it becomes more alkaline and provides nourishment for sperm and allows them to move. At this time, cervical fluid resembles raw egg white, and allows the sperm to thrive for the few days around ovulation when a woman is most fertile. When this kind of cervical fluid is present, sperm can be nourished and transported within your reproductive tract while they can wait for the egg to be released.



Amazing Cervical Fluid!

The main function of fertile cervical fluid in reproduction is similar to that of semen: as **a medium for sperm nourishment and migration**. Sperm survival and migration after intercourse is important because conception is rarely timed to exactly coincide with ovulation.

Successful fertilization depends on the storage and constant release of sperm to the female upper reproductive tract at around ovulation time. Increased cervical fluid may also cause an increase in libido (sex drive) and produces lubrication to make intercourse more comfortable and pleasurable at this time.

Cervical fluid supports sperm survival in the following ways:

- They are admitted into the reproductive tract from the vaginal environment.
- They are filtered, leaving only morphologically normal sperm to proceed.
- They are nurtured and supported biochemically.
- They are stored for later release so that there can be a constant supply to ensure that sperm release can be coordinated with ovulation so that conception can occur.

“Typical” Cervical Fluid Pattern

While your cervical fluid pattern may vary from cycle to cycle and it may vary from woman to woman, a “typical” cervical fluid pattern looks like this:

1. Immediately following menstruation there is usually a feeling of **dryness** and there is little or no cervical fluid.
2. After a few days of dryness, there is often a cervical fluid that is best described as "**sticky**" or "**pasty**" but not wet. While this kind of cervical fluid is not conducive to sperm survival these days may be considered as "possibly fertile" if found before ovulation.
3. Following these "sticky" days, most women generally notice a cervical fluid that is best described as "**creamy**". This fluid may be white, yellow or beige in color and has the look and feel of lotion or cream. At this point the vagina may feel wet and this indicates possible increased fertility.
4. The most fertile cervical fluid now follows. This most fertile fluid looks like **raw egg white**. It is slippery and may be stretched several inches between your fingers. It is usually clear and may be very **watery**. The vagina feels wet and lubricated. These days are considered **most fertile**. This is the fluid that is the most friendly and receptive to sperm. It looks a lot like semen and, like semen, can act as a transport for sperm.
5. After ovulation, fertile fluid dries up very quickly and the vagina remains more or less **dry** until the next cycle. Some women may notice small amounts of fertile-looking fluid after ovulation as the corpus luteum produces small amounts of estrogen, but you are not at all fertile after ovulation has been confirmed.

Your cervical fluid offers one of the best ways to gauge your current fertility status.

The table below indicates the relationship between your fertility status and your cervical fluid observations.

Cervical Fluid Type	Fertility Status
Dry	Probably not fertile
Sticky	Probably not fertile
Creamy	Possibly fertile
Watery	Fertile
Egg White	Most Fertile

Note: You may be fertile for up to a few days after observing fertile cervical fluid before ovulation is confirmed. These days should be considered fertile even if watery or egg white cervical fluid is no longer observed. If you are charting with FertilityFriend.com, the “Fertility Analyzer” will continue to note increased fertility on these days.

Estrogen and Cervical Position and Texture

Just as increased estrogen causes the production of fertile cervical fluid that aids conception by promoting sperm nourishment and migration, estrogen also causes observable changes in the cervix that also facilitate conception.

Under the influence of increased estrogen, **the cervix opens, softens, and heightens before ovulation** to allow the passage of sperm from the cervix into the uterus. After ovulation, the cervix closes, returns to a lower position, and the cervical tissues again become firmer.

Your cervical position is an optional, secondary fertility sign. It provides the same kind of information as cervical fluid (estrogen presence) so it is not strictly essential if your cervical fluid signals are clear. Some women like to check the cervix position for cross-checking or when cervical fluid observations are unclear. Whether you choose to check your cervix position or not, read on to understand how the cervix

changes during the menstrual cycle.

Early in your cycle, during and just after menstruation and prior to peak fertility when your estrogen level is low, your cervix is low, hard, firm and closed and easy to feel with your fingers. Your cervix lifts and straightens and becomes **softer, higher and more open** as your fertility (and the presence of estrogen) increases.

Though this fertility sign is considered optional, checking your cervical position can provide useful information about your state of fertility. The changes in the cervix can be used to double-check observations made through checking BBT and cervical fluid.

The following table indicates the relationship between your cervix observations and your fertility status.

Cervix Position/Texture/Openness	Fertility Status
Low, Firm, Closed	Probably not fertile
Medium, Somewhat Soft, Partially Open	Possibly fertile
Hight, Soft, Open	Fertile

Estrogen and Devices

Several devices have been developed to monitor your fertility throughout your cycle. Many of these devices, such as saliva microscopes and some fertility monitors also measure the presence of estrogen in your body. Saliva microscopes show increased "ferning" patterns as estrogen increases.

Devices that measure hormones in your urine tell you that your fertility is high when increased levels of estrogen are detected.

These devices have been developed to indicate your proximity to ovulation. They do this by measuring the quantity and presence of estrogen (and in some cases other hormones as well) in your saliva, urine or even sweat. They are not essential if you are able to observe your cervical fluid pattern but they can complement your own observations. The fertility signals offered by such devices offer secondary fertility signals and can be useful to cross-check and confirm the signals from your primary fertility signs.

Observations and devices that show increased estrogen are not able to confirm or pinpoint ovulation. Rather, they tell you that **ovulation is approaching** and that you may be in a fertile phase. These signs are very helpful for timing intercourse. To definitively know that you have ovulated, you need to also track your basal temperature (BBT), the sign that indicates increased progesterone.

Progesterone and Your Fertility Signs

While estrogen dominates the pre-ovulatory, follicular phase of your cycle, **progesterone dominates the post-ovulatory, luteal phase of your cycle.**

Before ovulation, progesterone is present only in very small amounts. After ovulation, progesterone, produced by the corpus luteum, (the remains of the follicle that released the egg) is present in dramatically higher amounts. Progesterone plays the following roles:

- Progesterone makes the lining of your uterus soft and spongy so that a fertilized egg can latch onto it and implant.
- Progesterone is needed to support and sustain pregnancy.
- Progesterone causes your Basal Body Temperature (BBT) to rise after ovulation.
- Progesterone causes your BBT to stay elevated throughout pregnancy.

Basal Body Temperature (BBT) and Progesterone

Your basal body temperature (BBT) is your body temperature at rest as it is measured in the morning after at least three hours of sleep, before you get up, with a special BBT thermometer that you can buy at your drugstore. (When you buy it, make sure it is labelled specifically as a BBT, Basal, or Fertility thermometer).

Before ovulation, during your follicular phase, basal temperatures are relatively low. **After ovulation your basal body temperature rises** sufficiently that you can see the difference between your pre-ovulation and post-ovulation temperatures when they are plotted on a graph.

A fertility chart that shows ovulation detected by BBT will have a **biphasic pattern**. That means that it will show lower temperatures before ovulation, a rise (thermal shift), and then sustained higher temperatures after ovulation.

Ovulation usually occurs on the last day of lower temperatures.

It is important to time intercourse during the days BEFORE you note the thermal shift. By the time you notice a thermal shift, ovulation has already happened and it is probably too late to conceive that cycle.

Your BBT is your fertility sign that corresponds to the heat-inducing hormone progesterone. This is the only sign that that you can observe on your own that can confirm that ovulation actually happened. All the other signs only tell you that ovulation might be approaching. Your temperature sign is also the sign that will best help you to pinpoint the day that ovulation occurred since progesterone, and hence your temperature, increase quite dramatically just after ovulation has taken place.

Before ovulation, there is only a small amount of progesterone present in your body and your basal body temperatures (your resting temperatures) are in the lower range. After ovulation, when there is increased progesterone secreted from the corpus luteum, temperatures rise. The temperature elevation that occurs after ovulation is sufficient to be measured with a BBT thermometer and viewed on a BBT graph when a few simple conditions are met.

The rise in temperature is usually about 0.4 degrees Fahrenheit or 0.2 degrees Celsius, but the rise may be as slight as 0.2 degrees Fahrenheit or 0.1 degrees Celsius or even less in some cases. The actual temperatures are less important than noting a biphasic pattern showing two levels of temperatures.

If there is no pregnancy, your temperature will stay elevated for 10-16 days, until the corpus luteum regresses. At this time, progesterone levels drop dramatically and you get your period. Your temperature normally drops at this time as well, though it is not unusual to have erratic or high temperatures during your period.

While measuring your BBT can help to pinpoint or confirm ovulation, it is important to observe this sign in conjunction with other signs as well, particularly your cervical fluid. Observing multiple signs allows for cross-checking in the case that one sign is ambiguous or affected by other factors.

Your BBT sign is most useful for confirming and pinpointing ovulation, while your cervical fluid sign is most useful for alerting you to high fertility just prior to ovulation.

Luteinizing Hormone (LH) and Your Fertility Signs

Ovulation Prediction Kits (OPK)

Luteinizing hormone (LH) is the last hormone to peak before ovulation and is the hormone responsible for triggering the rupture of the ovarian sac that releases the egg at ovulation. This hormone can be measured by ovulation prediction kits (OPKs) that use chemicals to identify its presence in your urine.

The presence of increased amounts of LH in your urine, as detected by OPKs, usually means that you will ovulate within 12-24 hours but this can vary slightly depending on your own hormonal profile. LH is not released all at once, but rather it rises and falls for about 24-48 hours. The LH rise usually begins in the early morning while you are sleeping and it takes 4-6 hours for it to appear in your urine after that. For this reason, first morning urine may not give the best result. Testing mid-day is usually recommended. It is important to follow the instructions of your OPK for maximum results.

Many women like ovulation prediction kits, even though they are not able to confirm or pinpoint ovulation precisely because they can tell you that ovulation is imminent. It is important, however, not to rely exclusively on OPKs for timing intercourse and identifying your most fertile time. This is because you may already be fertile before your OPK turns positive. You may like to use them to cross-check your other fertility signs and to offer additional clues about impending ovulation. They may be especially useful if you have ambiguous charts, irregular cycles or multiple patches of fertile cervical fluid before ovulation.

You now know the role the hormones play in governing the events of your fertility cycle. When you observe your fertility signs, you will have a greater awareness of what they tell you about your fertility status. Read on to learn how to get started and how to best observe and record your fertility signs.

Getting Started: Frequently Asked Questions

When should I start a chart?

Your chart starts on the first day of your period. This is the first day that you have red flow (not spotting). This is cycle day one (CD 1). When you enter "menses" on the data entry page, a new chart will be started for you.

If you start charting mid-cycle, make sure your chart still reflects cycle day one as the first day of your period so that your cycle statistics will not be skewed. In this case, you can go back and enter "menses" on the date your period started and cycle day one will be that day. If your period arrives in the night or late in the evening, you can record it for the following day.

What signs do I need to check?

To make the most of your chart you need to observe the following:

- your cervical fluid observations
- your waking temperature
- the time you took your temperature
- when you have intercourse
- when you have menstrual bleeding

Your cervical fluid and your basal body temperature are considered your primary fertility signs. These are the signs that are really needed to get a reliable interpretation. Secondary signs, such as cervix position and texture, results from kits and devices and your own observations can help offer added insight into the interpretation.

How do I record intercourse that takes place in the night?

There are a few options for recording intercourse data. You can use any one of them, as long as you are consistent.

- You can go by a 24 hour clock and record any intercourse that occurs before midnight for the previous day and any later intercourse for the following day.
- You can record any intercourse that occurs once you are in bed for the night for the following day. This method is the most natural since you don't have to go back to the previous day's data when entering information in the morning. It is often more accurate as well since the intercourse data is

more relevant to the following morning's temperature than the previous one.

- You can use the AM/PM options on the data entry page to indicate when intercourse took place.

I don't understand how to read my chart? How can I tell when I ovulated? When should I have intercourse?

When you are charting online with FertilityFriend.com, the “Fertility Analyzer” will help you determine your fertile days and ovulation will be detected automatically based on the data you input. In most cases, you are most fertile and should have intercourse when the Fertility Analyzer displays a green light. It will display a green light if you have entered a fertile sign for that day or during the previous few days. Once ovulation has been detected by a clear and sustained thermal shift, crosshairs will be drawn on your chart.

Of course you also want to know how to recognize signs of increased fertility on your own. Very simply, your fertile signs (stretchy cervical fluid, a high, soft, open cervix, a positive OPK, etc.) will usually appear on the days before and/or the day of ovulation. These are your most fertile days and the days when you should have intercourse.

You will know that ovulation has occurred, indicating that you are no longer fertile, once you see a sustained temperature shift. Even if you are no longer seeing fertile signs, you need to keep having intercourse until ovulation is confirmed by a *sustained* thermal shift. You can be reasonably sure that you have ovulated once you have three high temperatures following fertile signs. Ovulation occurs on the last day of lower temperatures.

Ovulation is indicated by the red crosshairs on your chart. On the chart above you can see ovulation occurred on cycle day 16. The ovulation day is indicated by the red vertical line. The horizontal red line is called a “coverline” and is used as a visual tool to help you see your ovulation pattern.

Here's a brief overview of the hormonal process and its relationship to your fertility signs:

(Your own hormonal profile may vary somewhat)

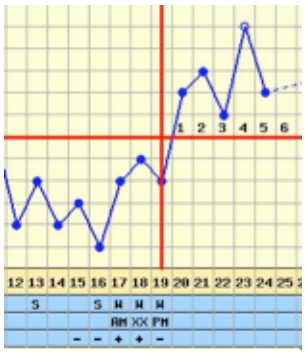
Your cervical fluid gets increasingly wet and slippery as you get closer to ovulation. When it is most slippery and wet, that is when you are most fertile. This increase in cervical fluid production is caused by the hormone estrogen, which is released by the ovarian follicle as it is maturing and getting ready to release an egg at ovulation. You should have intercourse when you have this kind of fluid because it

indicates that ovulation is approaching and it nourishes and transports sperm while they are waiting for the egg to be released. Ideally, you want to have sperm waiting in your reproductive system when the egg is released.

Cervical fluid can dry up a day or two before, or the day of ovulation or even the day after ovulation, so you can't use it as a sign to pinpoint ovulation, though it is a great indicator of fertility. Likewise, OPKs, (ovulation predictor kits) if you use them, can help you determine the best time to have intercourse since they are usually positive 12 to 48 hours before you ovulate.

You will only know that you have ovulated when you see that your temperature has risen. Once you have a clear and sustained thermal shift you can be reasonably sure that you ovulated on the day before the shift. You can know this because after ovulation, the corpus luteum (what's left of the ovarian follicle that released the egg at ovulation time) begins to produce progesterone, a heat-inducing hormone that causes your body temperature to rise slightly.

To illustrate further, below you can see ovulation detected on cycle day 19 following a patch of watery (fertile) cervical fluid and two positive OPKs. The high temperatures following the positive OPKs and the fertile cervical fluid confirm ovulation for this day.



What is the most important fertility sign?

There is no single most important fertility sign. Your fertility signs each tell you something different about what is happening in your body. Each one relates to a different hormone.
Estrogen: Signs that show you that *estrogen* is increasing are important for helping you time intercourse during your fertile time, as you are usually most fertile in the days before ovulation when the ovarian follicle is maturing. The ovarian follicle produces estrogen as it is maturing. Signs that show you that estrogen is increasing are:

- cervical fluid (wet, slippery, like raw egg white)
- cervix position (high, soft, open)
- ferning on saliva microscopes
- a high reading on a fertility monitor

Luteinizing Hormone (LH): A positive OPK tells you that LH (luteinizing hormone) is surging and that you will probably ovulate within 12 to 48 hours. The OPK is also good for helping you time intercourse. Neither the OPK nor the signs related to estrogen will help you to pinpoint ovulation, nor can they tell you definitively that you have ovulated. They are important for helping you time intercourse and for correlating

with your temperature to give you the best overall analysis.

Progesterone: Your BBT relates to the hormone *progesterone*. Progesterone, released by the corpus luteum after ovulation, causes your body temperature to rise, and is only present *after* ovulation. When you see a temperature shift, you know that you ovulated the day *before* the shift. Your BBT is thus not useful for timing intercourse, since it is usually too late once you see a thermal shift. It is good for confirming and pinpointing your ovulation date. All your other signs can occur with or without actually ovulated, but your chart will only show a biphasic temperature pattern when you ovulate.

You cannot really just pick just one sign to figure out your fertility status. Each sign shows one aspect of your fertility pattern. We recommend to track at least your BBT and your cervical fluid to get a sufficiently accurate picture of your fertility pattern.

How to Observe and Record Your Fertility Signs

Your primary fertility signs are your cervical fluid and your basal body temperature (BBT). These are the ones that are essential to check when you are charting your fertility. Other fertility signs that can also shed light on your fertility status and your fertility pattern are cervical position, ovulation predictor kits (OPKs), ferning devices and fertility monitors. These are considered secondary fertility signs and are useful for cross-checking your primary fertility signs, though they are not usually essential. Other personal observations of your own body that you may come to notice over a few cycles can also offer added insight.

Cervical Fluid

Fertile cervical fluid is produced by your cervix as you approach ovulation due to increased estrogen. The role of fertile cervical fluid is to provide lubrication during intercourse and to accept, filter, nourish, prepare, release and transport sperm to fertilize your egg at ovulation. It flows from the cervix into the vagina where it can easily be observed. Your cervical fluid changes throughout your cycle, increasing in quantity and becoming more 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.

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

How to check for cervical fluid externally

The best way to check your cervical fluid is to make observations when you go to the bathroom. After you wipe, you can wipe outside your vagina a second time and note what, if anything, you find on the bathroom tissue. This will soon become second nature and you will find yourself noticing your cervical fluid every time you go to the bathroom. Alternatively, you can also use your clean fingers to check anytime. 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 skew your observations.

Things to notice 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?

You may find that the best time to check your cervical fluid is after a bowel movement or exercise. If you are having trouble finding cervical fluid, or if it seems scant, you may consider checking it internally but if you are easily able to check your cervical fluid externally, it is best to do it that way consistently and not check internally at all. Consistency is key.

Checking your cervical fluid internally

When checking 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 above for external fluid observation.

How to record your cervical fluid

No matter how you observe your cervical fluid (with your hands, toilet tissue, or in your underwear, or internally if necessary) the way to record it is the same. Always record your most fertile type of cervical fluid, even if you noticed more than one type of cervical fluid in a given day or even if it is scant. This is so you will not miss a potentially fertile day and so that you have a consistent way of keeping track of your cervical fluid from cycle to cycle.

Below are the types of cervical fluid to record on your chart. Not everyone experiences every type of cervical fluid. Just record the types you do get. You may also have some cervical fluid that does not seem to "fit" perfectly into any category. In this case, record it in the *most fertile* category that best seems to fit. For example, if you notice in a day that you have cervical fluid that seems to fit somewhere in between creamy and egg white, record it as egg white. You can also use the “notes” section of your chart to describe the cervical fluid you experience.

- **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 if the outside of your vagina feels dry. You can expect to see dry days both before ovulation after your period and after ovulation. Record "dry" if you are not able

to gather or see any cervical fluid, even if your vagina feels slightly moist inside.

- **Sticky**: Record your cervical fluid as "sticky" if it is glue-like, 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 or beige. You may or may not see some sticky cervical fluid before and after ovulation.

- **Creamy**: Record your cervical fluid as "creamy" if it is like hand lotion, is white or yellow or cloudy/clear, like milk, cream or mayonnaise or like a flour/water solution. It may stretch slightly but not very much.

- **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 may be the most fertile type of cervical fluid that you see. You may see this cervical fluid type before you get egg white cervical fluid or you may not get this type of fluid at all.

- **Egg White**: This is your most fertile cervical fluid. Record "egg white" if your cervical fluid looks at all like real egg white, is stretchy and clear, or clear tinged with white or yellow, or even clear tinged with pink. It also resembles semen (and has a lot of the same physical properties that allow the sperm to travel and be nourished). You should be able to stretch this type of cervical fluid 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 pantyliner or that you only see when you wipe. If it does not require a pad or tampon and is not bright red, 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 full red flow.

- **Menses**: When you record "menses" you can choose light, normal and heavy. A new chart and a new cycle start on your first day of menses. This is the first day that you have red blood flow that requires a pad or tampon. This is cycle day one. When charting online, FertilityFriend.com will automatically start a new chart for you when you enter menses.

Factors that can influence your cervical fluid pattern

Certain factors may influence the quality and quantity of cervical fluid that you produce and could thus impact the interpretation of your chart. Some factors may be a result of hormonal factors, while others may be related to lifestyle or medications. If any of these applies to your case, make sure to record it in the notes section on your chart so that you can recognize why a particular observation may seem unusual or different.

In most cases the effects are not great enough to seriously hamper your charting efforts or skew the analysis enough to dramatically alter your results. Nonetheless, the following factors may impact cervical fluid patterns and should be noted when possible:

- medications such as antihistamines and diuretics

- fertility medications, such as clomid (ask your doctor)

- tranquilizers

- antibiotics

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

If you notice anything that concerns you about your cervical fluid (like if it has an unpleasant odor or is causing you discomfort or itchiness or if you are bleeding or spotting when you do not expect to), call your doctor.

Frequently Asked Questions about Cervical Fluid

What does “Egg White” Cervical Fluid look like?

Your own most fertile cervical fluid is the most stretchy and thin fluid that occurs around ovulation time. It usually looks like raw egg white and can be stretched between your fingers.

How can I tell the difference between fertile cervical fluid and semen?

If you find that you have more watery or egg white days than you would expect and that these often follow days or nights that you had intercourse, then you may be mistaking seminal and cervical fluid. They have similar properties because they share the same function: transporting and nourishing sperm. You will find, however, that fertile cervical fluid (egg white) is more clear, more stretchy and shinier. It will stretch a

couple of inches without breaking. Semen may be more whitish and is more likely to break when pulled.

If you are in doubt and it is near your fertile time, always record egg white cervical fluid, even if it may be obscured by seminal fluid. This way, you will not miss a potentially fertile time. When charting for conception, there is no need to emit semen after intercourse or the following day by doing kegel exercises. (This is sometimes recommended for people who are charting to avoid pregnancy so that cervical fluid is not obscured).

Why do I have egg white cervical fluid after I have already ovulated?

Some cervical fluid after ovulation is possible because the corpus luteum, though its main function is to produce progesterone, produces estrogen in small amounts. This may cause you to see some fertile-looking cervical fluid, even after ovulation.

If your temperatures and other signs show clearly that you have already ovulated, then you can be confident that you are no longer fertile. It is also not uncommon to confuse semen and egg white or watery cervical fluid. Some women also notice some fertile-looking cervical fluid just before menstruation as the corpus luteum disintegrates.

If your chart does *not* show clearly that you have already ovulated (with a clear and sustained thermal shift and well-correlated signs) do not stop having intercourse. Keep on considering the possibility that you are still fertile as long as you see fertile cervical fluid to make sure you don't miss a chance to conceive. You can re-evaluate your chart interpretation later in the cycle if needed.

How can I use cervical fluid observations to time intercourse?

Your chances of conception are best when you have intercourse just *before* ovulation and/or the day of ovulation. Your cervical fluid is thus one of your best signs to indicate when to start having baby making intercourse since it offers a sign that ovulation is *approaching.* From the time you see fertile (stretchy, watery, egg white) cervical fluid until you see a clear and sustained thermal shift you should consider that you are at your most fertile.

You should begin to have frequent intercourse (*at least* every other day if there are no known sperm issues) from the time you first see fertile cervical fluid. If you do not observe fertile cervical fluid for several days in the pre-ovulation phase, start having intercourse even before you see it. Ideally, you want to have healthy sperm waiting in fertile cervical fluid when your egg is released at ovulation time.

Why do I have several patches of fertile cervical fluid?

Several patches of egg white fluid with no clear thermal shift may mean that you are having an anovulatory cycle or a cycle with delayed ovulation. You can have "fertile-like" cervical fluid and still not ovulate. If you have several cycles that show this pattern without an associated thermal shift, you should ask your doctor to help determine whether or not you are ovulating.

If you have several patches of egg white cervical fluid and a temperature rise, then your ovulation was probably delayed. As long as ovulation is not already clearly indicated, you should still have intercourse at least every other day when you see egg white cervical fluid to make sure not to miss an opportunity.

What do I do if I don't see any fertile cervical fluid? What can I do to increase my cervical fluid?

If you are having trouble finding cervical fluid, doing kegel exercises (tensing and relaxing the muscles that control the flow of urine) may help to push cervical fluid to the vaginal opening to make observation easier. (Avoid doing kegels within the first half hour or so after intercourse though as this could expel the sperm away from your reproductive tract). 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.

If you still do not see fertile cervical fluid externally, you might want to try checking internally. To do this, use clean fingers with clipped nails and try to "scoop" it close to your cervix. Though you may not have noticed your cervical fluid while checking externally, you may actually find that you have some up at your cervix where it really counts. If you still do not see any fertile cervical fluid, make sure you are not dehydrated. Drink plenty of water and unless medically needed, (check with your doctor), avoid products such as antihistamines that can dry up secretions.

When cervical fluid is scant or absent, it is more important to try to time intercourse for as close to ovulation as possible since sperm will not be able to survive as long while waiting for the egg to be released.

If you consistently notice that cervical fluid is scant or absent and you have been trying to conceive for a few cycles or more, then this is something to mention to your doctor. Your charts may help your doctor identify where the issue lies (if there is one) so bring them along. It is best to consult your doctor before trying any kind of remedy to try to increase your cervical fluid.

How long can sperm survive in fertile cervical fluid?

The longest that sperm can survive in fertile (egg white) cervical fluid is five days. All pregnancies can be attributed to intercourse that takes place within the five days before ovulation and the day of ovulation.

Sperm, however, do not *typically* survive for five days, even in fertile cervical fluid. A life span of 2-3 days is much more typical for sperm, possibly less if there is no fertile cervical fluid.

To maximize your chances of conception, keep having intercourse until ovulation is confirmed by a clear and sustained thermal shift as intercourse closer to ovulation is much more likely to get you pregnant.

Should I use a lubricant or any other product to increase my cervical fluid?

A lubricant is meant to replace *arousal* fluid, not cervical fluid. Lubricants should only be used while trying to conceive if you cannot have sex comfortably without one. No lubricants, even ones that claim to be sperm-friendly or sperm-neutral, are meant to be a replacement for cervical fluid and most are unfriendly to sperm.

Saliva is also unfriendly to sperm and should not be used as a lubricant while trying to conceive.

If you must use a lubricant to have intercourse, check with your doctor or pharmacist to find the one that is

right for you that will be most friendly to sperm. Keep in mind though that no lubricant enhances your chances of conception. A lubricant can only help you conceive if you would not or could not have intercourse without it.

Additionally, when using a lubricant, you may find that identifying your cervical fluid type is more challenging as the lubricant may mask your cervical fluid. If you are in doubt about your cervical fluid type and it is a potentially fertile time, record “egg white” or “watery” so that it is recognized as a potentially fertile day. It is also recommended to record your use of the lubricant in the notes section of your chart so that you will be able to identify a potential cause for any unusual observations.

When I check my cervical fluid before having sex it usually feels slippery. Should I record “egg white”?

Arousal fluid feels a lot like fertile cervical fluid but is secreted by your vagina, while cervical fluid is produced by your cervix. Both feel wet and slippery and both help to make intercourse more pleasurable and comfortable. Arousal fluid, unlike fertile cervical fluid, may be felt at any time during your cycle when you feel sexually stimulated. It may also be felt for up to several hours after any kind of sexually arousing activity. If you are checking your cervical fluid before having intercourse when you are already aroused, it will usually feel slippery and it may be hard to tell the difference between the two kinds of fluids. Though the fluids feel similar, arousal fluid usually feels slightly more watery and will not usually stretch much. To avoid confusion, check your cervical fluid when you are not feeling particularly aroused.

Basal Body Temperature (BBT)

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 observable when you measure your BBT with a special BBT thermometer just upon waking in the morning. This temperature rise lets you pinpoint your ovulation day.

Your BBT, your body temperature at rest, is a critical fertility sign because it is the only sign that will tell you definitively that you ovulated. It also is the only sign that will let you pinpoint (to as close a degree as possible) *when* ovulation occurred. All your other signs tell you only that ovulation is approaching.

Charting your BBT will also tell you how long your luteal phase is so you will know when to test for pregnancy, when you may be pregnant and also if it is sufficiently long to allow for a pregnancy to occur. It is best to use your cervical fluid and other signs in conjunction with charting your BBT to get the most out of charting and to get the most accurate interpretation. The cervical fluid data along with your BBT data can offer you amazing insight into your fertility pattern.

How to take and record your BBT

It is important to use a special Basal Body Temperature thermometer rather than a fever thermometer. We recommend using a digital BBT thermometer. A digital BBT thermometer will give a quick reading, will beep when it is finished recording the temperature, and is easy to read. This can make a difference when you are bleary-eyed first thing in the morning. It is best to enter your temperature immediately or record it on your bedside notepad or use FertilityFriend.com's mobile Apps on your smartphone as soon as possible.

Try to establish a routine where you enter your data at the same time every day just to form the habit so you will not forget. Missing data, especially temperature data can skew the interpretation of your chart.

Some important guidelines to follow when taking your BBT

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

Please note that these are ideal guidelines. The realities of your life may make meeting these ideals difficult or impossible at times. Ovulation can usually be detected even under less than ideal conditions. The closer you can get to the ideal, the more accurate and reliable your ovulation detection, analysis and interpretation will be.

- Take your temperature before rising in the morning as any activity can raise your BBT.
- Take your temperature at the same time every morning.
- Take your temperature after at least 3 consecutive hours of sleep.
- Keep your thermometer accessible from your bed so you do not have to get up to get it.
- Use the same thermometer throughout your cycle if possible. If it breaks or the battery dies and you use a new one, make a note of it on your chart.
- Keep a spare thermometer in case one breaks.
- Temperatures can be taken orally or vaginally but must be taken in the same place throughout the cycle since the temperatures of the different parts may vary. Most women prefer to take their temperatures orally and this is usually fine, though some women find that they get a clearer reading by temping vaginally.
- Record your temperature soon after you take it (or ask your partner to) since most thermometers only store a reading until the next use. If you have to do something else or want to stay in bed, you can record it later, but we recommend recording it right away when possible to avoid forgetting. You can use a bedside notepad, or your mobile device in case you are not able to enter your temperature on your online chart right away.
- If you must use a heating pad or electric blanket, keep it at the same setting throughout your cycle. Make a note of its use.
- Take your temperature before doing anything else including eating, drinking or going to the bathroom. If circumstances arise that prevent you from taking your temperature right away, take it as soon as you are able and make a note of the circumstances.
- If you have special circumstances on a temporary or an ongoing basis and you are unable to follow all of the above guidelines, keep temping anyway following the guidelines as closely as possible. Make a note of your special circumstances in the notes section of your chart. There is still a good chance that you will be able to chart and see your fertility pattern.
- Enter your temperature and always record the time you took it on your data entry page or your mobile App on your Smartphone. The time you take your temperature is also important for the

analysis.

Factors that can influence your BBT

As with your cervical fluid, there are certain factors that can influence your basal body temperature. These should be noted on your chart. Again, as with the factors that influence cervical fluid, these factors will usually not make charting and chart analysis impossible, especially if they occur only rarely, though it may be more challenging. In most cases, even when these factors apply on an ongoing basis, they will not skew your data so much that reading the chart is impossible.

The following factors may influence your BBT:

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

We recommend entering your temperature data as early as you can in the morning before you get caught up in the routine of your day. It is much easier to remember when you make it a habit. It is also important because your thermometer will likely only store your reading for one day. If you are unable to record your

observations online right away, make a note on paper using FertilityFriend.com's printable bedside notepad or use FertilityFriend.com's mobile App on your Smartphone.

Frequently Asked Questions about BBT

How do I take my temperature when charting?

There are a few basic guidelines to follow when taking your temperature to make sure you get the best interpretation on your chart.

- Take your temperature just as you wake up in the morning, before doing anything else.
- Take your temperature at the same time every morning, or as close to the same time as possible. Note the time.
- Take your temperature after a solid block of sleep.
- Take your temperature using a special BBT thermometer.
- Enter your data on your chart as soon after taking your temperature as possible.

Should I discard a temperature that was taken under unusual circumstances?

In most cases, you should not discard temperatures, even if they were taken under less than ideal circumstances and do not look pleasing on your chart. Ovulation can usually be detected and you can usually get an accurate interpretation even with a few "odd" temperatures. Rather than discarding them, it is best to include them and make a note of the circumstances. Only consider discarding an inaccurate temperature point when you can clearly see that it is preventing you from getting a reasonable chart analysis. Though it may be tempting on occasion, never discard temperatures to "shape" your chart to make it look more pleasing to you.

When I wake up at a different time, should I adjust my temperature?

Though it is recommended to take your temperature at the same time every day, it is simply a fact of life that there will be occasions when this is not possible. On days when you take your temperature earlier or later than usual you may notice that the temperatures do not seem to quite “fit” and this can make your chart more difficult to interpret.

In general, temperatures are slightly higher when you wake up later but there is great variability. You may even notice the opposite effect. Though some simple formulae have been proposed to account for changes in wake-up times, we recommend against adjusting your temperature. The resulting temperatures after adjusting for time are generally not more accurate. This is because your own reaction to changes in wake-up time is based on your own unique metabolism. Temperature adjusting can also lead to the temptation to adjust your chart to make it look more pleasing and this is definitely not recommended.

Our advice is to use an alarm clock if necessary to try to keep the time as constant as possible. And if you have an occasional waking time difference, just record the time but leave the data as measured and make a note if there are unusual circumstances. In most cases you should still be able to see your ovulation pattern despite a few inaccurate or questionable data points.

I took my temperature when I first woke up in the night and then again at my usual wake-up time. Which temperature should I use?

In general, you should use the temperature from your regular wake-up time. If you get up in the night for any reason and you know that you will go back to sleep and wake again at your usual wake-up time, resist the urge to take your temperature. A brief night waking should not have a huge impact on your chart. In addition, taking your temperature more than once usually just leads to confusion and will often make you lose more sleep.

If you are not sure that you will be able to go back to sleep, you can go ahead and take your temperature, but only use it on your chart if you are not able to go back to sleep. Always enter any special circumstances in the notes section of your chart so that you will remember what conditions might be affecting a temperature reading.

With charting experience, you may learn over several cycles that you are more likely to get an accurate reading after your longest resting time, rather than by taking your temperature at the same time. If you know this is the case for you, then you can use the temperature that was taken after the longest sleep period. Over time (if necessary) you will learn the way your own temperature reacts to changes in waking and sleeping times.

Is it more important to take my temperature at the same time every day or after at least three hours of sleep?

Ideally, you will be able to take your temperature at both the same time *and* after at least three hours of sleep, but sometimes this is not possible. Do your best to meet the ideal as closely as possible. Whether or not you will have a more accurate temperature after sleeping the longest or at your usual wake-up time varies depending on your own unique metabolism. You will only really know after you have charted for several cycles and have experimented a little bit.

How can I take my temperature when I have to get up in the middle of the night almost every night?

If you have to get up in the night and it is unavoidable, (taking care of a small child, going to the bathroom, etc.), just do the best you can. While some women notice rocky temperatures when they get up during the night, many women notice little impact. Take your temperature as close as you can to the same time each morning and choose a time that is likely to be when you have had the most sleep. For example, if your toddler wakes up every morning at 6 am, then take your temperature at that time, even if you go back to sleep. Try to avoid taking your temperature in the middle of the night, even if you seem to always get up in the night at the same timet. Temperatures taken in the morning show a clearer biphasic curve and the time is more predictable.

I never get three consecutive hours of sleep. Can I still chart my temperature?

Yes. Just do your best to get as close as you can to the ideal. It is usually still possible to make sense of your chart, even with some inaccurate temperature points. If there are too many disturbed temperatures, the analysis may be difficult and less precise.

How can I chart my BBT if I work shifts?

It is still possible to take your BBT if you work shifts, but it will be more challenging. Take your temperature at the time you wake up when you are most likely to have had the most sleep. Be as consistent as you can. On your days off, take your temperature after you wake up as well, even if it is at a different time. Make a note on your chart of changes in your waking schedule. You may take your temperature in the afternoon before you go to work if that is your usual waking time and the time after which you are most likely to have had the most sleep. It is not useful to take your temperature when you are already awake and active.

How can I take my BBT when I am traveling?

When you travel within your own time zone, just keep on taking your temperature at the same time. You may notice a slight fluctuation if the climate is warmer/colder but this should not have a huge impact on your chart. Make a note in the notes section of your chart that you were traveling so you can make sense of unusual temperature patterns if needed.

If you are traveling to a different time zone, the disturbance is usually only limited to the day of travel and the day after. Keep taking your temperature as before, using the same time in the local time. We recommend not adjusting any temperatures, but again, make a note of the circumstances. Unless you are traveling right around the time of ovulation, you should still be able to discern your pattern fairly clearly. Even when traveling right around ovulation time, it should still be possible to pinpoint your ovulation to within a couple of days timeframe. When BBT is less reliable because of such a special circumstance, pay extra close attention to your other fertility signs to avoid missing a potential fertile opportunity.

Do I have to do anything special to chart my BBT when the time changes for Daylight Saving Time?

The effect of Daylight Saving Time (DST) on your temperature is usually limited to the day of the change because your body adjusts quite quickly. In addition, the exact effect depends strongly on your own metabolism. Some people will see no effect at all while others will see a slight change (increase or decrease). Our recommendation is to record your temperature as usual without correcting it in any manner since one temperature that is slightly “off” will not change your chart interpretation. You should just keep taking your temperature at the same time. If you took it at six in the morning before the change, then take it at six in the morning after the change.

My Temperatures are so rocky and erratic. What can be causing this? What can I do about it?

When temperatures are erratic, the first thing you should do is review the guidelines about taking your BBT and make sure you are using a special basal body temperature thermometer. If you are following the guidelines (taking your temperature at the same time each morning, before getting up, and using a BBT thermometer) and still have erratic temperatures, review your data to see what, if anything, could be disturbing the temperature. You may also consider changing your thermometer or replacing the battery in your thermometer to see if this helps.

Taking your temperature vaginally instead of orally may also make a difference. Some women who are unable to get a clear pattern when taking an oral temperature are able to get a clearer pattern when they take their temperature vaginally. If you have several cycles with rocky and erratic temperatures and you are unable to see an ovulation pattern, you should talk to your healthcare provider.

Why am I getting "flat" temperatures?

When temperatures stay at exactly the same level all the time, the culprit is usually your thermometer. Even when you are taking your temperature at the same time, following all the guidelines, there is usually *some* fluctuation in temperatures. If you notice completely flat temperatures, check your thermometer's battery or get a new thermometer. If your temperatures are still flat, and/or show no sign of a biphasic (ovulatory) pattern when you would expect them to, this is something to ask your doctor about if it happens for a few cycles.

I have heard that temping vaginally is more accurate than temping orally. Should I try it?

Most people are able to see their ovulation pattern clearly enough while taking temperatures orally. This is the preferred method for most people. When temperatures are very rocky and ovulation cannot be detected, it is usually due to erratic temperature-taking habits (especially not taking the temperature at the same time).

If you are certain that you are taking your temperature accurately and you are still getting a great deal of fluctuation, you may find it helpful to take your temperature vaginally. Wait for a new cycle to start if you plan to start taking your temperature vaginally. Do not change from oral to vaginal readings within the same cycle as this will disrupt your interpretation since vaginal temperatures are typically higher than oral temperatures. To take your temperature vaginally, just insert the tip of the thermometer into your vagina in the morning and record your temperature as usual.

Can I get pregnant from intercourse on the day of the temperature rise?

By the time you see a thermal shift on your chart, it is usually too late to conceive that cycle. Ovulation typically occurs on the day *before* your temperature rises. The best times to have intercourse are the few days before you see a thermal shift on your chart. Keep in mind that a single temperature rise does not always mean that you have ovulated. You need to see a clear and *sustained* rise to confirm ovulation, so do not stop having intercourse until you see several elevated temperatures and ovulation is confirmed.

My temperature has dropped, but I still don't have my period. Do I still have a chance

to be pregnant?

When you see a low temperature around the time you would expect your period, your period is usually on the way. In most cases, you will see your period sometime that same day or the following day.

If it is not yet close to when you would expect your period, then it is still too early to tell. A single temperature point during the course of your cycle rarely carries much meaning on its own. You are looking for patterns and trends on your chart and to do this you need to look at several temperature points along with your other fertility signs.

My temperature has dipped below the coverline during the luteal phase. Does this mean I didn't really ovulate? Could I still be pregnant?

The coverline, the horizontal line drawn across your chart after ovulation has been detected, carries no physiological meaning. It is just a visual tool to help you see your ovulation pattern. Whether or not your temperature rises or falls below this line does not necessarily indicate anything significant. Individual temperatures can fluctuate at any time of the cycle for hormonal or non-hormonal reasons. A single dropped temperature usually doesn't mean much. You want to look at "the big picture" and see a pattern of temperatures over time. As long as you can see a biphasic pattern and a trend towards elevated temperatures after ovulation, there is no need to worry about a single dropped temperature or two.

If, however, you have so many lower temperatures that you can no longer see a biphasic pattern on your chart, (and you are taking your temperature accurately) this could mean that you did not yet ovulate and should consider yourself potentially fertile so you don't miss an opportunity to conceive.

My temperatures are fluctuating wildly during my period. Why? Will I be able to detect ovulation?

It is not unusual for temperatures to fluctuate, or even be in the high range during your period as hormones return to pre-ovulation levels. Usually they do not take too long to level out. You should still be able to see your ovulation pattern when it happens.

Why are my temperatures fluctuating so much?

When temperatures fluctuate a great deal, it is usually due to inconsistencies in temperature taking methods. Make sure you are taking your temperature at the same time every day, when you first wake up, after a solid block of sleep, and with a BBT thermometer. If you are doing all this and are still getting rocky temperatures, you can try taking your temperature vaginally. Some women notice more stable temperatures when taking their temperature vaginally.

Temperatures can also fluctuate a great deal when you are not ovulating, or when you have delayed ovulation. If you are taking your temperatures accurately and are still having large temperature fluctuations and no clear ovulation pattern, then this might be the case and is something to mention to your healthcare provider.

Is there always a temperature "dip" on the day of ovulation?

No. Some people do see a dip the day of ovulation, but many people do not. A temperature dip cannot confirm ovulation. More important than observing a dip is seeing a temperature *rise* after ovulation. Your temperature rises in response to the presence of the heat-inducing hormone progesterone, which is only released after ovulation. If you are lucky enough to have advanced warning of ovulation in the form of a temperature dip, take advantage and be sure to have intercourse that day.

How much does my temperature have to rise to indicate ovulation?

In most cases, you are able to see a biphasic pattern on your chart after ovulation has taken place. That is, you will have lower pre-ovulation temperatures and higher post-ovulation temperatures. Your temperature may rise slowly in increments, or quickly, or it may even rise and fall slightly over several days. The rise in temperature is usually about 0.4 degrees Fahrenheit or 0.2 degrees Celsius, but the rise may be as slight as 0.2 degrees Fahrenheit or 0.1 degrees Celsius or even less in some cases. Great variability is possible. More important than the precise value of the rise, is the overall pattern of the chart.

All my signs suggest ovulation, but my temperature has not risen and ovulation is not detected on my chart. Is it possible that I have already ovulated, but my chart is not showing it?

It is possible to ovulate without your temperature showing it, (especially if your temperature-taking habits are not ideal). *However*, ovulation can only be pinpointed with any degree of certainty by a clear and sustained thermal shift. All other signs are good indicators that ovulation might be *approaching* and that you may be fertile.

This is because progesterone, the hormone that is released only after ovulation, causes your temperature to shift slightly. So once you have a thermal shift, you can be reasonably sure that you ovulated on the *previous* day. Even if you have experienced signs of increased fertility earlier in your cycle, you should keep having intercourse until ovulation is confirmed by a clear and sustained thermal shift.

Is it usual to have my temperature range change from cycle to cycle?

Usually temperatures stay roughly within the same range from cycle to cycle if there are no changes in your environment or sleeping conditions. Slight changes in your environment or sleeping conditions, however, can impact your temperature range from cycle to cycle. Changing your waking time, using heavier or lighter blankets, turning on (or off) the air conditioning or heat, seasonal changes, or traveling to a warmer or cooler climate can change the range of your temperatures. As long as you can still see an ovulation pattern on your chart, the actual temperatures are not critical. If you notice significantly higher or lower temperatures that you can not associate with a change in your lifestyle or environment, then this is something to mention to your doctor, especially if it is taking a long time to conceive.

I notice lower temperatures when I sleep with my mouth open or when I breathe through my mouth at night. Is this normal? What should I do about these temperatures?

When you sleep with your mouth open or breathe through your mouth at night, you may notice that your basal body temperatures are lower than usual. This is not unusual but there is really no way to correct the chart to account for this. If this happens only occasionally (due to nasal congestion with a cold for example) this should not have much impact on your chart. Simply make a note of the circumstances so that you will remember why that temperature seems out of place. One or two unusual temperature points will not usually affect your chart interpretation. You will still likely be able to see your ovulation pattern.

My chart is not showing an ovulation pattern at all. Should I be worried that I am not ovulating? Can I ovulate without my chart showing it?

If you are not taking your temperature at the same time every day or if there are other external factors affecting your chart data, (drinking, medications, travel...) there is a good chance that you ovulated without your chart showing it. If this is the case, a change in charting habits will usually allow you to see your ovulation pattern in subsequent cycles.

If you are sure that you are charting accurately and there is no sign of ovulation on your chart, you should assume that you are still waiting for ovulation, especially if you typically have long cycles. Keep on having intercourse when you see signs of increased fertility, particularly fertile cervical fluid, as ovulation may just be delayed.

Some women typically ovulate late in the cycle, while others may have delayed ovulation due to stress, illness, travel or other factors. You can't tell whether or not the cycle will turn out to be anovulatory until it is over so it is best to assume that you are still waiting for ovulation so you don't miss a chance.

The occasional cycle without ovulation is usually not cause for concern. If you have several charts that do not show an ovulation pattern or if you suspect that you may not be ovulating, you should talk to your doctor.

Can my chart tell me if I've released more than one egg?

When multiple ovulation occurs, it usually happens within a 24 hour period or so, since the progesterone released from the corpus luteum of the first ovarian follicle will prevent the maturation of other follicles. In this case, it wouldn't look too different from when there is just one egg released. There is really no way to know from looking at a chart if there is multiple ovulation.

Changes in the Position and Firmness of your Cervix

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. It is a good idea to check when you know you are fertile as indicated by your cervical fluid and then again when you know you are not fertile (as indicated by your thermal shift in your luteal phase) when you are getting started. With this correlation, you will more easily feel the differences between your fertile and non-fertile times.

When you are approaching ovulation, your cervix will be high and soft. You may or may not 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 your 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.
- Empty your bladder before checking your cervix.
- 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. You have found your cervix when you feel something at the back of your vagina that stops your fingers. If you apply gentle pressure you will notice that it feels smooth, round and firmer that the surrounding vaginal tissues.
- Feel your cervix and make the following observations:
    - Is the cervix high or low? (It is more difficult to reach when 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 cycle, talk to your doctor)
- Record observations.

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. Observations can be subjective so you need to notice your own unique changes. Notice the change *relatively*. This may take a few cycles to really notice.

- **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 transforms. Like your cervical position, it may take a few cycles to notice your own pattern. To get an idea of what you are looking for, check when you know you are fertile (when you have egg white cervical fluid) and when you are sure you are not (after ovulation has been confirmed by three high temperatures) so that you know what you are looking for. 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. The firmness and position of your cervix should provide enough additional insight into the changes in your cervix to allow you to cross-check your other signs if this is the case. This observation can also be quite subjective because women who have already given birth may notice that their cervix always feels slightly open. Women who have never given birth may not notice the change at all or may notice that the cervix only opens slightly at their most fertile time. Like your other cervix signs, you should record how your cervix changes *relatively* throughout your cycle. 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.

Frequently Asked Questions about Checking Cervix Position

I'm not comfortable checking my cervix. Do I have to check my cervix to chart my fertility?

If you don't feel comfortable checking your cervix, that's fine. You can get the same information (estrogen presence) by carefully checking your cervical fluid. Checking your cervix is an optional, secondary fertility sign. It is useful for cross-checking your other signs, but is not strictly essential.

As you gain more experience and body awareness as you continue charting, you may feel less squeamish about checking your cervix. Indeed, as you see how your other signs are showing you your fertility status, you may feel more comfortable checking your cervix as well.

I can't feel my cervix at all sometimes. What does it mean if I can't reach my cervix?

If you suddenly cannot feel your cervix, it probably means that it has moved to a high position and you should consider yourself at your most fertile. If you often have difficulty reaching your cervix, you may be able to reach it using a different position. You may find it easier to reach while lying on your back.

My cervix always feels slightly open. Should I always record "open"?

Women who have had children by vaginal birth often notice that their cervix always feels slightly open. Even if your cervix always feels open, you may be able to discern subtle changes throughout your cycle. If you are able to discern subtle changes, record how your cervix opening changes *relatively* throughout your cycle, noting "open" for when it is most open and "closed" for when it is least open. If you do not notice any changes, simply do not record any cervix opening observations.

I just started checking my cervix and I feel a bump on it. I'm worried. What does this mean?

When you start checking your cervix, you may be surprised and alarmed if you notice any bumps. Usually these are harmless nabothian cysts. You cannot immediately assume, however, that this is what you are feeling when you notice bumps on your cervix. Check with your doctor if you notice any unusual bumps when checking your cervix.

My cervix feels high and soft even though I've already ovulated. What does this mean?

Usually the cervix returns to a non-fertile (closed, low, hard) position just after ovulation. You may, however, notice that it exhibits some fertile characteristics even after ovulation. This is because some estrogen may be produced by the corpus luteum during your luteal phase. If your chart is showing a clear and sustained thermal shift and ovulation is clearly detected on your chart, you need not consider yourself fertile. If you do notice that your cervix is exhibiting fertile characteristics and your thermal shift is not dramatic or clear, you should consider that you could be fertile and keep on having intercourse so you don't miss a chance.

My cervix feels high when I check in the morning, but low when I check in the evening. Which should I record on my chart?

Checking your cervix position is a bit different than checking your cervical fluid. When you check your cervical fluid, it is recommended to check several times a day and note your most fertile fluid of the day. The cervix, on the other hand, may change position depending on the time of day. It is usually higher in the morning and lower in the evening, but your own experience may vary. It is thus recommended to choose a time of day to check your cervix and stick with it throughout the cycle, recording only the observation from the usual time.

Devices and Tests for Measuring Fertility

There are an increasing number of products on the market designed to indicate possible fertility. They rely on changes in hormones that can be detected in your urine or saliva. When using these kits and devices, follow the manufacturer's instructions as closely as possible. Most manufacturers of fertility devices provide a toll-free number so that consumers can ask questions about the use of the devices. Specific questions about a particular device are usually best answered by the manufacturer of the device.

These kits and devices can give additional, secondary clues about your fertility status that can complement the observations you make from your primary fertility signs. You may find them especially helpful if it is taking a long time to conceive, if you have irregular cycles, occasional anovulatory cycles, or if you find that you are not able to get clear readings from your cervical fluid and BBT signs.

In most cases such devices are not absolutely essential, especially if you are easily able to recognize the changes in your cervical fluid and other fertility signs, but you may find you like to have the added information for cross-checking.

Most devices do not allow you to pinpoint or confirm ovulation as they generally measure estrogen or luteinizing hormone which peak prior to ovulation. They can be quite useful though for timing intercourse and showing you when you have increased fertility during the days before ovulation.

Record the following data if you are using fertility devices or ovulation kits.
For Ovulation Prediction Kits, you can record:

- Positive
- Negative

For the Clearplan Fertility Monitor you may record:

- Low
- High
- Peak

For saliva microscopes, you can record:

- No Ferning
- Partial Ferning
- Full Ferning

Refer to the manufacturer's directions to determine how to identify the results of your device/kit.

Ovulation Prediction Kits (OPKs)

Ovulation Prediction Kits, also sometimes called Ovulation Prediction Tests (OPTs) have become quite popular as they can be quite useful to help you find your fertile time. OPKs work by measuring the presence of Luteinizing Hormone (LH) in your urine. About 24 hours before ovulation, a surge of LH is sent to your ovary. This causes your ovary to produce enzymes and this in turn causes the dominant follicle to rupture and release the egg into the fallopian tube. This is ovulation. 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.
- 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.
- Follow the manufacturer's instructions about the time to take your OPK. 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 (or your doctor) 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.
- During your potentially fertile time, have intercourse at least every other day even before you see a positive OPK result. Switch to every single day once you see a positive result until ovulation has been confirmed by your temperature data. (Talk to your doctor about intercourse frequency if you suspect any sperm issues).
- If you are taking clomid, ask your doctor or the OPK manufacturer when to start testing with OPKs.

Frequently Asked Questions about Ovulation Prediction Kits and

Fertility Devices

My chart shows that I ovulated the same day as my positive OPK. I thought ovulation happened the day after a positive OPK. Is it possible to ovulate the same day as getting a positive OPK?

When you are using ovulation prediction kits you can usually expect ovulation to occur the day *after* your first positive result. This is because (LH) luteinizing hormone, the hormone measured by OPKs and the hormone responsible for triggering the rupture of the ovarian sac, typically surges the day before ovulation. In some cases, you will see ovulation on the same day as the positive result. There are a few factors that can help explain how this happens.

First, remember that when you are reading your OPK, you are seeing a snapshot of your LH surge. You do not really know whether you are seeing the beginning, peak or trail of the surge. What you know is that your LH is at a level that is detectable as a surge by the kit. It may have started to surge soon after your test the previous day and be starting to trail, or it may be just starting to surge. In a case where it looks on the chart as if ovulation occurred the same day as the surge, here is what may have happened:

1. LH started to surge during the night or early in the morning and was detected by your OPK in the early afternoon.
2. Ovulation occurred sometime in the evening or night, several hours after your positive OPK, possibly several hours longer than when the LH actually started to surge.
3. Your temperature is up in the morning, indicating ovulation for the previous day, the same day as the positive OPK, even though many hours have elapsed between the LH surge and your temperature rise.

Can I ovulate without ever seeing a positive OPK (Ovulation Prediction Kit) result?

Yes, it is possible to ovulate without ever seeing a positive OPK (or peak reading on your fertility monitor). OPKs are designed to detect the surge of luteinizing hormone in your urine. This is the last hormone to peak before ovulation and the hormone that is responsible for triggering the rupture of the ovarian sac. LH needs to surge in order for ovulation to occur, but in some cases, the pattern of your surge and the time you test (if you do not manage to capture the surge when you test) will not let you see a positive result. If you have a sharp LH surge, for example, you may take one test before your surge is detectable by your kit and another test when your LH has already begun to trail and is no longer detectable by the kit. Whether or not you see a positive OPK result, it is recommended to keep on having intercourse until ovulation is confirmed by a clear and sustained thermal shift and ovulation is detected on your chart.

Other Possible Fertility Signs

Some women notice other personal changes that can offer other indications of increasing fertility. You may or may not notice some of these signs. Not noticing these signs does not in any way indicate a lack of fertility. You may also have signs of your own that you notice throughout your cycle and from cycle to cycle that are not mentioned here. If this is the case you may find it useful to record these observations in your notes section or customize your chart to track them. Because these signs are not consistent, may vary from woman to woman and even from cycle to cycle for the same woman, they are not included as standard fertility signs.

Some other possible fertility signs are:

- **Ovulation Pain:** Also known as *mittelschmertz*, which means "middle pain", this refers to a slight pain that you may feel near your abdomen or ovary at the time of ovulation. It does not necessarily occur at the exact time of ovulation. Further, not everyone feels ovulation pain. As such, ovulation pain is useful to cross-check other signs, but cannot be used to definitively confirm or pinpoint ovulation. Also, it is very difficult to know if the pain you feel in your abdomen mid-cycle is related in any way to ovulation or your fertility. This is because other pains are often mistaken for ovulation pain, especially when you are especially alert for signs of fertility. Nonetheless, it is still useful to record, even if you are unsure if it is related to your fertility. As you become more in tune with your fertility signs, it will become easier to recognize ovulation pain if you experience it. Women who have never noticed ovulation pain often begin to notice it when they begin to chart their fertility signs.

- **Increased Sex Drive:** You may notice that your sex drive is cyclical. For example, your sex drive may be highest at around the time before and at ovulation when you are most fertile. Another pattern might also be normal for you. If you notice that there is a pattern to your sex drive, it can be helpful to record your observations to make predictions about your fertility.

- **Ovulation spotting:** Some women see slight spotting at the time of ovulation. This is quite rare, but you may see that your cervical fluid is streaked with blood or has a pink tinge. If it is heavy or lasts longer than a day, you should ask your doctor about it.

- **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 or tender throughout your luteal phase. Again, if you notice that there is an observable pattern to the sensitivity of your breasts, it is useful to record it in the checklist on the data entry page so that you can make future predictions or notice changes from cycle to cycle. For some women tender breasts are an early pregnancy symptom but there is no way to know if you are pregnant by the sensitivity of your breasts. Breast sensitivity may be linked to increased progesterone. Progesterone is increased both during the luteal phase of your menstrual cycle when you are not pregnant and during pregnancy. The sensitivity of your breasts may be useful for you to cross-check other signs if you have a consistent pattern but it is not a useful fertility sign on its own.

- Your own observations: You may notice some specific changes yourself that can offer clues about your fertility pattern. Everyone is different, but there are clues that you may find on your own. 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. Record any such observations on your chart. You may be surprised to learn that something seemingly unrelated may be related to your fertility.

Fertility Chart Patterns

Just as we are all unique, fertility charts also show our great diversity. There is no single "one-size-fits-all" kind of chart model into which we can all fit. Most people do not really have perfect "text-book" charts that follow any kind of rule to the letter. There are, however, certain kinds of patterns of charts that appear frequently that we can recognize and understand. Though your own pattern may vary slightly from those described here and it may even vary from cycle to cycle, you will probably recognize some characteristics that do apply to your own chart and your own situation.

We talk about patterns because we have come to notice that trends in all your fertility signs, as well as the shape of your graph over time, from day to day and from cycle to cycle, are more important that individual temperatures or individual fertility signs observed on any given single day. Alone, without context and without noticing trends and patterns, your fertility signs do not offer much information. But when you are looking at "the big picture" you can often learn a great deal about your own fertility pattern.

The fertility charts shown here are from FertilityFriend.com members who submitted their charts to the Fertility Friend chart gallery. The unique web address of each chart is included in case you wish to see further context related to that chart in the Chart Gallery. Charts have been selected to demonstrate a variety of ovulation patterns. To browse tens of thousands of real-life charts by various keywords, see: http://FertilityFriend.com/ChartGallery/

Ovulation Patterns

Regular (Ideal) Pattern

In an ideal charting world, ovulation patterns would universally be clearly indicated by all possible fertility signs and they would come in the order expected and indicate ovulation for the same day. While this chart pattern does not always prevail, this does frequently happen, and we call this the “regular" or "ideal" ovulation pattern". If this is not the case for you, this is usually not a reason for too much concern as the ideal is not necessarily the rule in when it comes to fertility charting. There are many other "normal" charting patterns.

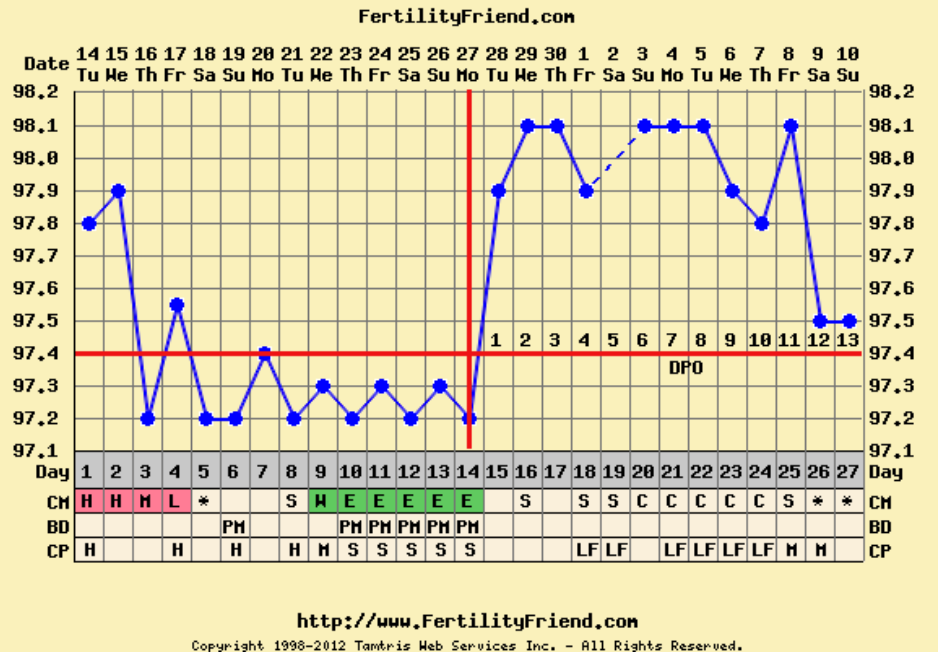
The regular ovulation pattern includes:

- cervical fluid becomes increasingly wet as ovulation draws nearer
- cervical fluid dries up quickly just after temperature rise
- a single patch of egg white cervical fluid is observed in the days just before ovulation
- a biphasic temperature shift, showing a marked increase in temperatures after ovulation
- temperature rises in a single abrupt shift that is sustained throughout the luteal phase
- cervix is high and soft and open just before temperature rise
- OPK is positive 12-36 hours before the rise
- OPK is only positive in the one or two days before ovulation
- Microscope shows full ferning in pattern similar to cervical fluid
- Fertility Monitor shows a High reading in the days leading up to ovulation and a Peak reading the day before the rise

When all signs indicate increased fertility on the same days prior to ovulation and ovulation for a certain given day, the detection of ovulation and the chart analysis can be quite certain. When several signs can be correlated and cross-checked, the analysis and interpretation is more reliable. Still, it is quite possible to detect ovulation and increased fertility under less than ideal charting circumstances. The more signs that "match," the more reliable the interpretation will be.

The charts below have been selected to show a wide range of real, regular/ideal ovulation patterns.

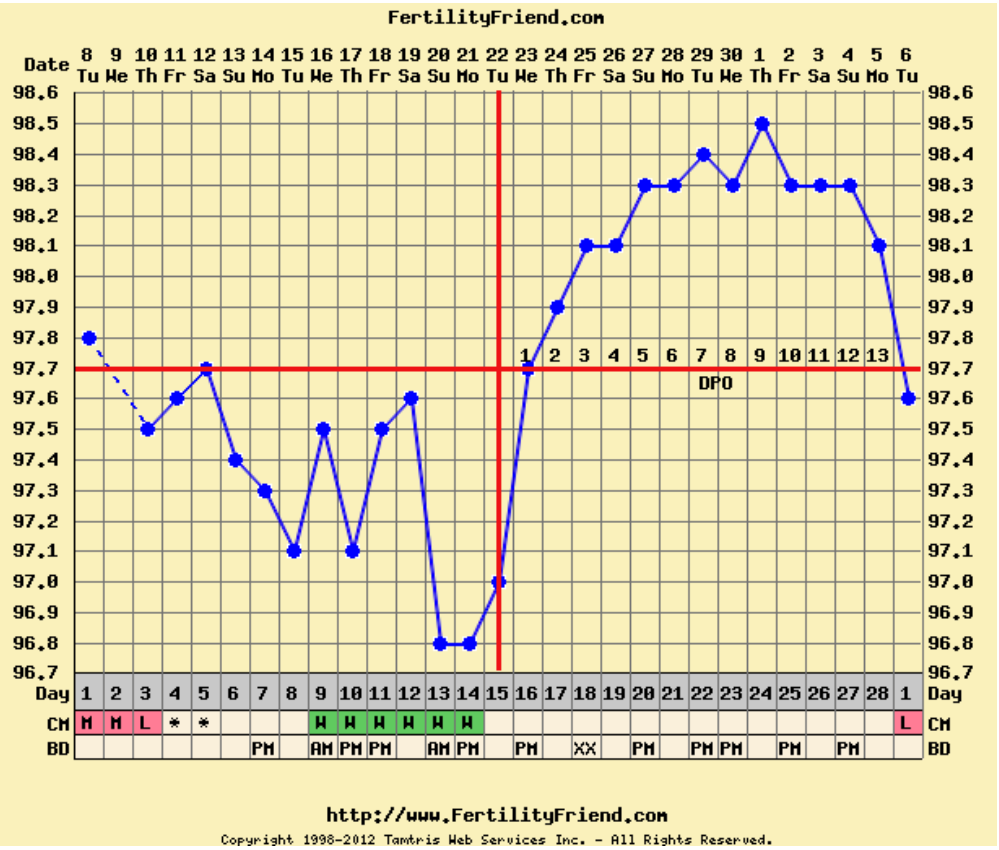
Regular Pattern 1



http://www.fertilityfriend.com/ChartGallery/20970.html

This chart indicates several days of fertile cervical fluid and a soft cervix in the days preceding ovulation. Ovulation is confirmed by a dramatic thermal shift on cycle day 14. Temperatures stay in the higher range until the end of the luteal phase. Temperatures begin to drop and spotting is experienced before menses begins. The most fertile days are cycle days 10 through 14. Intercourse is well-timed throughout the fertile time, though no pregnancy results.

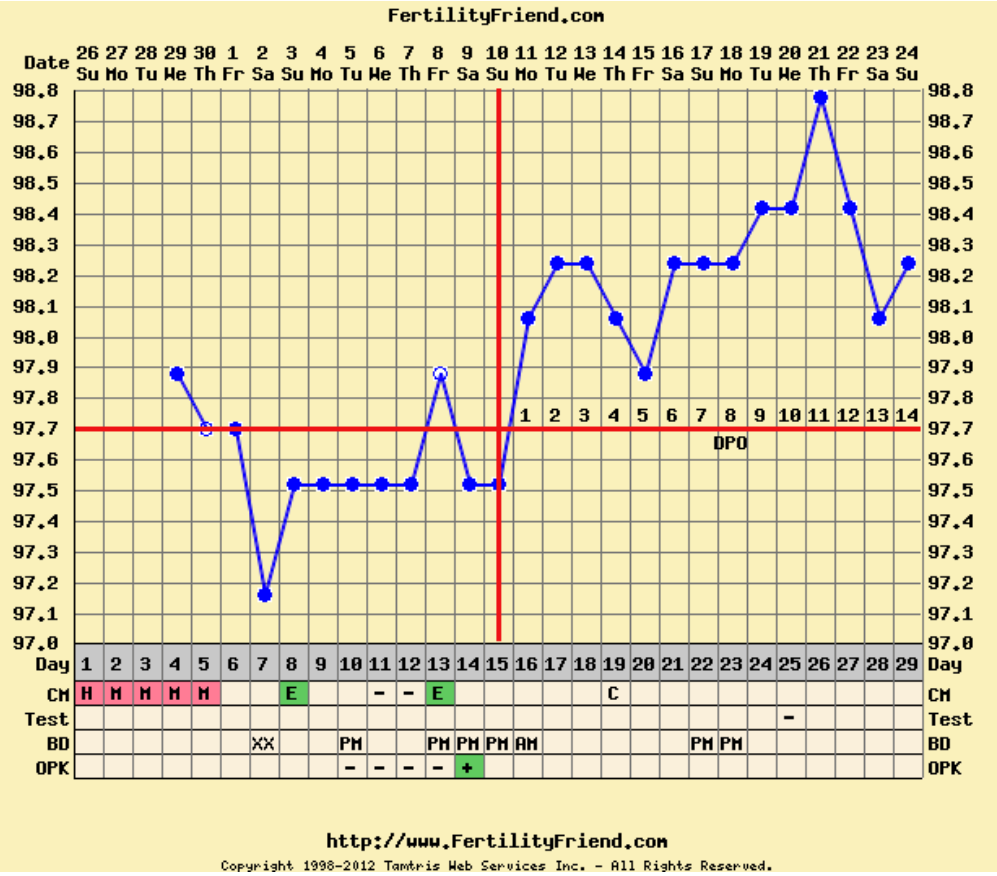
Regular Pattern 2



http://www.fertilityfriend.com/ChartGallery/124550.html

On this chart, several days of fertile (watery) cervical fluid precedes ovulation on cycle day 15. The temperature spike on the ovulation day is relatively dramatic but the following higher temperatures are needed to confirm ovulation. Temperatures continue to rise slowly, then plateau prior to the end of the cycle. Although intercourse was well-timed during the most fertile days of the cycle, there is no pregnancy this cycle and the temperature drops as a new cycle begins with menstruation.

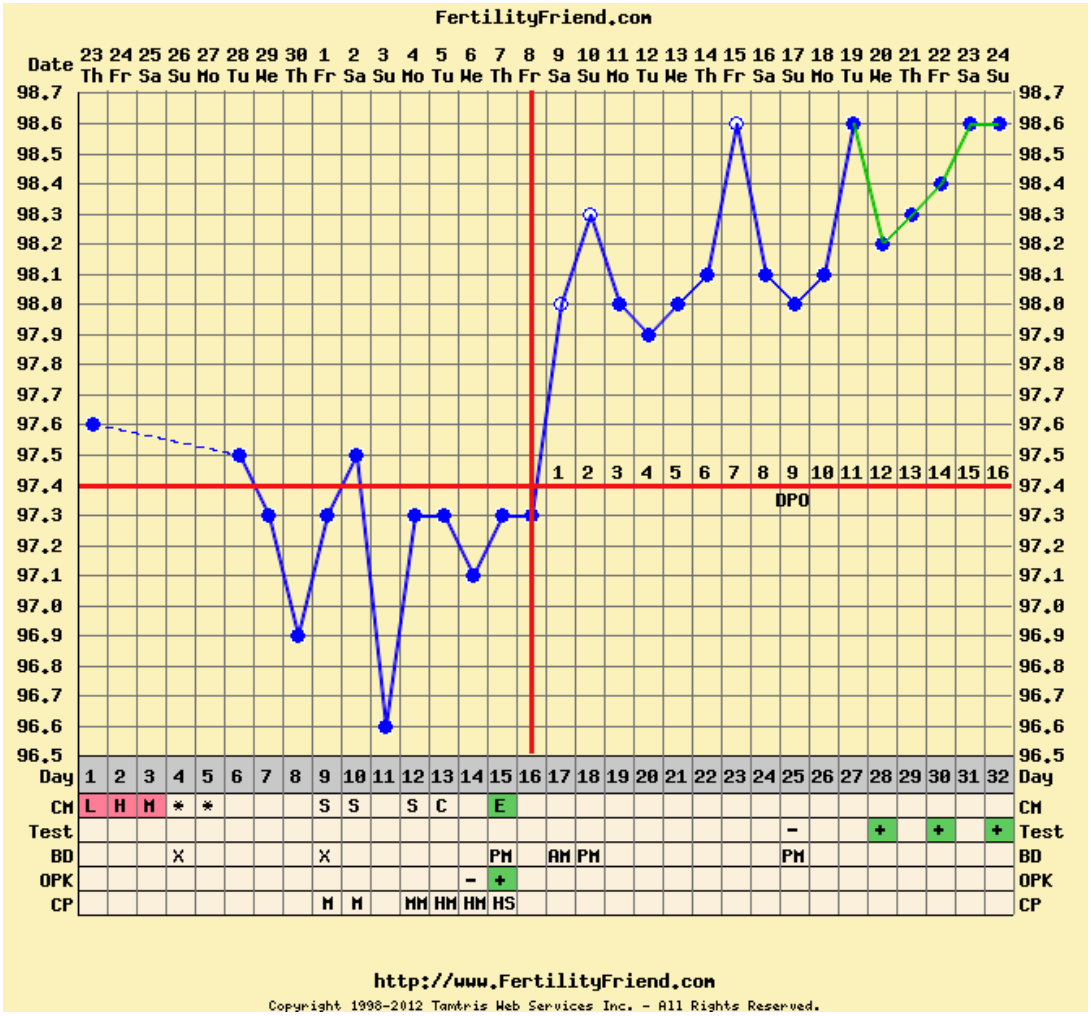
Regular Pattern 3



http://www.fertilityfriend.com/ChartGallery/21059.html

The chart above shows ovulation detected on cycle day 15. Though fertile cervical fluid is not observed in the days immediately preceding ovulation, ovulation is clearly detected by a dramatic thermal shift and a positive OPK result. Intercourse is well-timed on the two days before ovulation and the day of ovulation. Temperatures stay elevated for 14 days in the luteal phase. The slightly higher temperature on cycle day 13 was not taken at the same time as the other temperatures, making it inaccurate. Here you can see the importance of waiting for a sustained shift to indicate ovulation.

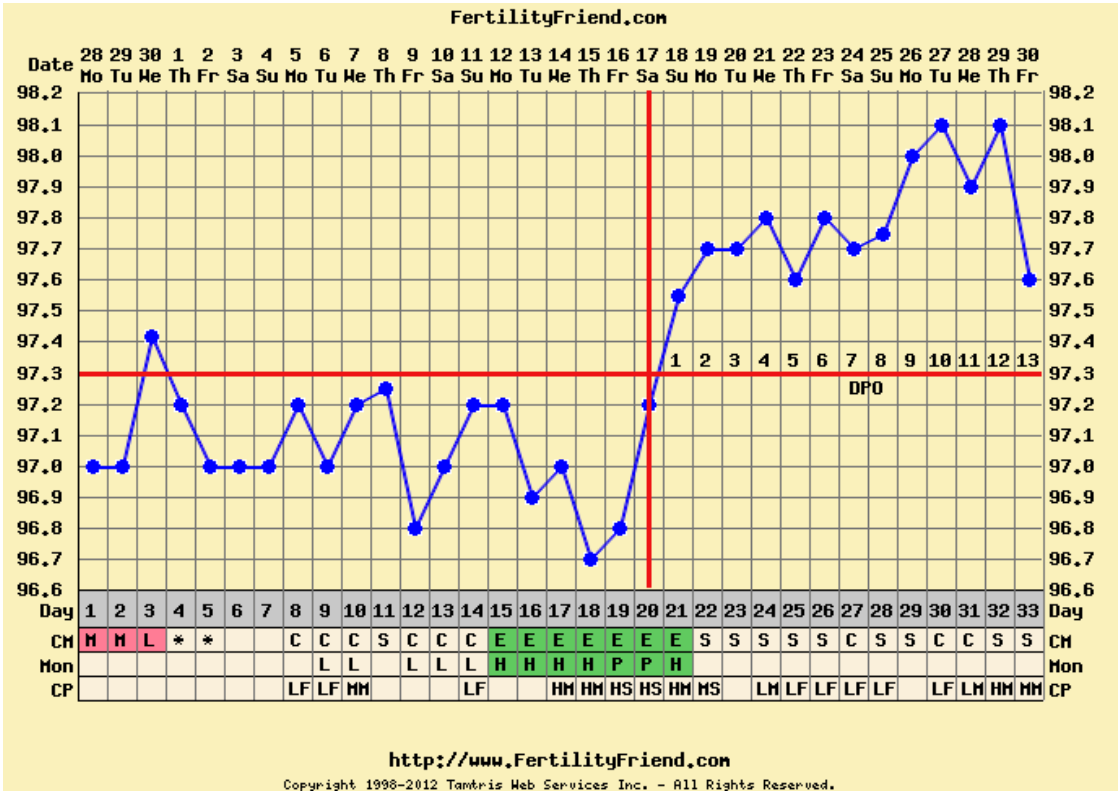
Regular Pattern 4



http://www.fertilityfriend.com/ChartGallery/21041.html

Ovulation is clearly detected on cycle day 16 by a clear and sustained thermal shift. Egg White cervical fluid, a high, soft cervix and a positive OPK are observed the day before ovulation. Intercourse on the day before ovulation results in pregnancy here. A home pregnancy test indicated pregnancy at 12 days past ovulation. An earlier pregnancy test (at 9 days past ovulation) was taken too early to indicate a positive result.

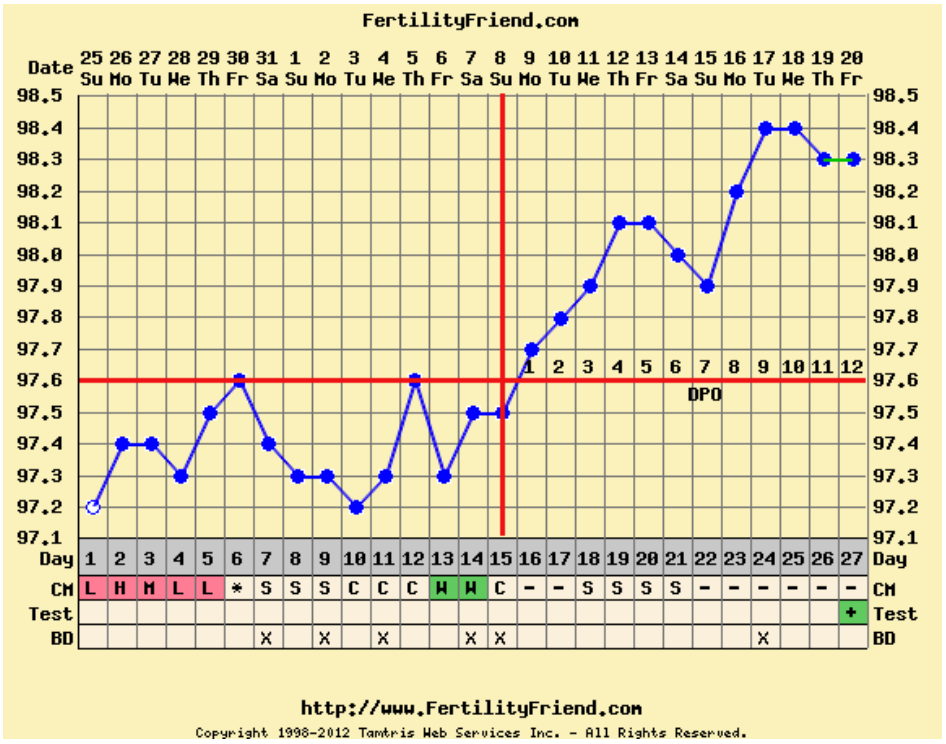
Regular Pattern 5



http://www.fertilityfriend.com/ChartGallery/18016.html

Ovulation is detected on cycle day 20 following several days of fertile cervical fluid and a peak reading on a fertility monitor. Though ovulation is clear and cycle day 20 is most likely given all the signs, it is not possible to determine with certainty whether ovulation occurred on cycle day 19 or cycle day 20 since temperatures started to rise on day 19. Temperatures stay elevated for 13 days in the luteal phase.

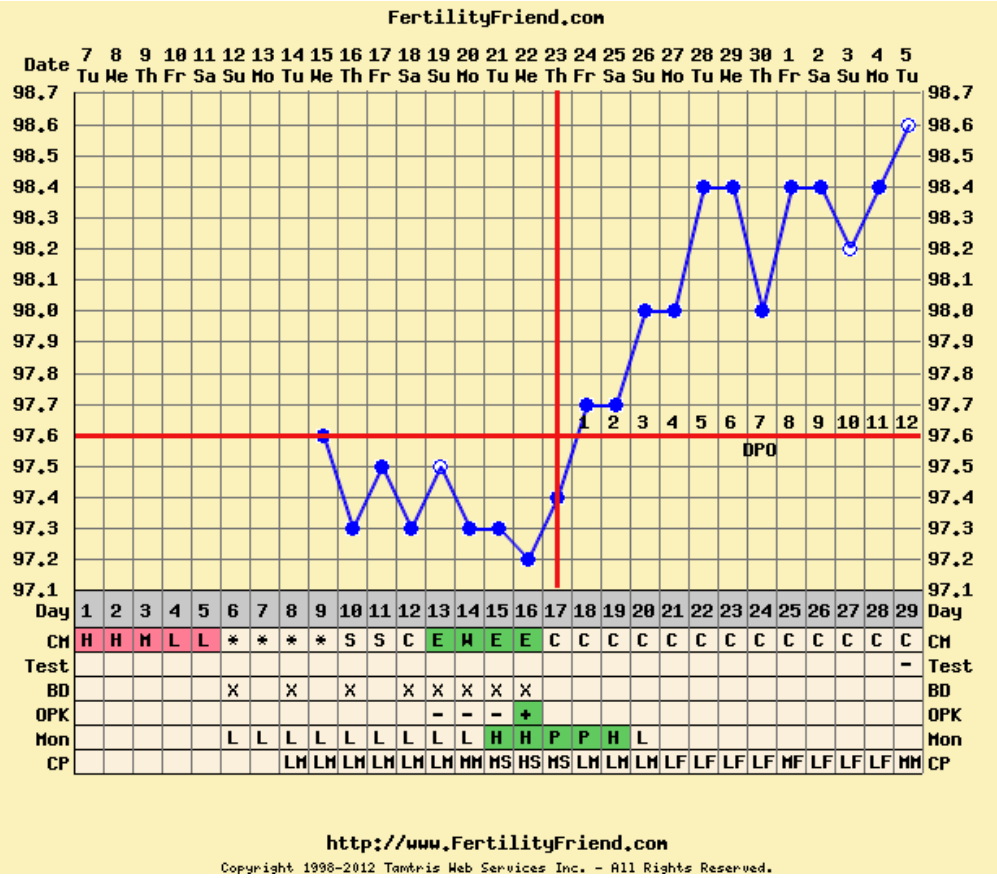
Regular Pattern 6



http://www.fertilityfriend.com/ChartGallery/18060.html

Ovulation is detected by a thermal shift on cycle day 15 following two days of fertile cervical fluid. Intercourse is well-timed the two days preceding ovulation. A pregnancy test shows positive results here at 12 days past ovulation.

Regular Pattern 7



http://www.fertilityfriend.com/ChartGallery/21161.html

Ovulation is detected on cycle day 17 on this chart and is preceded by several days of fertile cervical fluid, a positive OPK result and a high, soft cervix. Temperatures rise in increments until they reach a peak during the luteal phase.

Variations on the Ovulatory Chart Pattern

In many, if not most cases, one or more elements of the regular ovulation pattern will not be present, will be present in a different variation, or the signs will not perfectly correlate. This is usually not a cause for concern. Your fertile time and your day of ovulation can still be determined by careful analysis- even under less than ideal circumstances.

In some cases, the pattern may be skewed because of less than ideal data collection, problems with manufactured devices or being unable to follow the manufacturer's instructions precisely. Temperatures taken at different times or without enough sleep can alter the pattern, as can the subjective nature of cervical fluid and cervical position observations. Stress, fatigue, travel and illness can also impact your chart.

Additionally, your own unique fertility pattern may not exactly match the ideal. This is the human element of fertility charting and this is just part of charting while living your life. Unless you are not following the basic guidelines of charting, this largely unavoidable. As you gain experience charting your fertility signs, your chart will also become more reliable. Fortunately, you can usually see your fertility pattern even

when your chart does not match the ideal. You can still identify your fertile phase and detect ovulation with a variant of the ideal ovulation pattern.

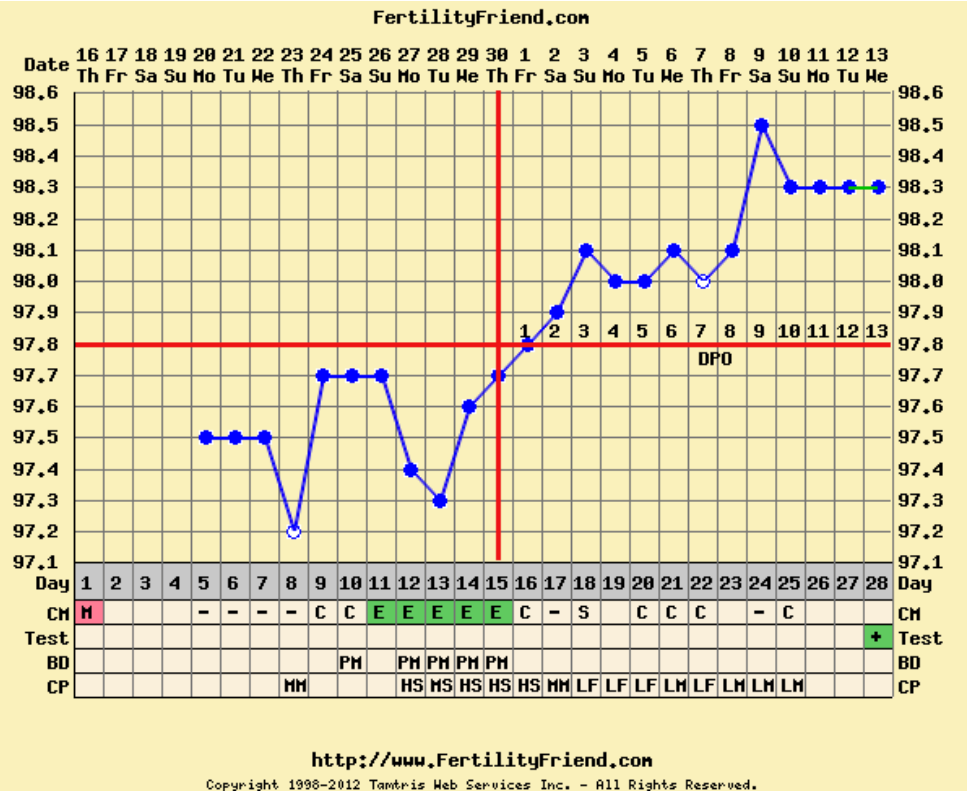
Your own ovulation pattern may include one or more of the special circumstances illustrated in the pages ahead. There are a variety of “normal” ovulation patterns and ovulation can usually be detected and your fertility cycle can be interpreted even when your chart is not “ideal”.

Here are some ways your chart and your pattern may differ from the “ideal” or “regular” chart:

Slow or Sloping Rise

Temperatures may rise in a slow or sloping rise rather than an abrupt shift. The rise may be gentle and curved and may take three to four days to reach the elevated level that clearly shows that ovulation has occurred. A slow rise may show a steady shift in small increments of about one tenth of a degree Fahrenheit over four or five days. When temperatures rise slowly, it may be more difficult to pinpoint the ovulation day with precision and you may need to wait a few extra days to be sure that ovulation has passed to ensure you do not miss a chance to conceive.

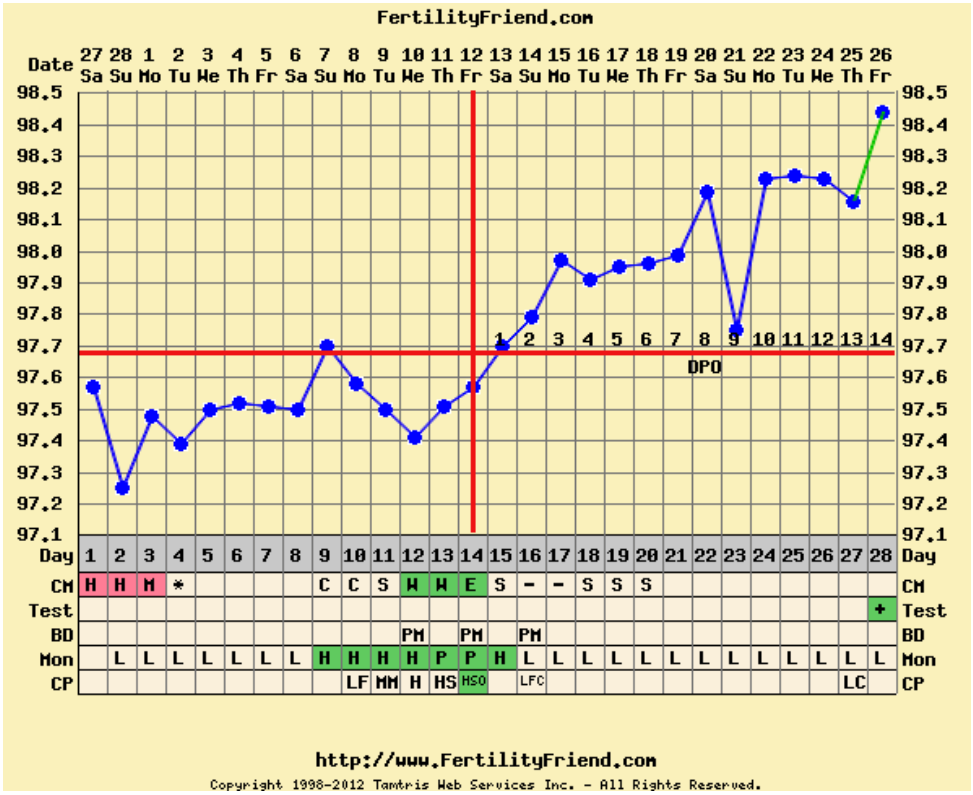
Slow Rise 1



http://www.fertilityfriend.com/ChartGallery/20553.html

This chart, which shows a cycle which resulted in pregnancy, shows a slow rise pattern with temperatures rising incrementally over a few days. The cervical fluid observations help to pinpoint ovulation for cycle day 15. Without the cervical fluid observations or other observations of secondary signs, pinpointing ovulation to a single day would be more difficult with this pattern.

Slow Rise 2



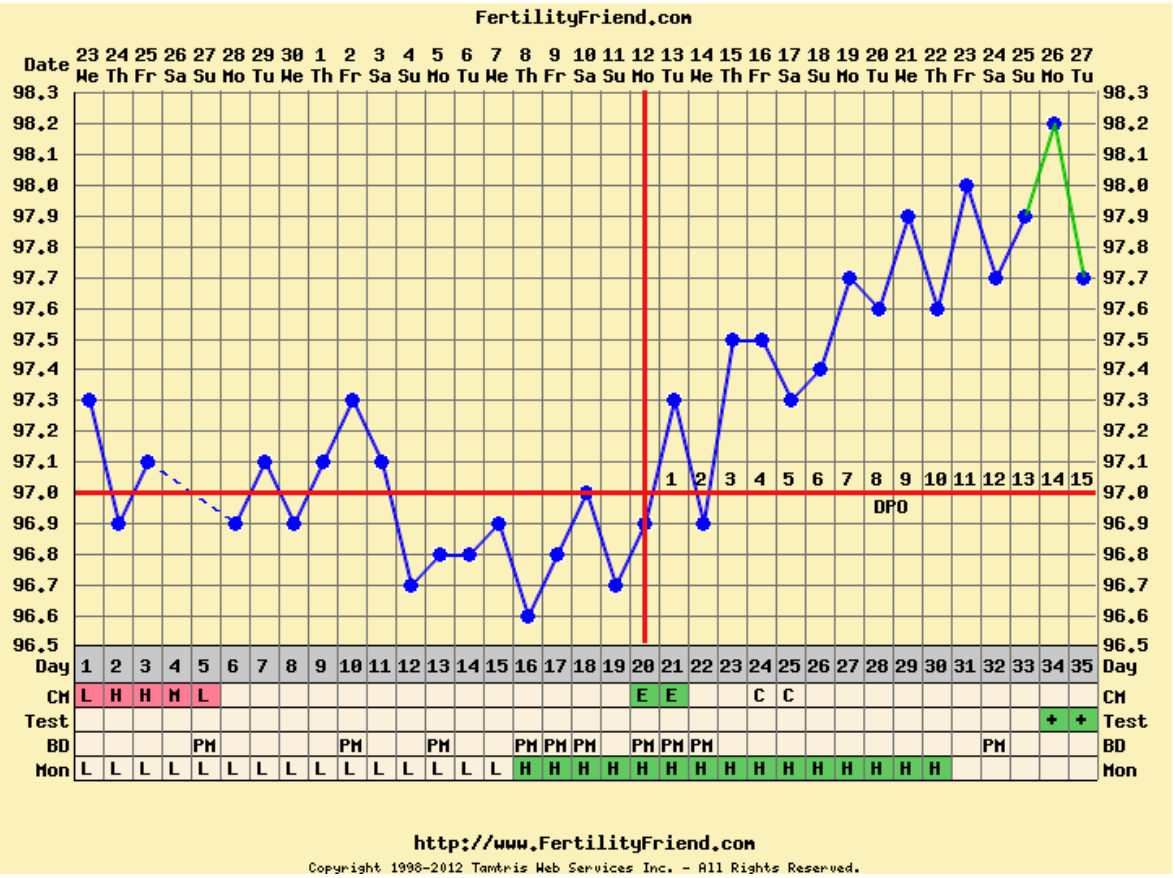
http://www.fertilityfriend.com/ChartGallery/117112.html

The above chart also shows a slow rise pattern. The cervical fluid observations and monitor results help to confirm ovulation for cycle day 14. Without the additional observations, it would be more difficult to pinpoint ovulation as the temperatures begin to rise very slowly on cycle day 12 and do not reach a sustained shift until after cycle day 16. Intercourse is well-timed during the fertile window and a positive pregnancy test result is recorded at 14 days past ovulation.

Fallback Rise

Temperatures may exhibit a "fallback rise" pattern. In a fallback rise pattern the temperature rises significantly and abruptly as you would expect, but then it drops again immediately before it rises again and is sustained throughout the luteal phase. You may not be able to tell whether you are seeing a fallback rise pattern or whether you are seeing one “fluke” high (or low) temperature. Your non-temperature signs, or, retrospectively, your luteal phase length, can help you to determine your ovulation date and whether or not you have a fallback rise pattern. Even if other signs indicate ovulation may have passed, keep on considering yourself potentially fertile for an extra day or two if your temperature falls again after suspected ovulation- just to make sure you do not miss a chance.

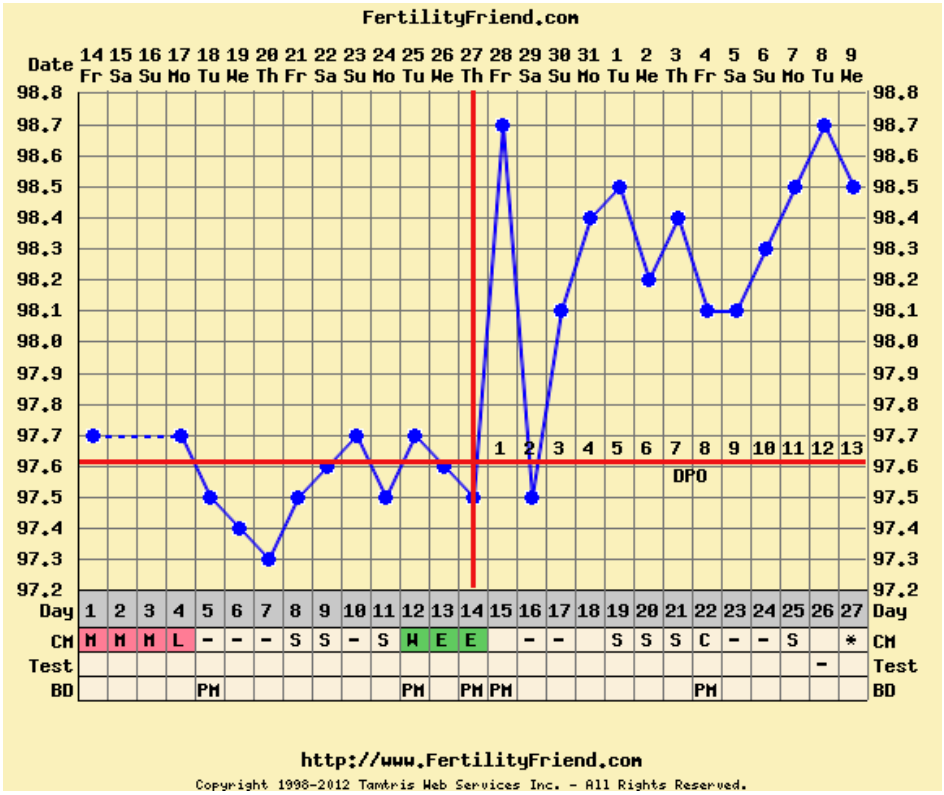
Fallback Rise 1



http://www.fertilityfriend.com/ChartGallery/17000.html

The chart above shows ovulation detected on cycle day 20 with a possible fallback rise pattern. It is also possible that ovulation was cycle day 22 with a fluke high temperature on cycle day 20. Either way, intercourse is well-timed and the pregnancy test is positive at 14 days past ovulation.

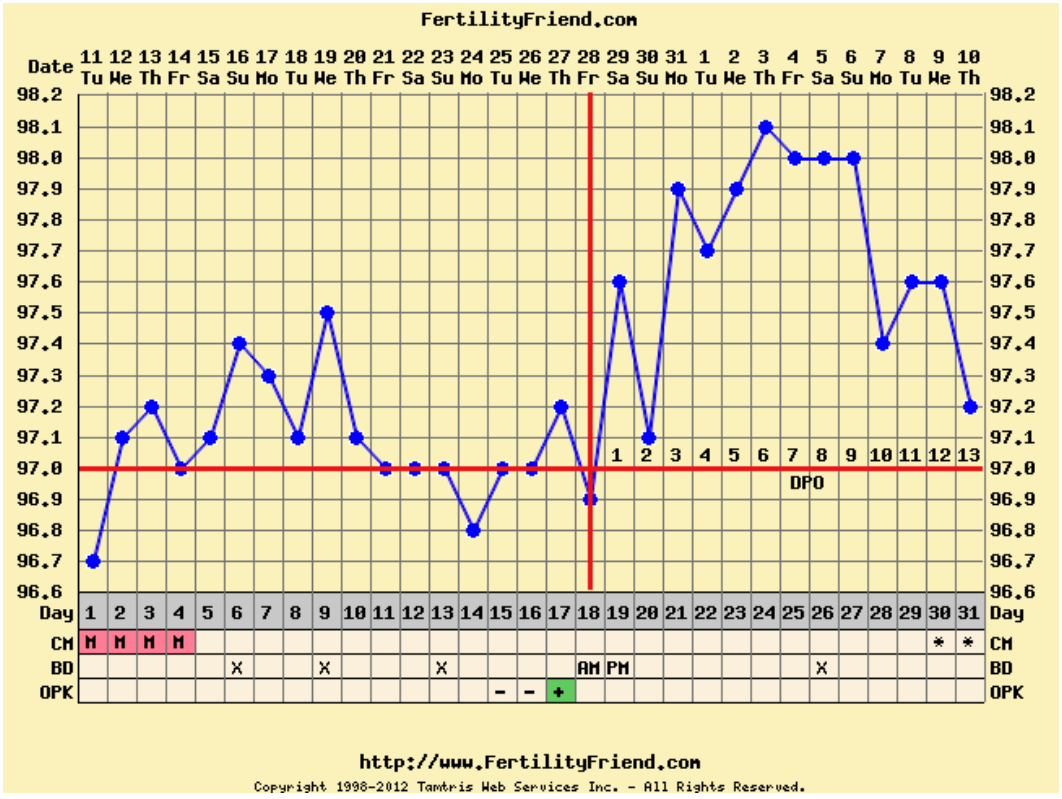
Fallback Rise 2



http://www.fertilityfriend.com/ChartGallery/16935.html

The chart above shows a likely fallback rise pattern with ovulation detected on cycle day 14. Temperatures stay elevated for 13 days.

Fallback Rise 3



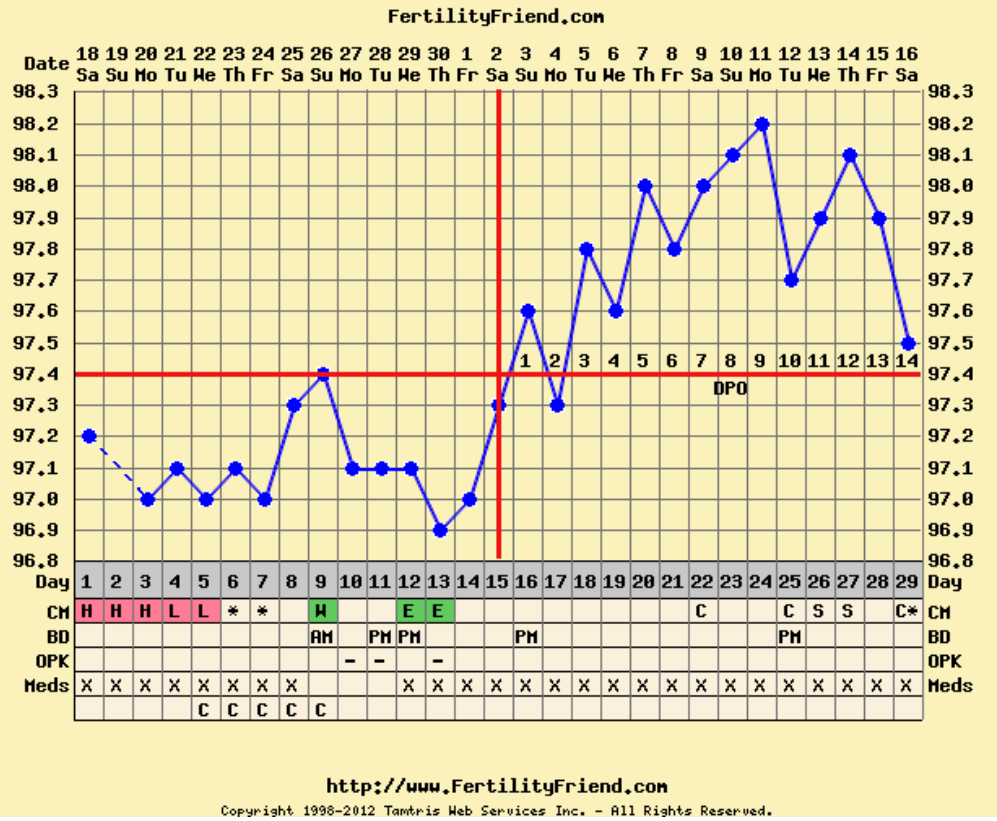
http://www.fertilityfriend.com/ChartGallery/16300.html

The chart above shows ovulation on cycle day 18, confirmed by a positive OPK and a thermal shift with a fallback rise pattern. The luteal phase is 13 days.

Sawtooth/Zig-Zag Rise

Temperatures may rise in a “sawtooth” rise pattern. In a sawtooth rise pattern, the temperatures may rise, fall slightly, then rise again for a few days. This pattern, which looks like the edge of a sawtooth or a “zig-zag” occurs quite frequently. Like a slow-rise pattern, you may need to wait a few extra days to ensure that the fertile window has passed to ensure you do not miss a chance to conceive if your chart shows this pattern.

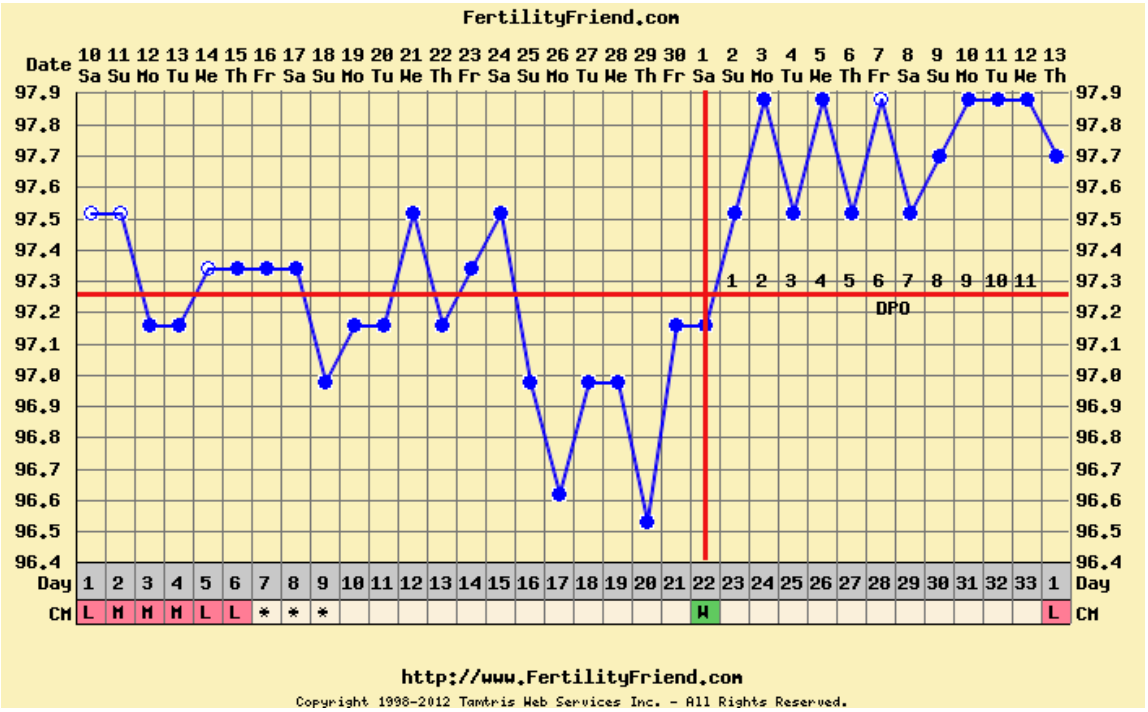
Sawtooth Rise 1



http://www.fertilityfriend.com/ChartGallery/20769.html

After ovulation, this chart shows temperatures rising in a zig-zag, or saw-tooth pattern, peaking in the middle of the luteal phase and then dropping before the end of the cycle. Ovulation is detected on cycle day 15. Cycle day 14 is also a possibility for ovulation, but is less likely because the OPK was negative on cycle day 13. You can see the importance of using OPKs daily around expected ovulation time if you are using them since the LH surge was not detected using OPKs only sporadically this cycle. The luteal phase is 14 days.

Sawtooth Rise 2



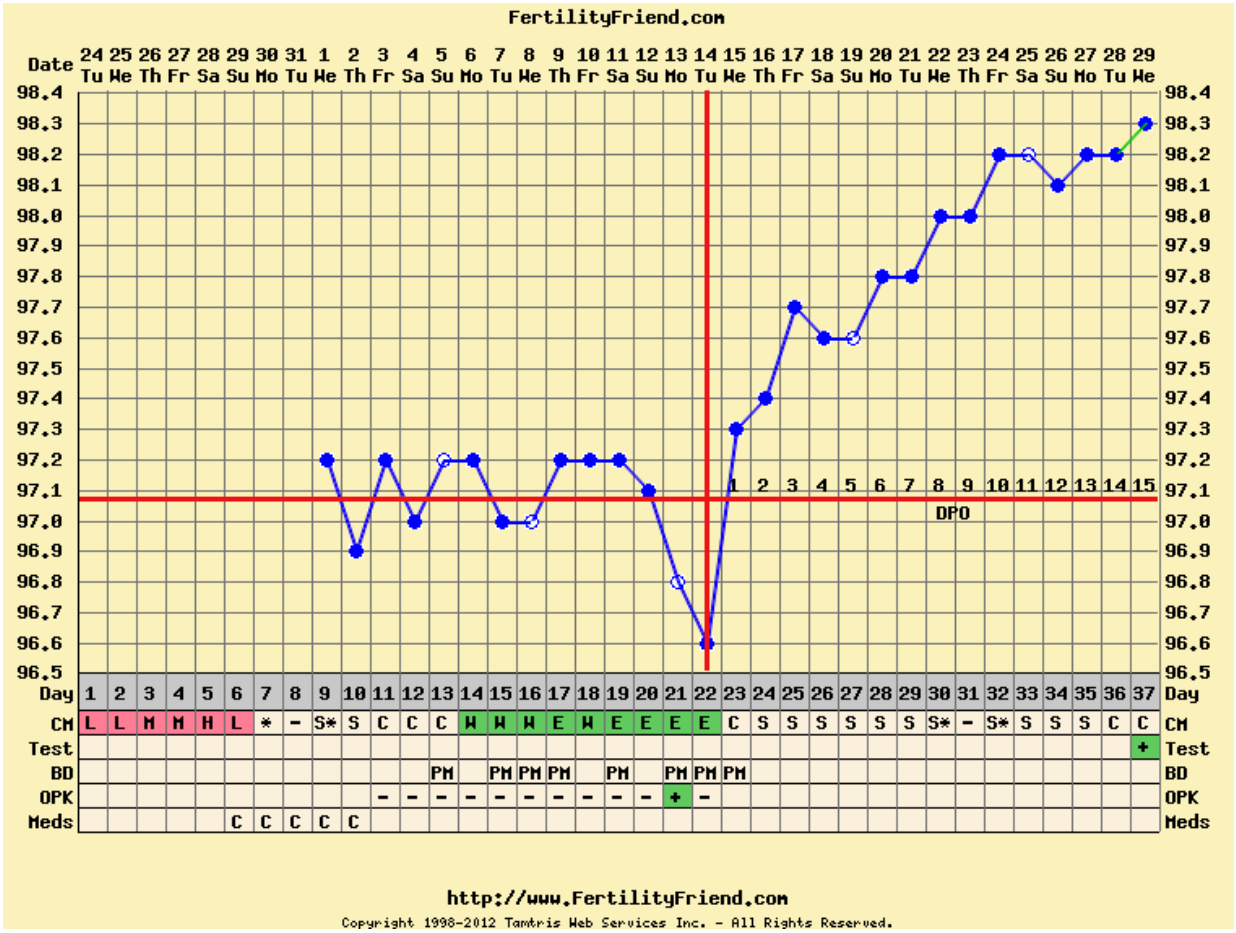
http://www.fertilityfriend.com/ChartGallery/125086.html

On the chart above, temperatures are somewhat erratic prior to ovulation and only one day of fertile (watery) cervical fluid precedes ovulation. Ovulation is detected on cycle day 22. Temperatures in the luteal phase take on a “sawtooth” pattern, rising and falling. Nevertheless, an ovulation pattern can be observed as the overall level of temperatures is increased after ovulation. We can see here the importance of noticing trends on the chart over several days rather than focusing on individual temperature points.

Staircase Rise

In a staircase pattern, the temperature will rise, stay steady or even slightly decrease and then rise and stay steady again until reaching the elevated level. The curve may literally resemble steps on a staircase. The “staircase” may climb for just a few days, after which temperatures may plateau, or it may happen for several days prior to menstruation or a positive pregnancy test result.

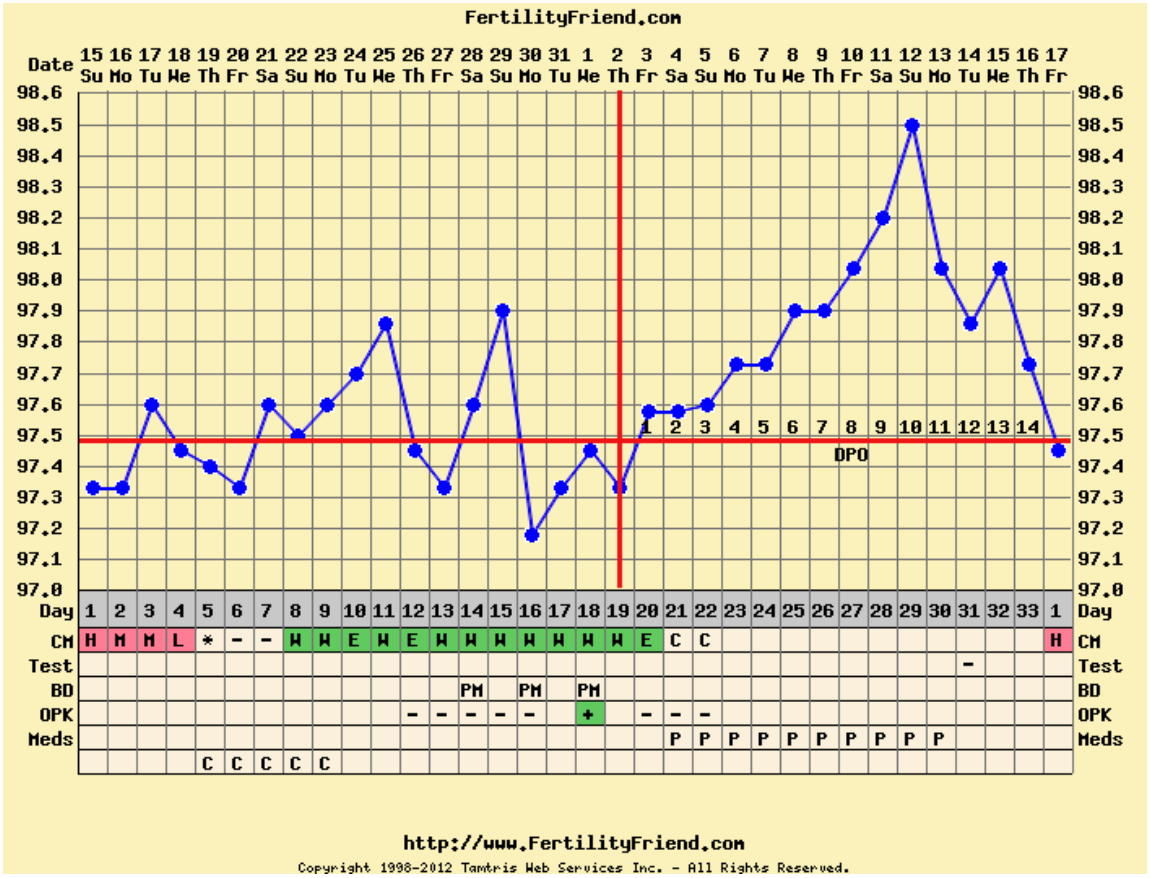
Staircase Rise 1



http://www.fertilityfriend.com/ChartGallery/19887.html

Ovulation on this chart is detected on cycle day 22 after an initially slight thermal shift (the temperature drop on the ovulation day makes the rise appear more dramatic). Ovulation is preceded by several days of fertile cervical fluid and a positive OPK result. Intercourse is well-timed in the fertile days around ovulation. Temperatures rise steadily in a staircase pattern, levelling off before a positive pregnancy test result is recorded at 15 days past ovulation.

Staircase Rise 2



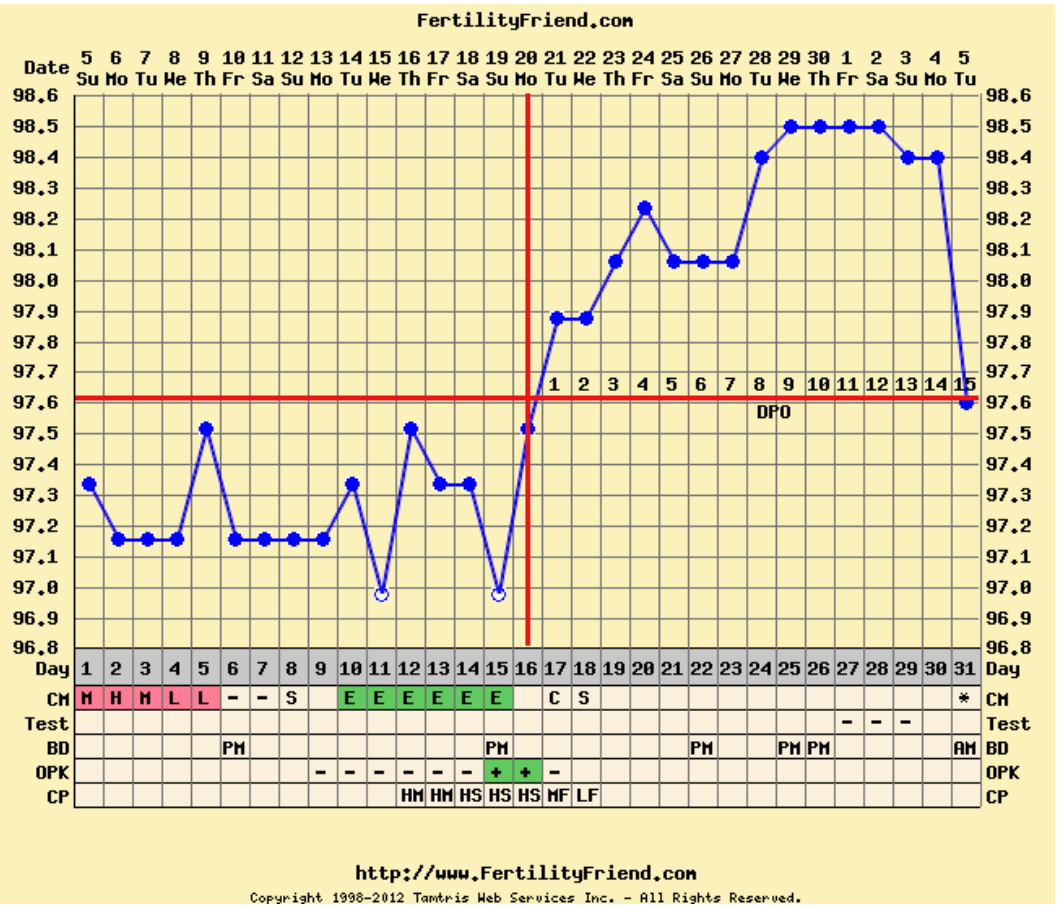
http://www.fertilityfriend.com/ChartGallery/124953.html

On the chart above, ovulation is detected on cycle day 19. Temperatures rise slowly in a staircase pattern, peaking in the middle of the luteal phase and then dropping prior to the end of the cycle. The positive OPK result on cycle day 18 is helpful to pinpoint ovulation since it takes a few days for temperatures to rise significantly. Although the temperatures may be affected by medications in both the follicular and luteal phases, it is possible to identify ovulation with reasonable certainty due to the observation of multiple signs.

Triphasic

While a typical biphasic ovulation chart shows two levels of temperatures with lower temperatures before ovulation and higher temperatures after ovulation, a triphasic chart shows three levels of temperatures: pre-ovulation temperatures, post-ovulation temperatures, and then a third, higher level at around 7-10 days past ovulation. People get excited about triphasic charts because cycles that show this pattern on a chart are more likely to result in pregnancy than those that do not show a triphasic pattern. A **study of charts in FertilityFriend.com's Chart Gallery** showed that this pattern occurs about four times more frequently on the charts of conception cycles. Hormonal differences in pregnancy cycles compared to non-pregnancy cycles may explain why this pattern occurs with greater frequency during pregnancy cycles. In non-pregnancy cycles, progesterone production (and thus BBT) generally peaks in the middle of the luteal phase and then begins to fall as the cycle winds down. This is because the corpus luteum, responsible for progesterone production, begins to deteriorate towards the end of a non-conception cycle. In pregnancy cycles, the corpus luteum is "rescued" after implantation and production of progesterone stays high (and may go even higher) so temperatures may reach a higher level, resulting in a triphasic pattern. If you are charting with FertilityFriend.com, the software or application will indicate that you have a triphasic pattern if your second thermal shift occurs between seven and ten days past ovulation, the time when implantation is most likely to occur if you conceived. Having a triphasic chart, however, does not necessarily mean that you are pregnant. You can have a triphasic chart and not be pregnant as well, just as you can be pregnant without a triphasic chart. Your probability of pregnancy is higher though (assuming you had intercourse in your fertile window) when your chart shows a triphasic pattern. The charts below illustrate the triphasic pattern.

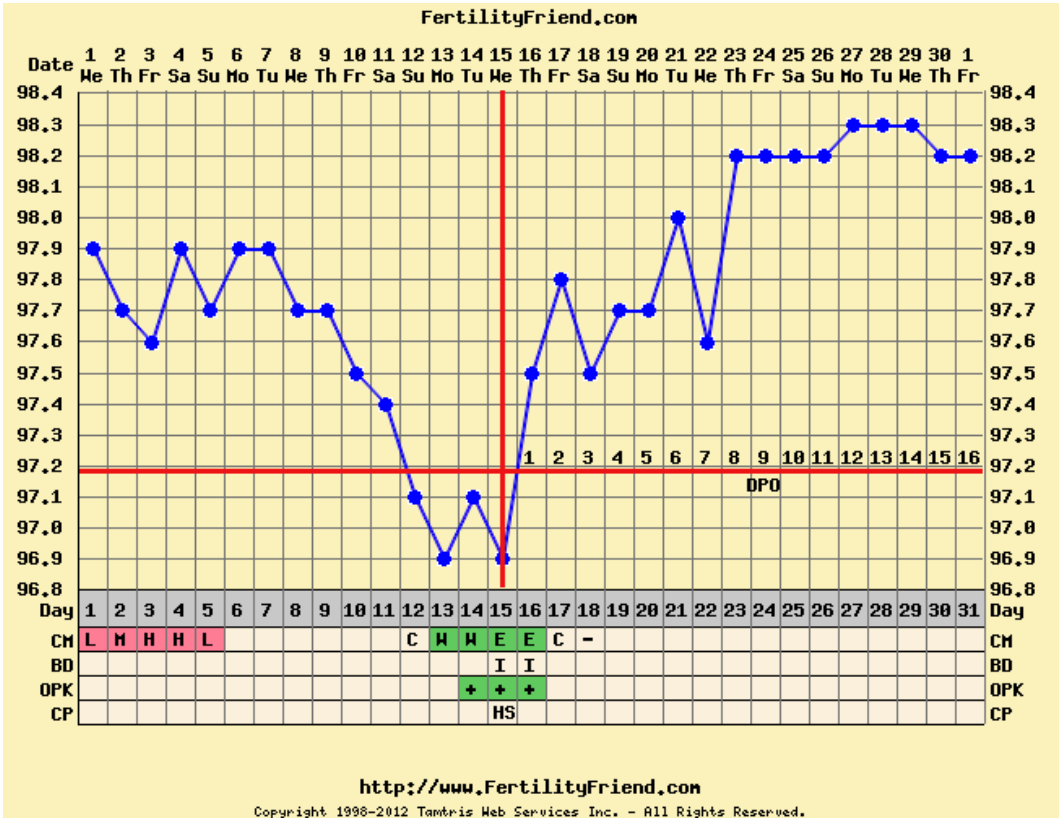
Triphasic Pattern 1



http://www.fertilityfriend.com/ChartGallery/20209.html

Here is a triphasic chart that does not show pregnancy. Ovulation can be determined by all signs for cycle day 16 (cycle day 15 is also possible). The temperatures rise to a third, higher level at seven days past ovulation and remain high, indicating a triphasic pattern. Intercourse is well-timed to coincide with ovulation, but there is no pregnancy and temperatures drop rather dramatically at the end of the luteal phase.

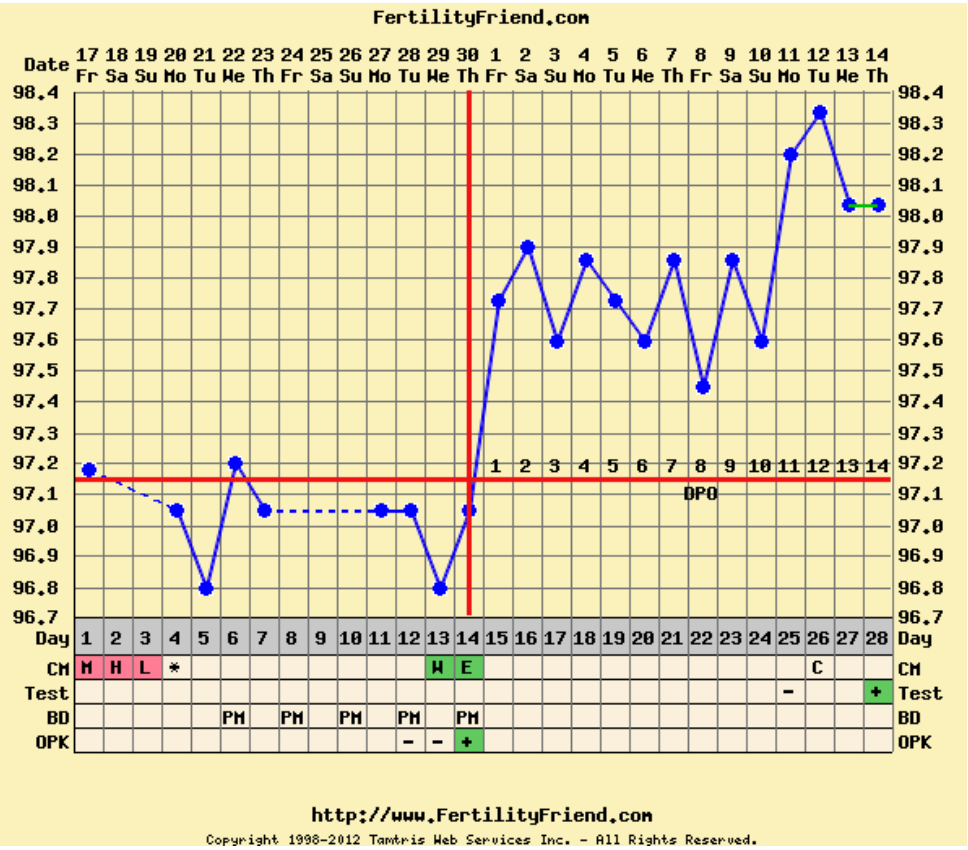
Triphasic Pattern 2



http://www.fertilityfriend.com/ChartGallery/20026.html

The chart above shows ovulation detected for cycle day 15. With this pattern, cycle day 16 is also possible. Insemination was scheduled well for both possible days. Temperatures rise to another, higher level at seven days past ovulation and stay high, indicating a triphasic pattern.

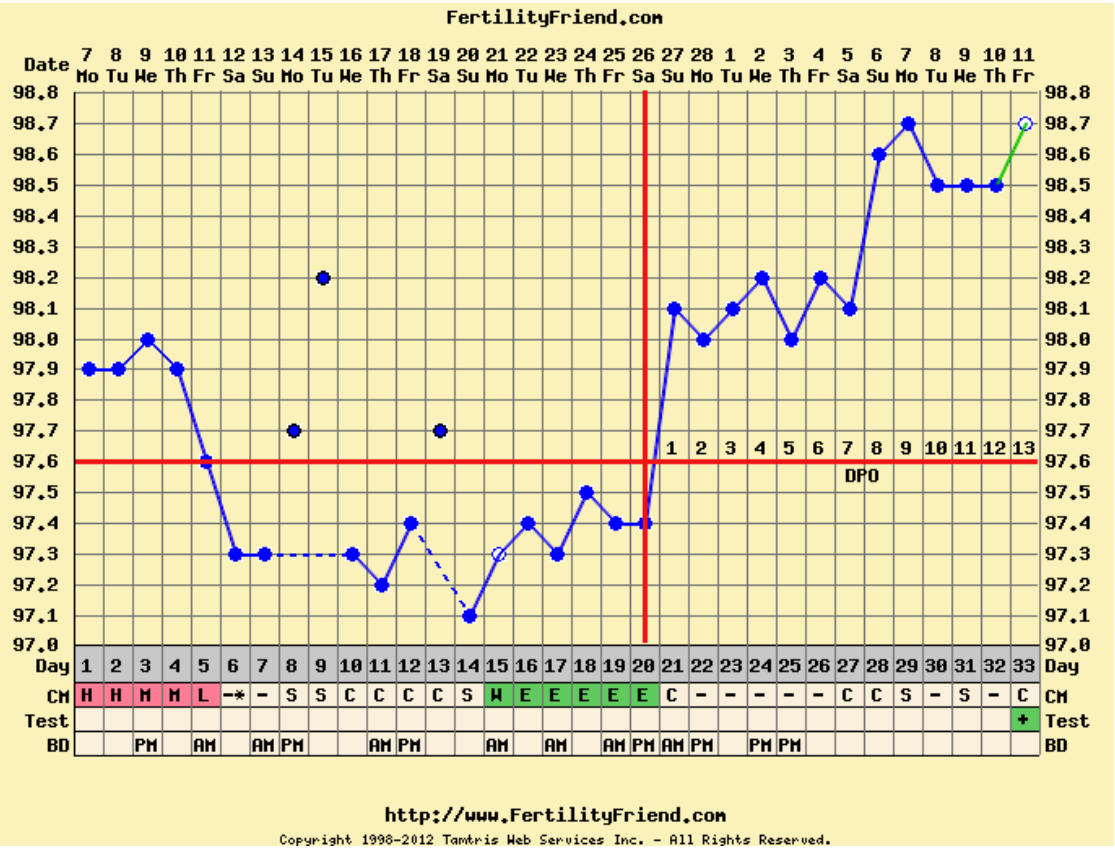
Triphasic Pattern 3



http://www.fertilityfriend.com/ChartGallery/125303.html

On the chart above, ovulation is detected on cycle day 14. Cervical fluid observations, OPK results and a significant and sustained thermal shift are all well-correlated and intercourse is well-timed in the fertile window. At ten days past ovulation, there is a second thermal shift, indicating a triphasic pattern. A pregnancy test is positive at 14 days past ovulation.

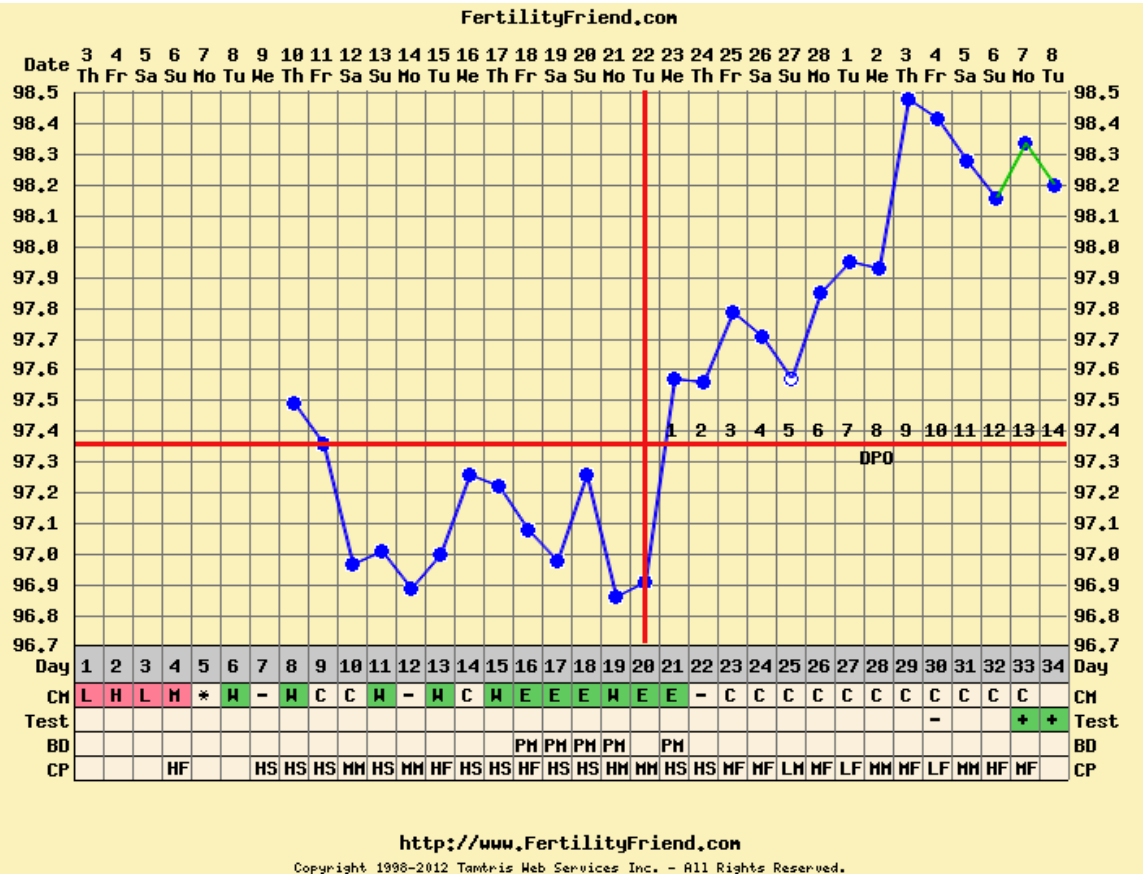
Triphasic Pattern 4



http://www.fertilityfriend.com/ChartGallery/27539.html

Ovulation on the chart above is detected on cycle day 20 and intercourse is well-timed in the fertile phase on the day before ovulation and the day of ovulation. The triphasic pattern begins at seven days past ovulation with a second dramatic thermal shift. A positive pregnancy test is recorded at 13 days past ovulation.

Triphasic Pattern 5



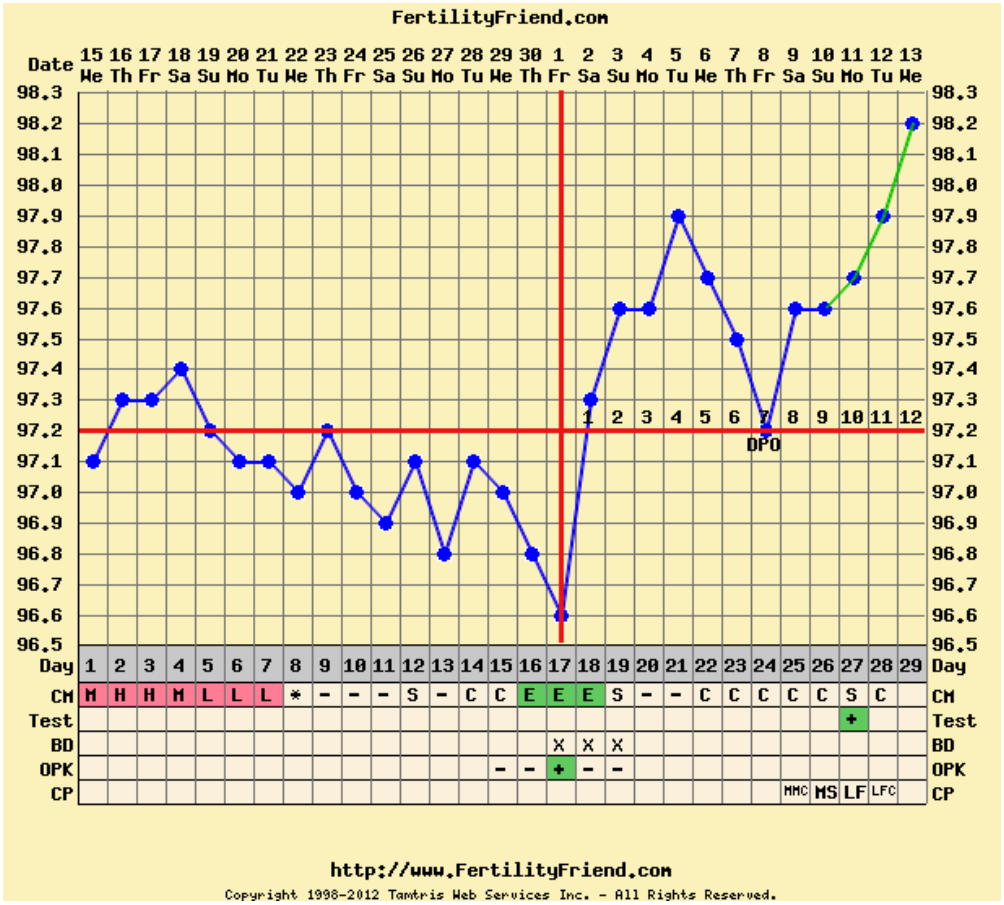
http://www.fertilityfriend.com/ChartGallery/27408.html

Here is another triphasic chart of a cycle that resulted in pregnancy. The triphasic pattern begins with a second temperature rise at eight days past ovulation. Ovulation is clearly detected on cycle day 20 with a significant temperature rise which is preceded by several days of fertile quality cervical fluid. Intercourse is well-timed and a pregnancy test is positive at 13 days past ovulation. An earlier pregnancy test, taken at ten days past ovulation was likely taken too early to get a positive result.

Mid Luteal Phase ("Implantation") Dip

Like triphasic patterns, this pattern, which shows a temperature "dip" in the middle of the luteaul phase, often causes excitement because it occurs with increased frequency on pregnancy charts. A **study of charts** in FertilityFriend.com's Chart Gallery, revealed that this pattern occurs about twice as frequently on pregnancy charts as non-pregnancy charts. While it does mean that the probability of pregnancy is increased when you see this pattern, a dip in the middle of the luteal phase can also be seen on non-pregnant charts, so it is not really a significant sign of pregnancy. The dip, in both conception and non-conception cycles, may be due to a secondary estrogen surge in the luteal phase since estrogen tends to have a lowering impact on temperatures. It may occur more frequently in conception cycles as luteal phase estrogen levels may be higher in conception cycles. Additionally, in conception cycles, progesterone levels may increase after implantation when the corpus luteum is "rescued", causing temperatures to rise again after a drop. This pattern cannot really be called an "implantation dip" pattern when it occurs in a non-conception cycle, but people often speculate about whether a mid-luteal phase dip that happens around the time implantation is expected is an "implantation dip" when they see this pattern on their charts. Once pregnancy is confirmed, this pattern may be referred to as an "Implantation dip" pattern, but it is not really possible to correlate the dip with implantation with any kind of certainty. The following charts show a mid luteal phase dip.

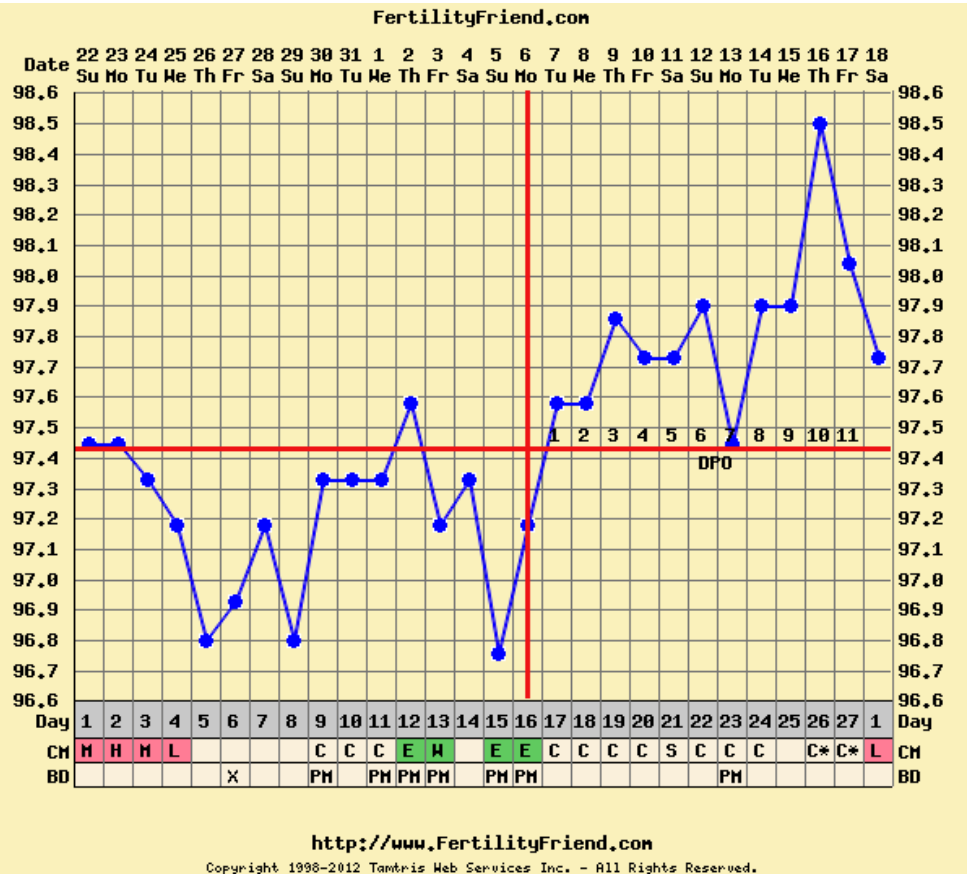
Mid Luteal Phase Dip 1



http://www.fertilityfriend.com/ChartGallery/125265.html

On the chart above, ovulation is detected for cycle day 17. Temperatures rise after ovulation, but dip significantly at seven days past ovulation, right around the time implantation may have occurred. Temperatures rise again and stay elevated and a positive pregnancy test is recorded at ten days past ovulation.

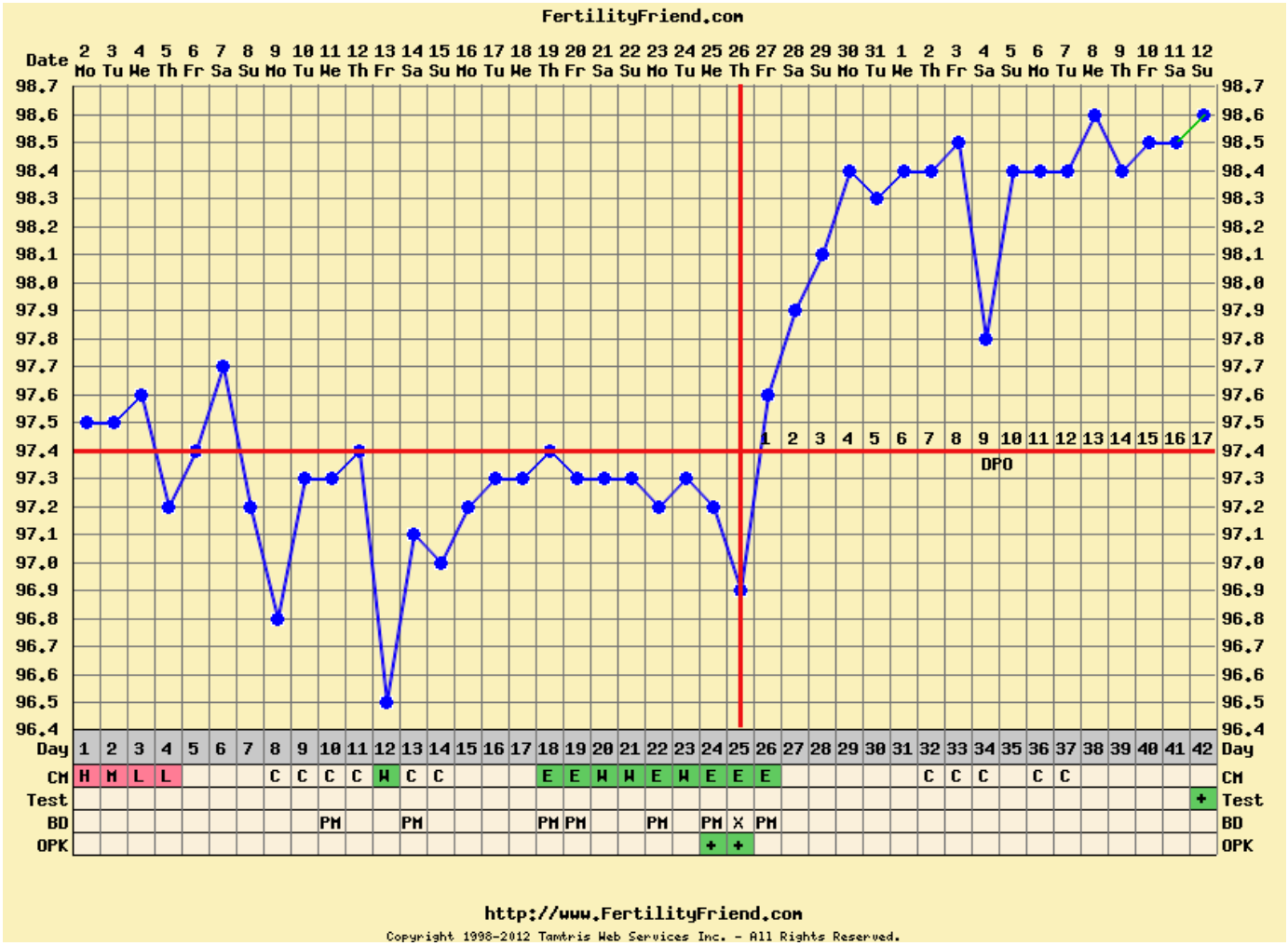
Mid Luteal Phase Dip 2



http://www.fertilityfriend.com/ChartGallery/124209.html

The chart above shows ovulation detected on cycle day 16, confirmed by a thermal shift and cervical fluid observations. There is a single temperature dip at seven days past ovulation before temperatures rise again and then fall before the end of the luteal phase. Intercourse takes place during the fertile time, but the cycle does not result in conception.

Mid Luteal Phase Dip 3



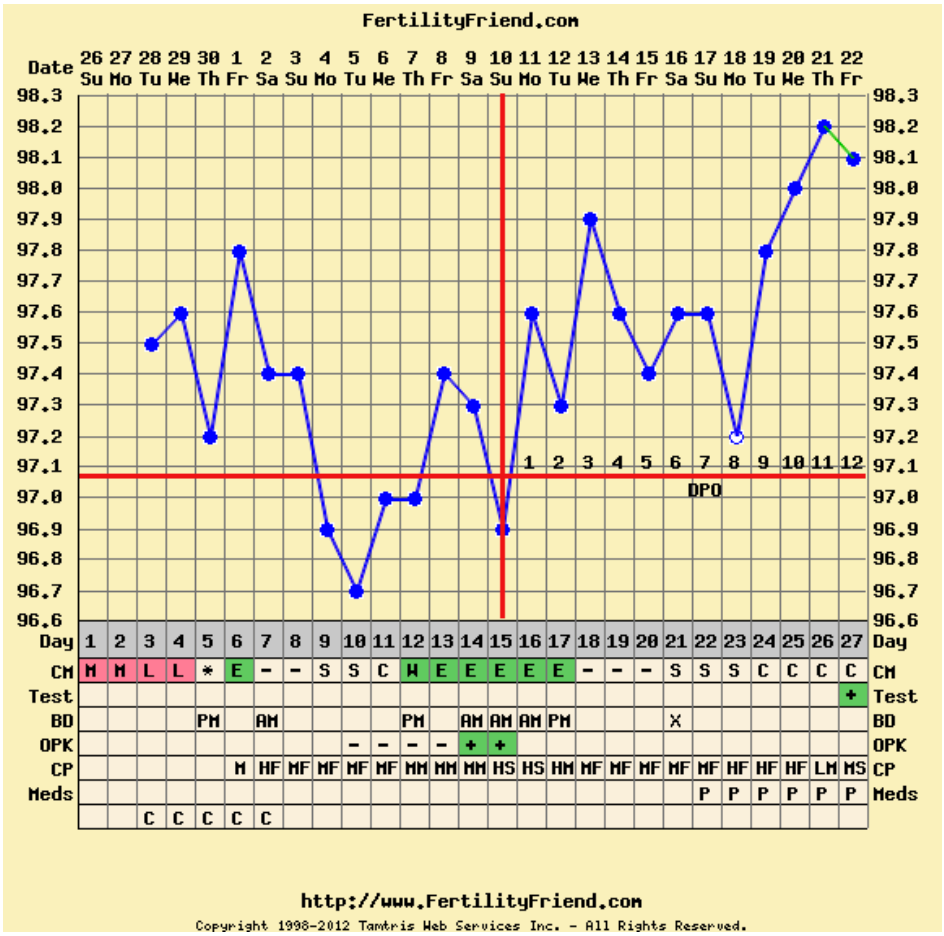
http://www.fertilityfriend.com/ChartGallery/123954.html

On the chart above, ovulation takes place on cycle day 25 after a long patch of fertile cervical fluid and positive OPK results. Intercourse is well-timed during the fertile window. Temperatures rise steadily in the luteal phase and remain high until they dip at nine days past ovulation and then rise again, staying elevated until a positive pregnancy test is noted at 17 days past ovulation.

Erratic temperatures

Even if your temperatures are erratic, going up and down throughout your cycle, and not showing a single clear sustained shift between pre- and post-ovulation phases, they may still indicate ovulation, especially if there are other signs that can be correlated. The overall pattern can indicate ovulation and show your cycle phases, even if there is not a clear biphasic shift. Real life charts often do not resemble “text-book” charts. Night waking, stress, shift work, illness, drinking, exercise, loss of sleep or waking at different times can all cause temperatures to be erratic. Some of these factors can be controlled, but some are more difficult since real life can sometimes make it difficult to have perfect charting conditions. You probably will be able to make sense of your chart even if conditions are not perfect and temperatures are erratic. FertilityFriend.com’s interpretation algorithms can be particularly helpful for these charts as they can filter out the “noise”. Sometimes, when temperatures are erratic, the interpretation is most reliable when it is done retrospectively, when the luteal phase and all signs can be used together to indicate the most likely interpretation. When erratic temperatures do not allow you to identify a clear thermal shift during the cycle, pay close attention to your other fertile signs to make sure you do not miss a chance to conceive. See below some charts with erratic temperatures where the ovulation pattern can still be detected.

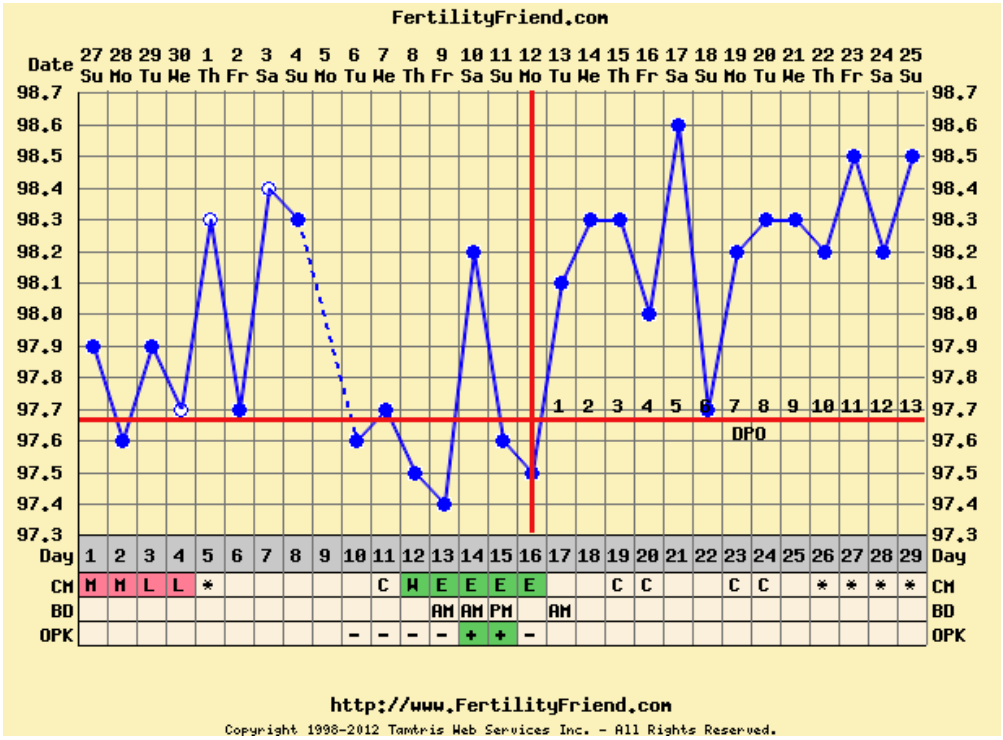
Erratic Temperatures 1



http://www.fertilityfriend.com/ChartGallery/20972.html

The chart above shows erratic temperatures. Some of the earlier temperatures may have been in the higher range due to the Clomid taken on days 3-7 and this may be partially obscuring a biphasic pattern. (Clomid can raise temperatures on the days it is taken). Still, ovulation can be clearly detected on this chart as temperatures do rise to a higher level after ovulation and OPK results are positive on days 14 and 15.

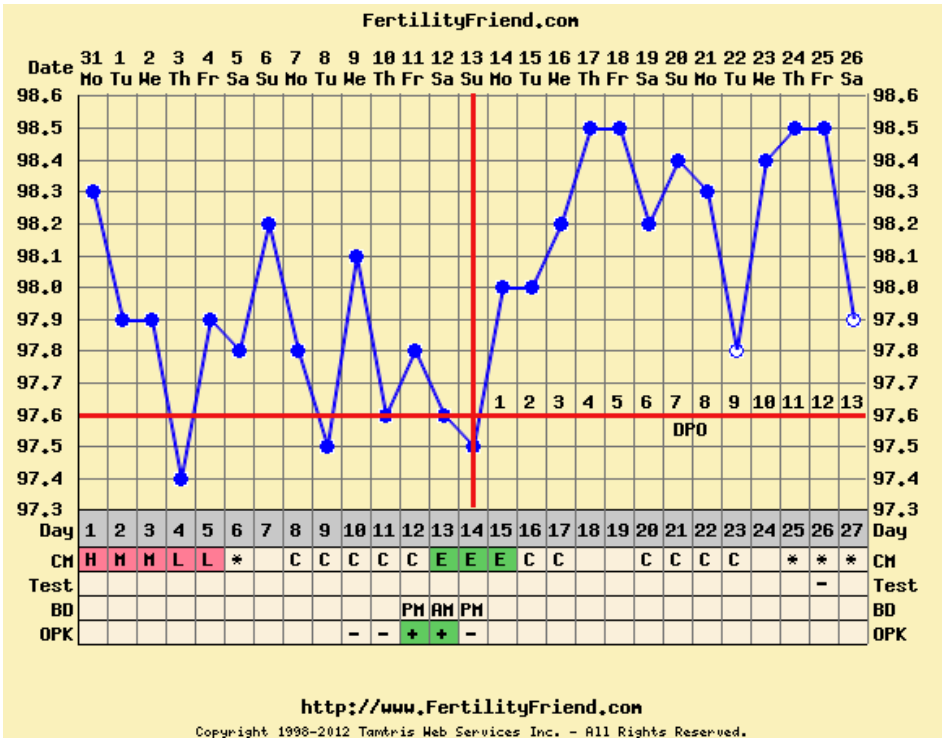
Erratic Temperatures 2



http://www.fertilityfriend.com/ChartGallery/17082.html

Erratic temperatures are also shown on the chart above. Without the OPK results and cervical fluid observations, it would be more difficult to identify the ovulation date with certainty. Visually, it may be difficult to see a pattern as the cycle is shaping up, but retrospectively, it is easier to see the pattern, especially if outlying temperature points are filtered.

Erratic Temperatures 3



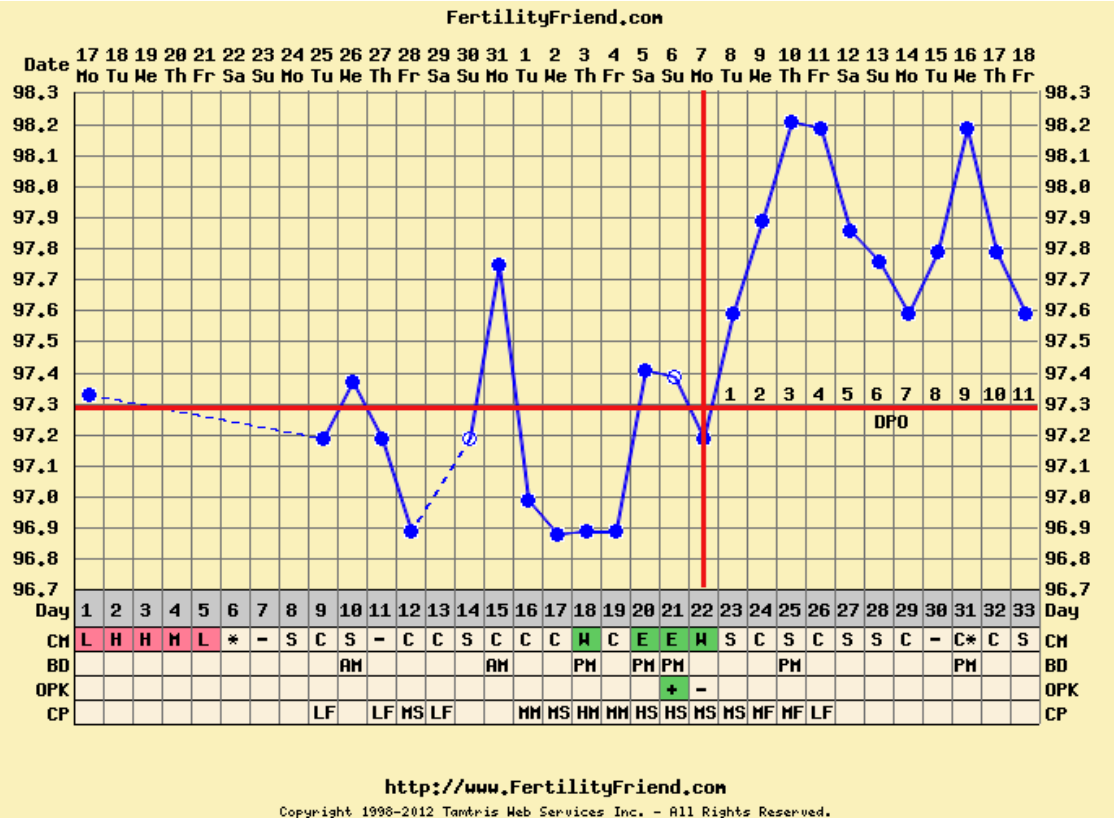
http://www.fertilityfriend.com/ChartGallery/15881.html

The erratic temperatures on this chart make it somewhat difficult to pinpoint ovulation visually without the additional data from the OPK results. Without the OPK results, it could look like ovulation was possibly on cycle day 16. With all signs available, and looking retrospectively, we can see cycle day 14 is the most likely day and we can see a luteal phase of 13 days.

Out of place temperatures

You may have temperatures at any time in the cycle that just do not seem to "fit". This is usually nothing to worry about since you are looking for trends over time rather than individual temperatures. Seemingly out of place temperatures can just be a fluke or can be caused by any number of external factors. A few out of place temperatures can usually be ignored without impacting the interpretation of your chart, especially if they are not close to ovulation. There is usually no need to adjust or discard out of place temperatures, especially if there were no unusual circumstances that may have caused them (like drinking or a fever, turning on the air conditioner, etc) because you can usually see a pattern in spite of them.

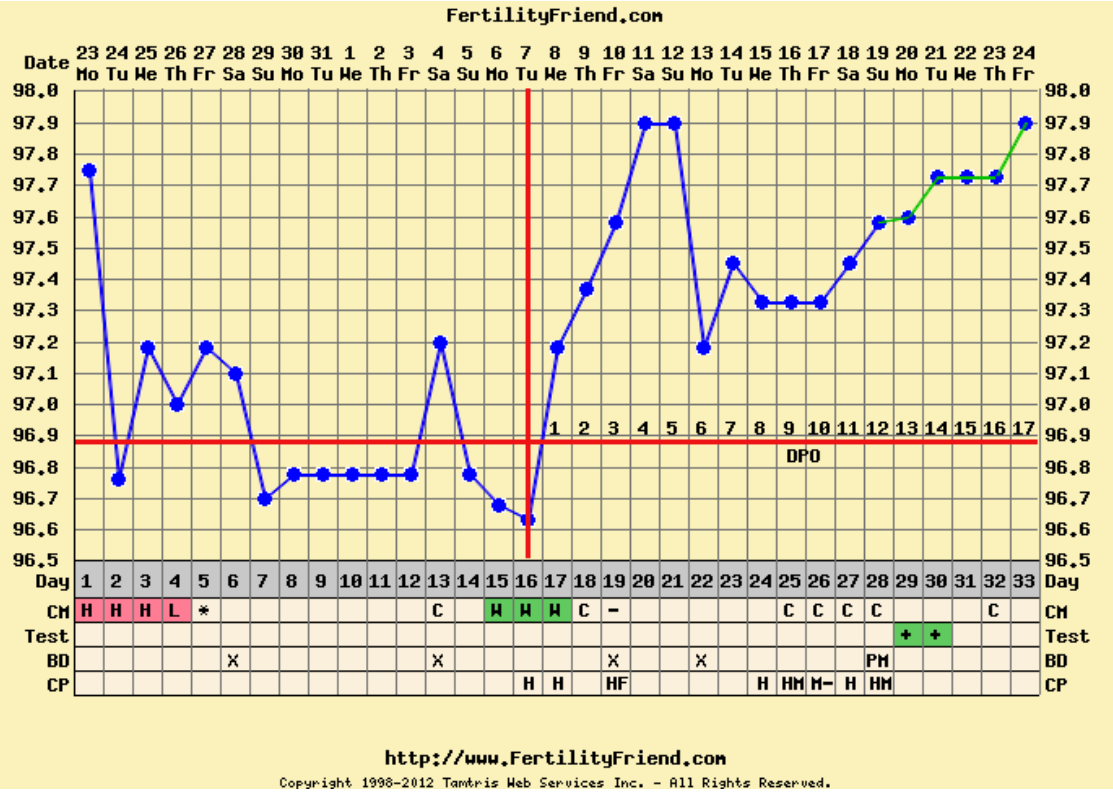
Out of Place Temperatures 1



http://www.fertilityfriend.com/ChartGallery/15857.html

The chart above shows an unusually high temperature on cycle day 15. This chart illustrates how important it is to wait for a few high temperatures and the observation of other signs of fertility before assuming that ovulation has occurred.

Out of Place Temperatures 2



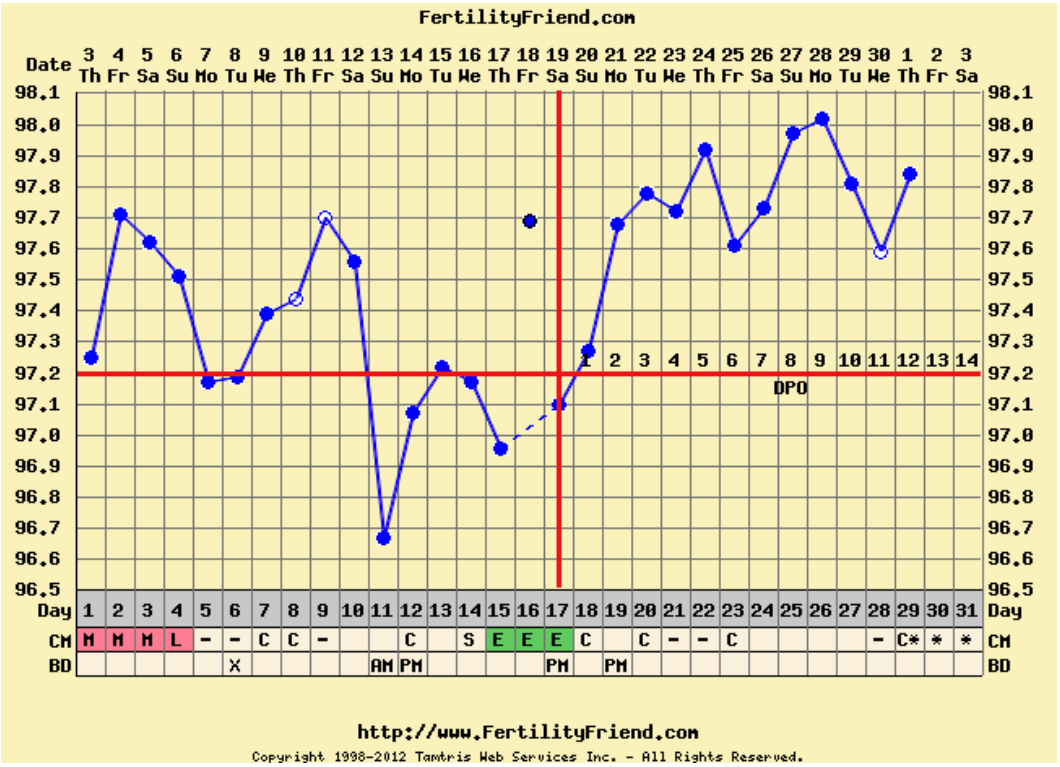
http://www.fertilityfriend.com/ChartGallery/124448.html

The chart above begins with a relatively higher temperature on cycle day 1, but it is not unusual to see temperatures on the high side during menstruation. On cycle day 13, there is another unusually high temperature but this does not interfere with detecting ovulation on cycle day 16, after which there is a sustained thermal shift. This also correlates well with cervical fluid observations. The only intercourse within the fertile window that is noted on the chart took place at four days prior to ovulation. This is not optimal, but is certainly possible and the cycle illustrated above resulted in pregnancy. A positive test is recorded on cycle day 13.

High temperatures during period

It is not unusual to have high temperatures during your period due to residual progesterone from your previous cycle. They will usually level off in time to recognize a thermal shift in your current cycle.

High Temperatures during Period 1



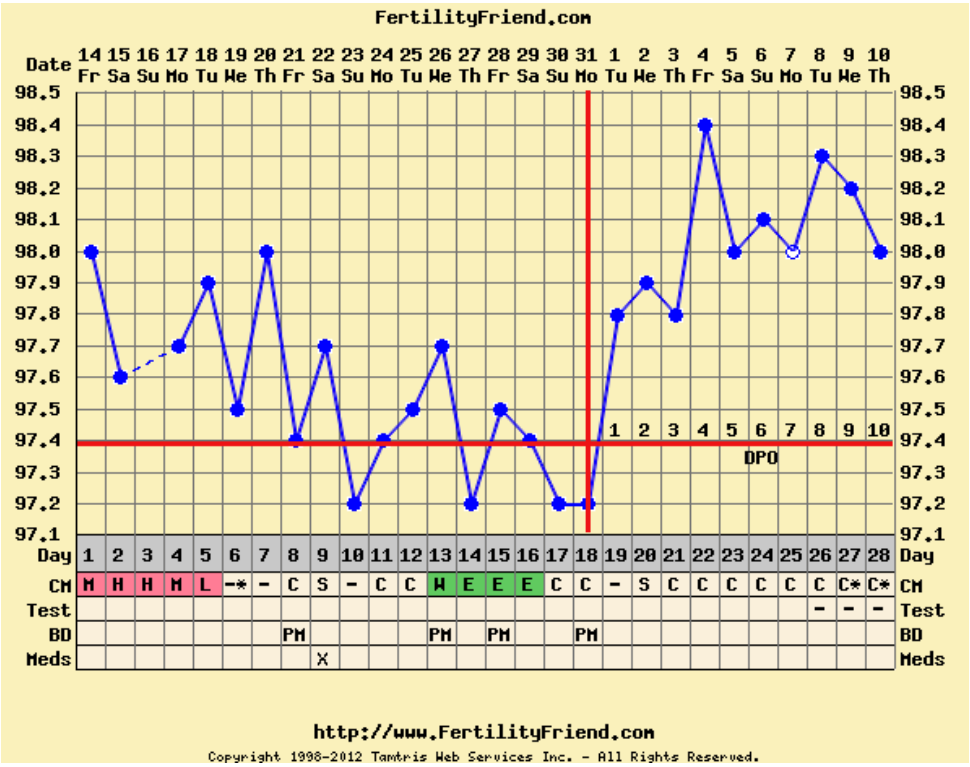
http://www.fertilityfriend.com/ChartGallery/16115.html

The chart above shows high temperatures during menses, though they drop in time to recognize the thermal shift after ovulation.

Erratic temperatures during period

It is not unusual to have erratic, higher and lower, temperatures during your period. Usually they will level off in time to recognize a thermal shift in the current cycle. Even when temperatures are erratic, it is usually possible to see an ovulation pattern. It is more important to note trends and patterns over several days than to focus on individual temperature points.

Erratic Temperatures during Period 1



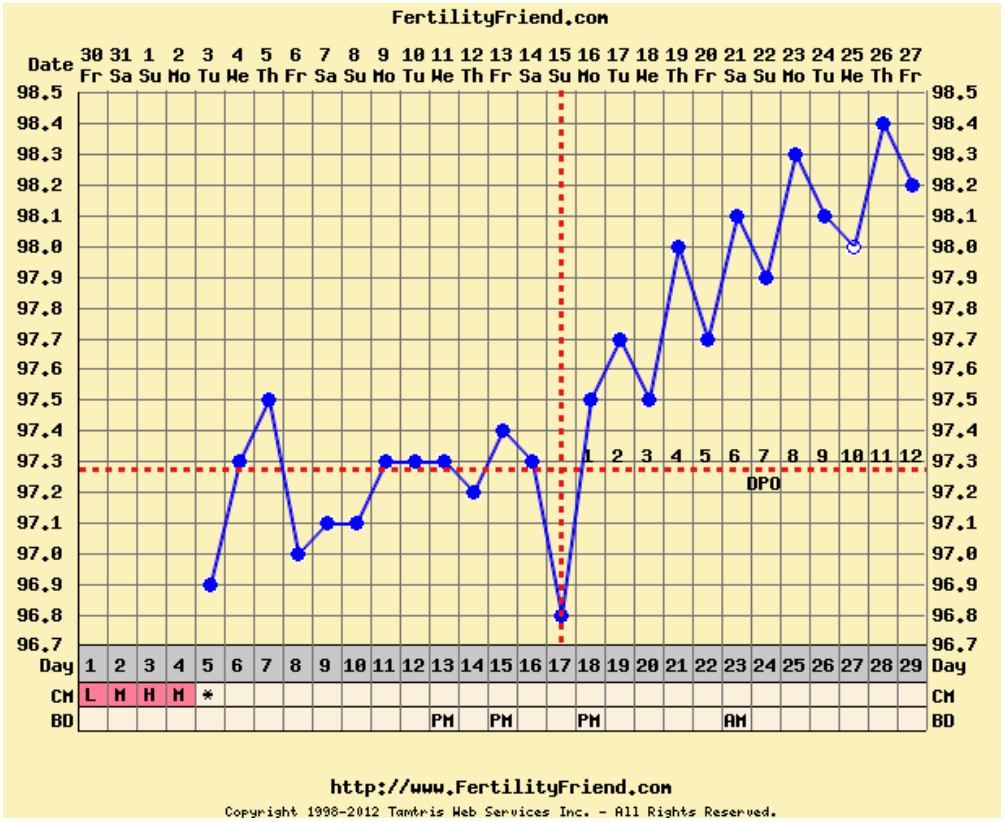
http://www.fertilityfriend.com/ChartGallery/15535.html

The chart above shows basal temperatures rising and falling during menses and erratic temperatures throughout the follicular phase. Ovulation is still clearly recognizable with a dramatic and sustained thermal shift.

Dip Before Rise/Ovulation Dip

As estrogen increases before ovulation, and estrogen can have a cooling effect on temperatures, you may see a slight temperature dip, sometimes called an “ovulation dip” before your temperature rise. If you are lucky enough to get advanced warning of ovulation like this over several cycles, this can be a good sign to help time intercourse very close to ovulation. You may, however have a dip that is not followed by a sustained rise and mistakenly assume ovulation is imminent when you see the dip. Keep in mind that an individual dip on its own does not tell you anything about ovulation or your fertility. Make sure to wait for the temperature *rise* before assuming that ovulation has passed. The following charts show patterns with a dip at ovulation.

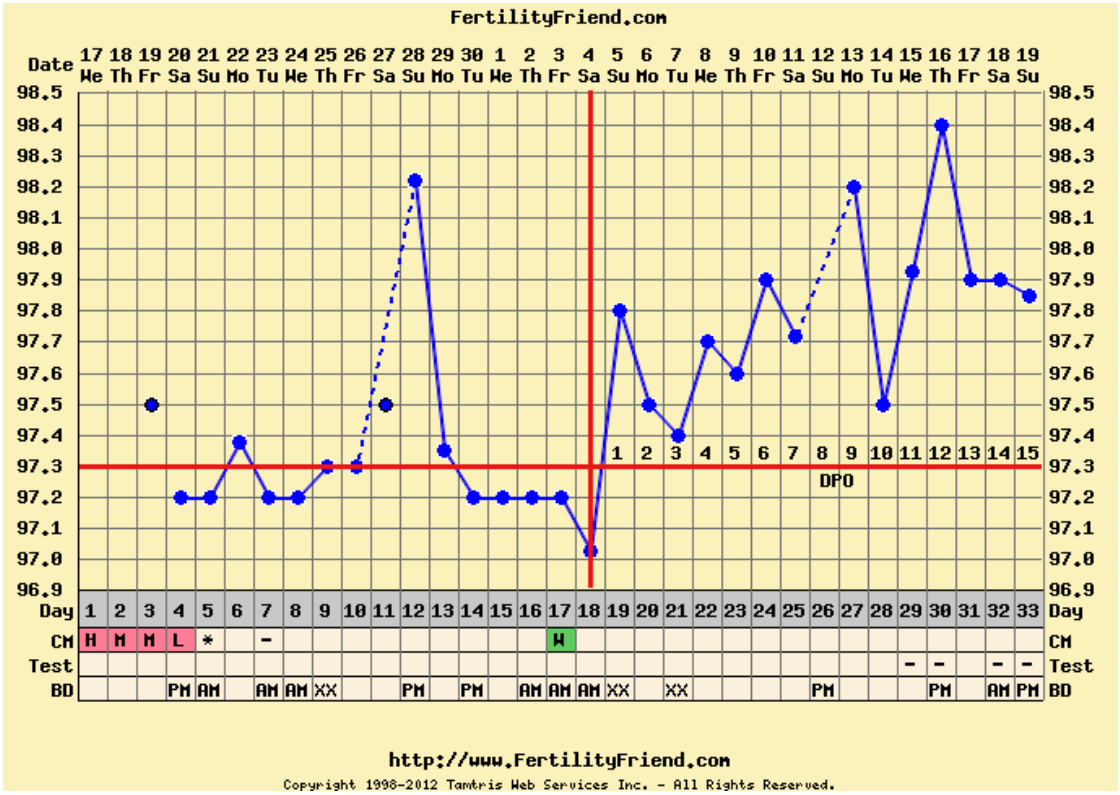
Ovulation Dip 1



http://www.fertilityfriend.com/ChartGallery/18702.html

The temperature dips on cycle day 17 on the chart above, showing an “ovulation dip” pattern. Though only temperature data is recorded on this chart, ovulation can clearly be detected by a dramatic thermal shift. After ovulation, temperatures rise in a “saw-tooth” pattern. The crosshairs are dotted rather than solid because only temperature data is available.

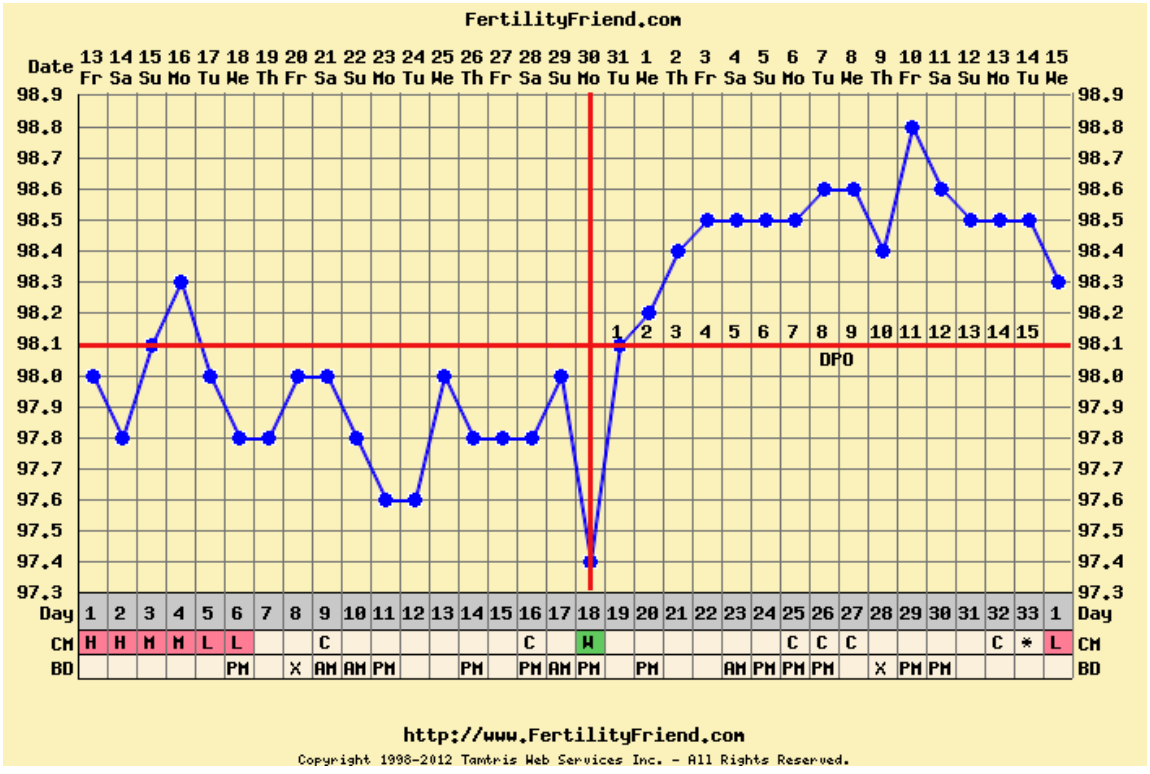
Ovulation Dip 2



http://www.fertilityfriend.com/ChartGallery/28033.html

The temperature drops to the lowest level on the ovulation day on this chart. It is the sustained rise after cycle day 18 that can confirm ovulation for that day.

Ovulation Dip 3



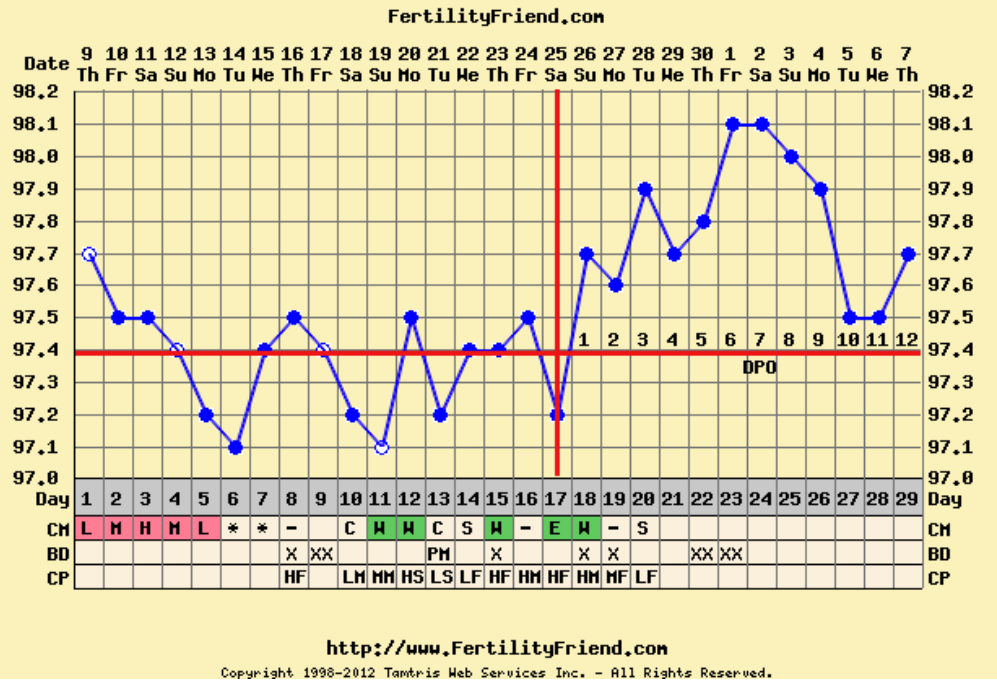
http://www.fertilityfriend.com/ChartGallery/125251.html

The chart above also shows a temperature drop on the day of ovulation. The single day temperature drop gives the chart a rather dramatic appearance but it is only the sustained temperature rise after ovulation which can confirm that ovulation did occur.

Multiple patches of fertile cervical fluid

You may get more than one patch of fertile cervical fluid in a given cycle. Though you will only ovulate once, usually just after the last patch of fertile cervical fluid, it is important to treat any fertile-like cervical fluid as potentially fertile so you do not miss a chance for conception. This can be frustrating when it seems like you are waiting so long for ovulation and lovemaking can lose its lustre when you feel worn out from trying to conceive. Nonetheless, cervical fluid observations offer the best indication of approaching fertility so should always be treated as potentially fertile if they occur before a clear and sustained thermal shift is observed. The following charts show cycles where multiple patches of fertile cervical fluid were noted.

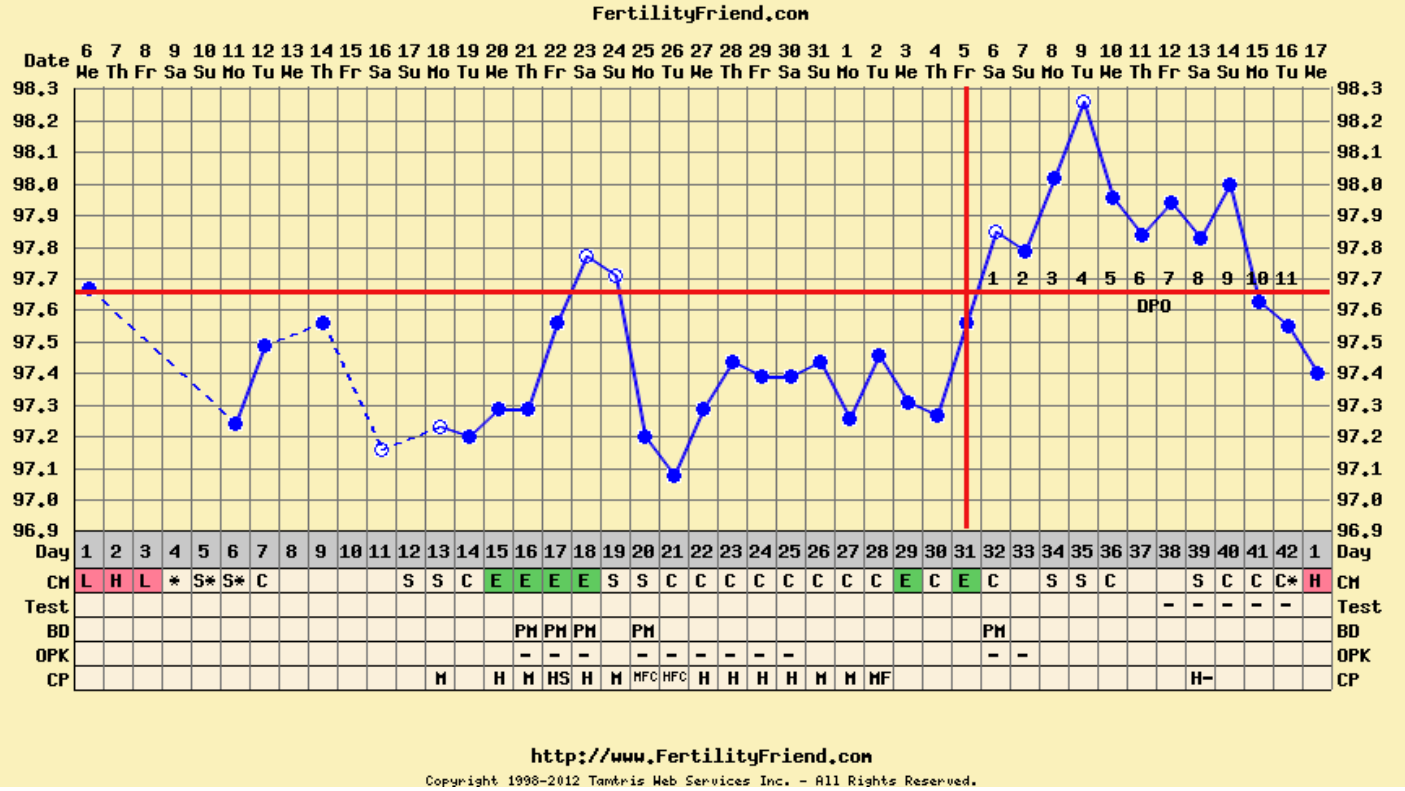
Multiple Patches of Fertile CM 1



http://www.fertilityfriend.com/ChartGallery/20424.html

This chart shows fertile cervical fluid first appearing on cycle day 11, yet ovulation does not occur until cycle day 17. Intercourse is not optimally timed during the fertile phase.

Multiple Patches of Fertile CM 2



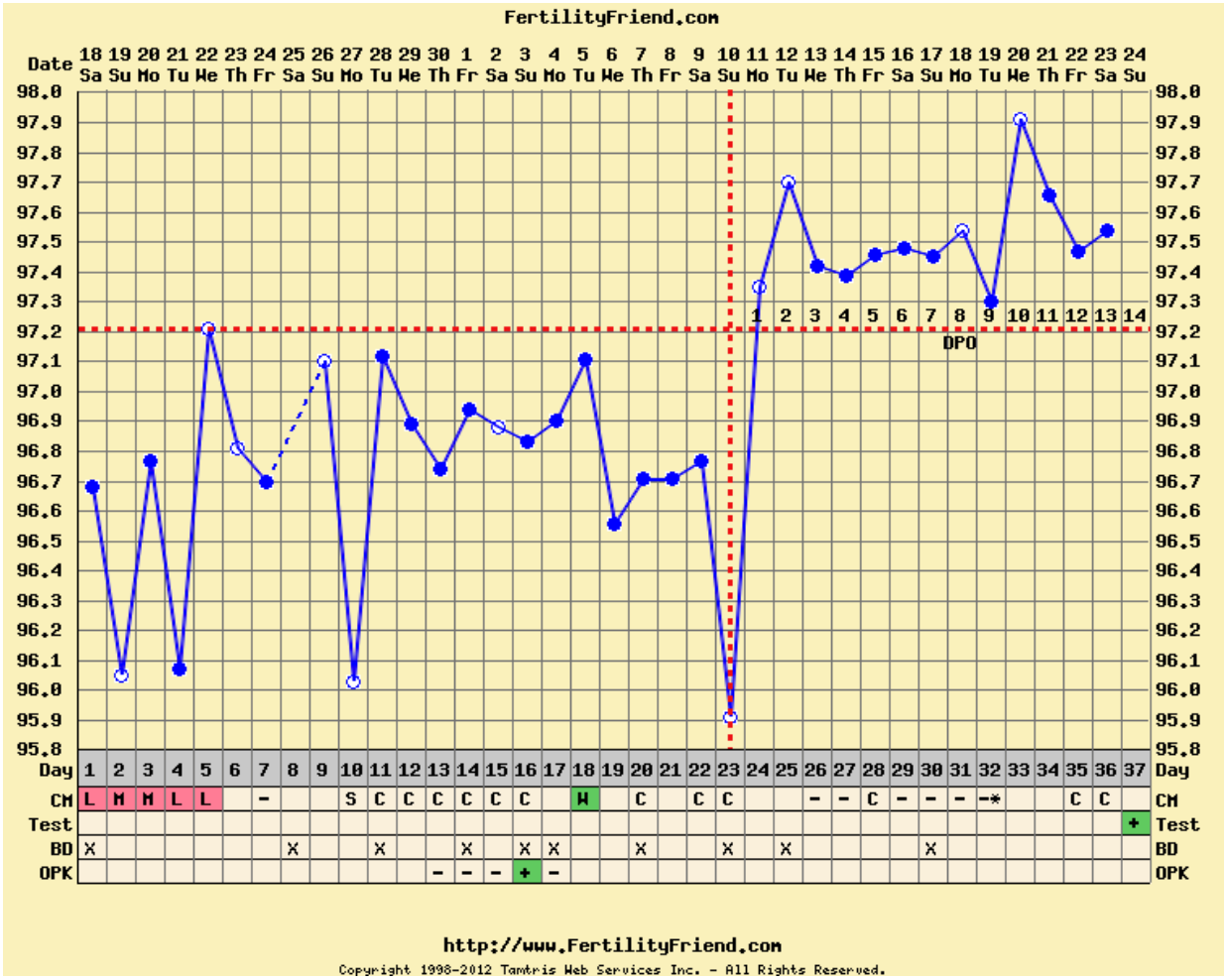
http://www.fertilityfriend.com/ChartGallery/124215.html

Here we can see fertile cervical fluid first appearing from cycle days 15 to 18, around the time ovulation might be expected, but it is not immediately followed by a thermal shift so ovulation cannot be confirmed. Given the intercourse, pattern, it looks like the chart owner expected ovulation to follow the first patch of fertile cervical fluid. In this case, however, ovulation is delayed, not occurring until cycle day 31 (possibly 30) after another patch of fertile cervical fluid is observed, this time followed by a thermal shift. Unfortunately, it appears that intercourse was not timed to coincide with the most fertile time, so there was little opportunity for conception.

Multiple positive OPKs or Positive OPK several days before Ovulation

Luteinizing Hormone (LH), which is detected by Ovulation Prediction Kits, may be elevated even when you are not immediately approaching ovulation. This can cause you to have multiple positive OPKs. When this happens, you will probably ovulate just after the last positive OPK if you continue to use the kit, though this may occur in anovulatory cycles as well. Nonetheless, you should treat any positive OPK reading as meaning that you may be about to ovulate. Some fertility medications may interfere with OPK results. Check with your doctor and/or the OPK manufacturer if you are taking fertility medications and observe unusual OPK results.

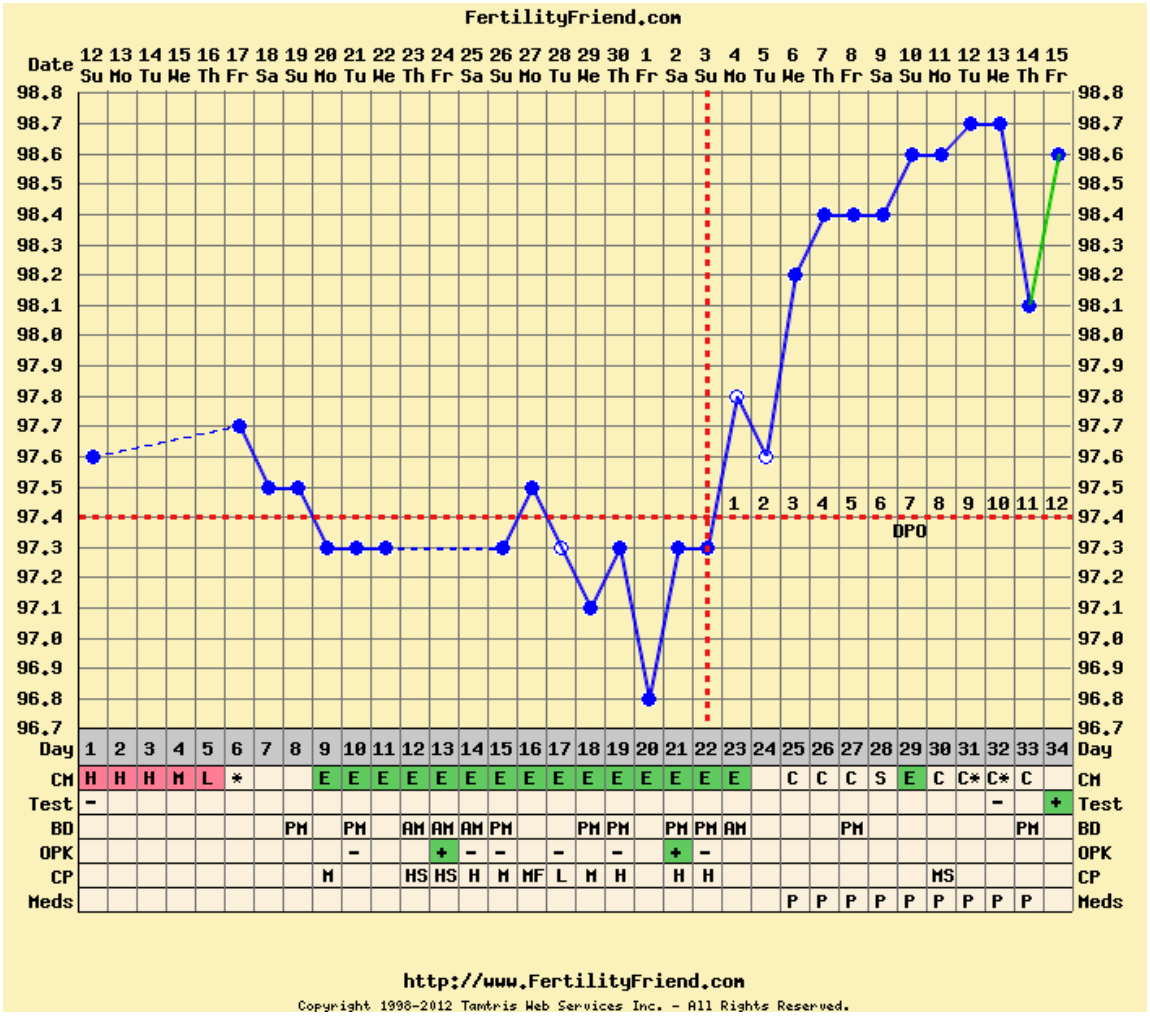
Positive OPK before Ovulation 1



http://www.fertilityfriend.com/ChartGallery/21039.html

The chart above shows a positive OPK result on cycle day 16, yet ovulation is not confirmed by a thermal shift until cycle day 23. OPKs were not used again immediately prior to ovulation, yet intercourse is well-timed to coincide with ovulation and a positive pregnancy test is recorded at 14 days past ovulation. Since the OPK can be positive even when ovulation does not immediately follow, it is recommended to keep having intercourse until the thermal shift can confirm that ovulation has indeed occurred.

Multiple Positive OPK 1



http://www.fertilityfriend.com/ChartGallery/20670.html

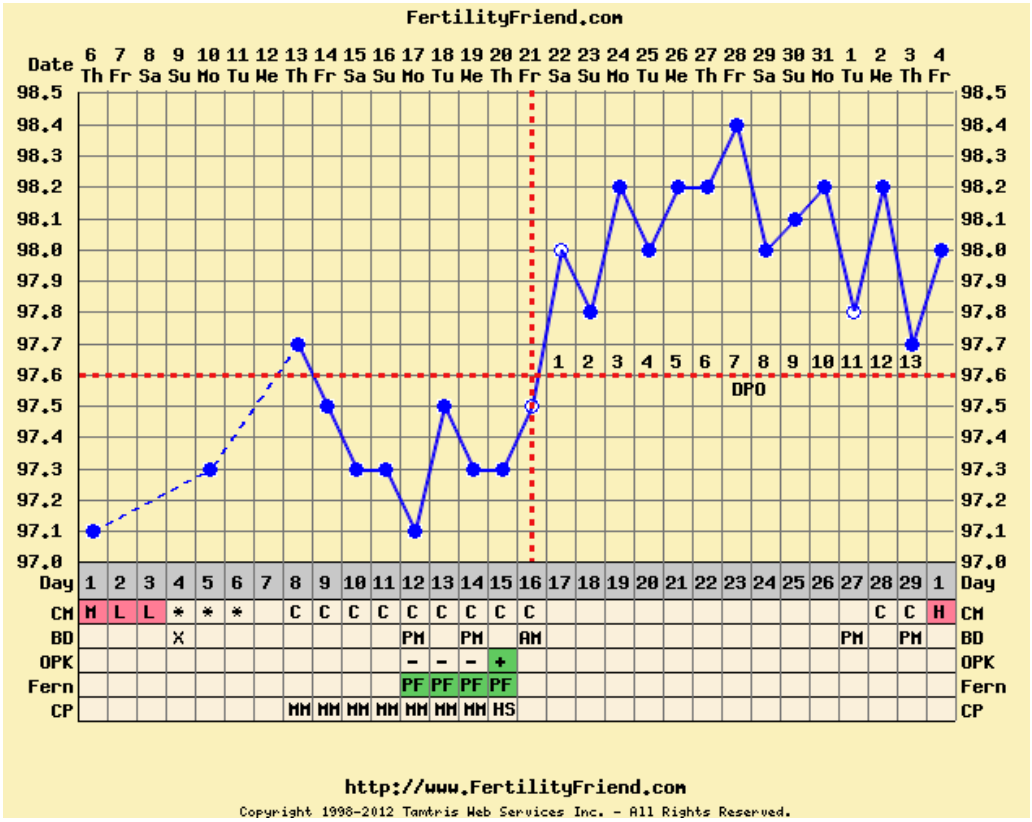
Here we see a positive OPK result on cycle day 13, yet ovulation does not immediately follow. Temperatures remain in the lower range and fertile cervical fluid persists. A second positive OPK is observed eight days later, followed by a thermal shift to indicate ovulation has really occurred on cycle day 22. Intercourse is well-timed and a positive pregnancy test is recorded at 12 days past ovulation.

No egg white cervical fluid/No egg white cervical fluid before thermal shift

You may not get a patch of fertile cervical fluid just before your thermal shift, even though the shift indicates that you ovulated. If this is a frequent pattern for you, you should try to time intercourse as close to ovulation as possible and treat the cervical fluid that you get closest to ovulation as your most fertile cervical fluid.

The vertical line indicating your ovulation day appears dotted when there is no fertile cervical fluid observed around ovulation time. This indicates that the ovulation date is not certain and is meant to alert you to keep on the look-out for fertile signs so you do not miss a chance to conceive.

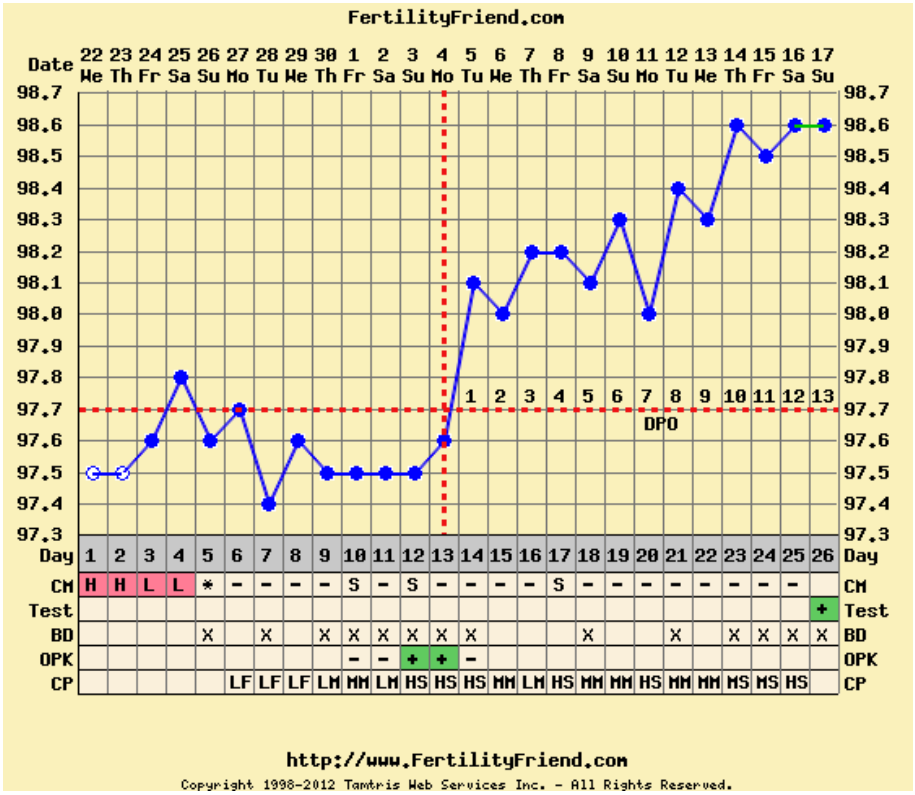
No Fertile Cervical Fluid 1



http://www.fertilityfriend.com/ChartGallery/20797.html

This chart shows creamy cervical fluid, a positive OPK the day before ovulation is detected and a clear thermal shift. Ovulation is fairly certain in this case even without observing fertile cervical fluid.

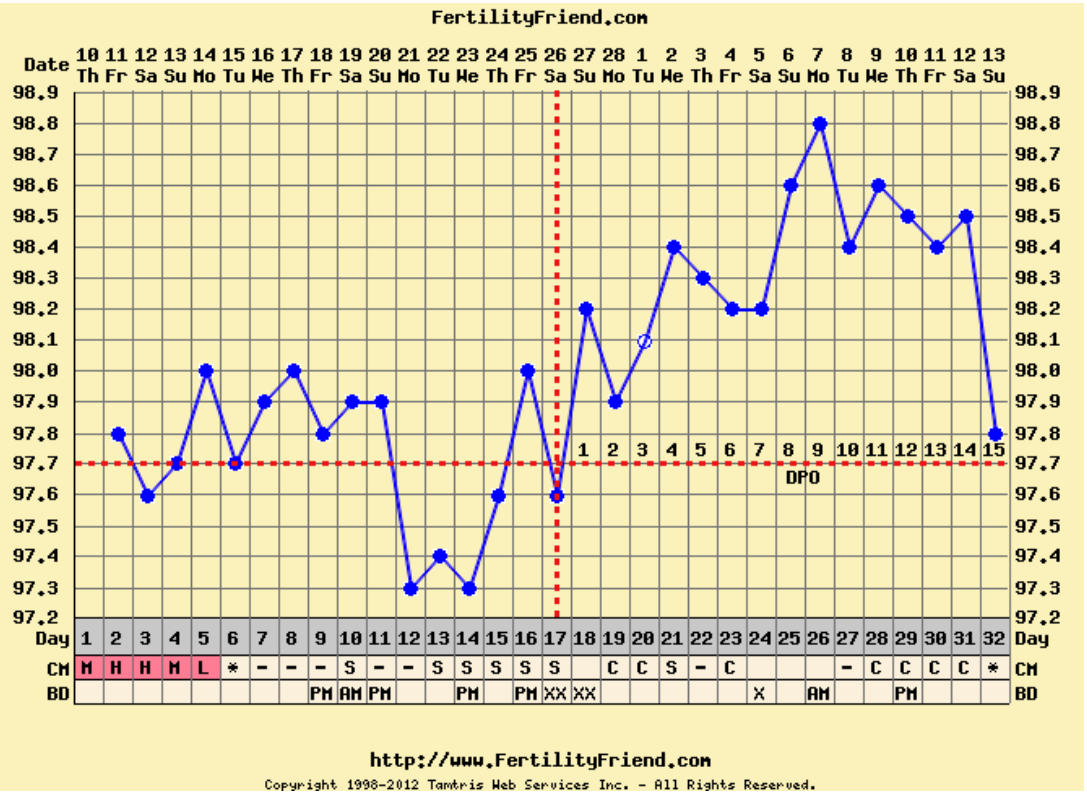
No Fertile Cervical Fluid 2



http://www.fertilityfriend.com/ChartGallery/20736.html

The chart above shows ovulation on cycle day 13 correlated with a positive OPK and a thermal shift. Ovulation pain is also noted. In this case, ovulation is fairly sure even without the fertile cervical fluid, though the crosshairs are dotted because “high/soft” cervix was recorded on cycle day 17. Intercourse is well-timed all through the most fertile days around ovulation and a positive pregnancy test is recorded at 13 days past ovulation.

No Fertile Cervical Fluid 3



http://www.fertilityfriend.com/ChartGallery/28049.html

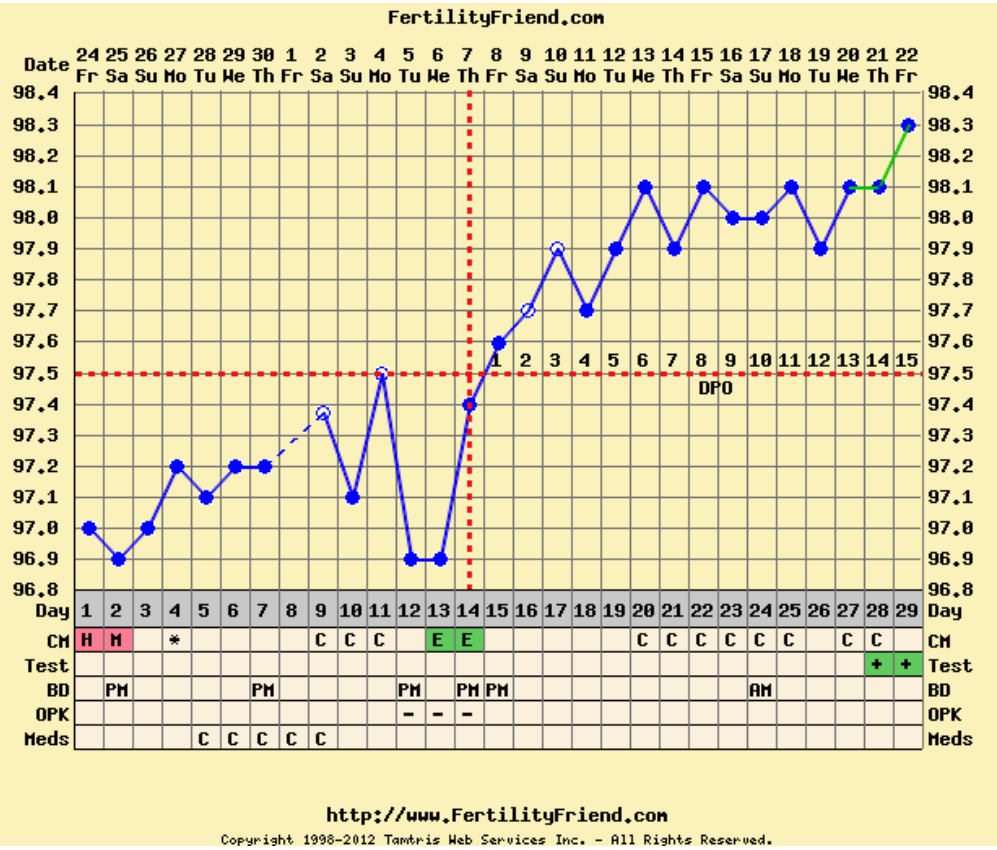
On this chart it is difficult to pinpoint the ovulation day precisely without any signs to correlate with the thermal shift. Ovulation is still likely but the precise date is not certain. Cycle day 17 looks more likely than cycle day 14 or 15 (which are also possible) because the earlier dates would result in an unusually long luteal phase length. Although intercourse is timed-well during the days around ovulation, the cycle winds down without pregnancy.

Microscope, OPK, or Fertility Monitor does not correlate

Sometimes the devices that you can purchase for monitoring your fertility do not agree with your other charting data. In most cases, your temperature data is best able to pinpoint and confirm ovulation since it is the sign that shows you that that ovulation has passed. The tests and devices are useful for indicating increased fertility before ovulation.

It is possible to ovulate without any commercial device that you may be using showing signs of increased fertility. Additionally, some fertility medications may affect your test results. Your healthcare provider or the manufacturer of your device should be able to help you determine if this could be the case. When the results from any devices that you are using to monitor your fertility are not clear, pay close attention to other signs, especially your cervical fluid observations, and keep having intercourse until ovulation is confirmed by a thermal shift.

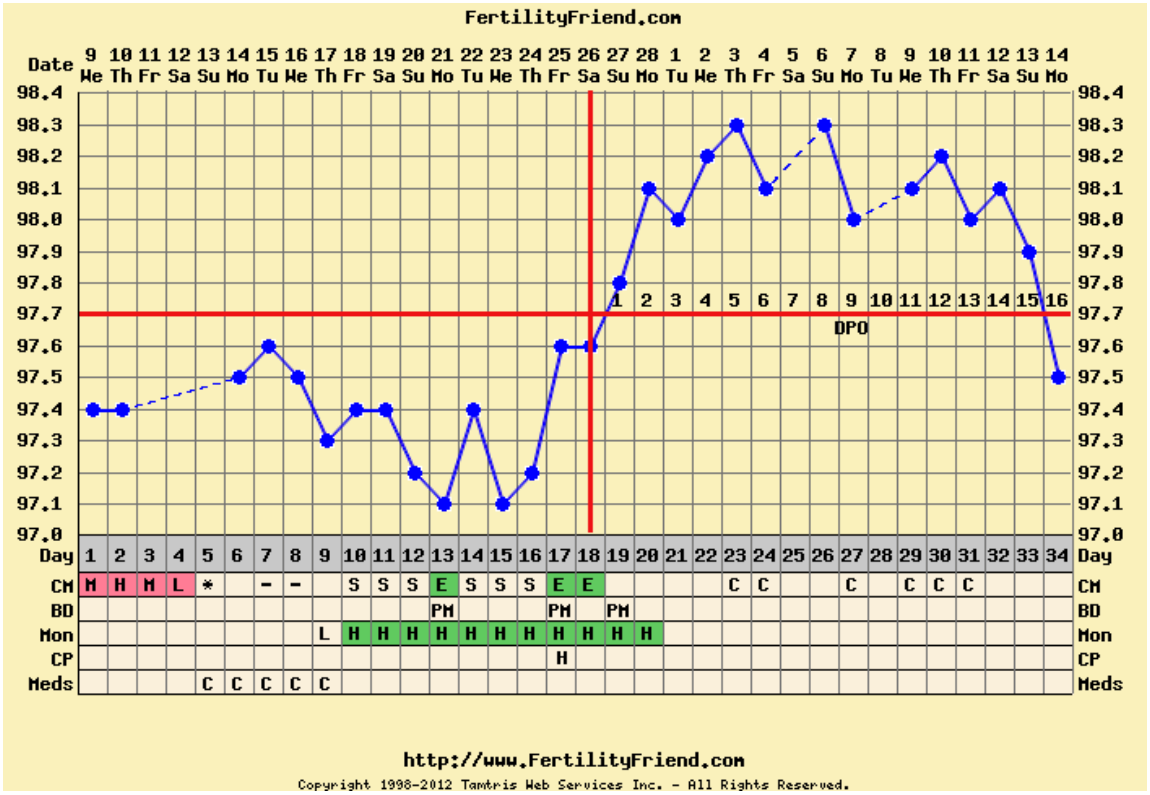
Device does not Correlate with Shift 1



http://www.fertilityfriend.com/ChartGallery/20960.html

This chart shows ovulation on cycle day 14, yet the OPK never returned a positive result. Intercourse is well-timed nonetheless and pregnancy is confirmed by a positive test result at 14 days past ovulation.

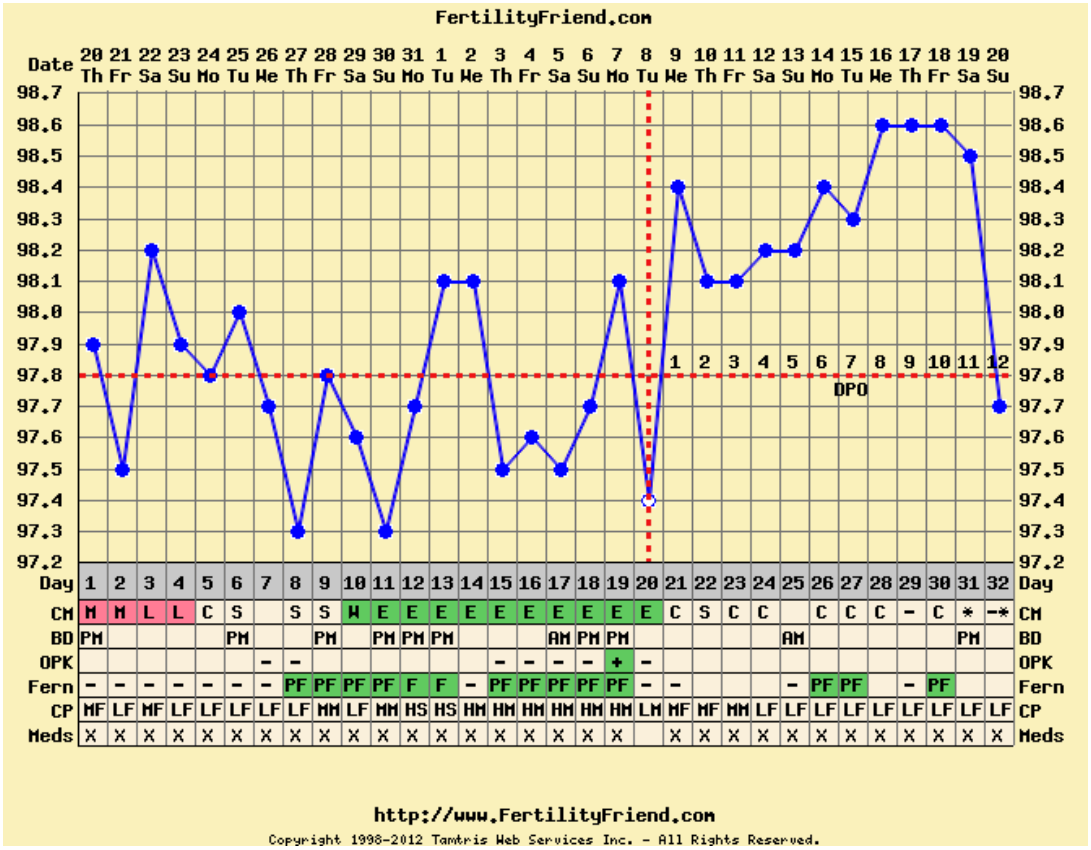
Device does not Correlate with Shift 2



http://www.fertilityfriend.com/ChartGallery/27806.html

The chart above shows ovulation for cycle day 18, yet the fertility monitor never returned a peak reading. The luteal phase length and cervical fluid signs are helpful to determine that cycle day 18 rather than cycle day 16 is the most likely ovulation date.

Device does not Correlate with Shift 3



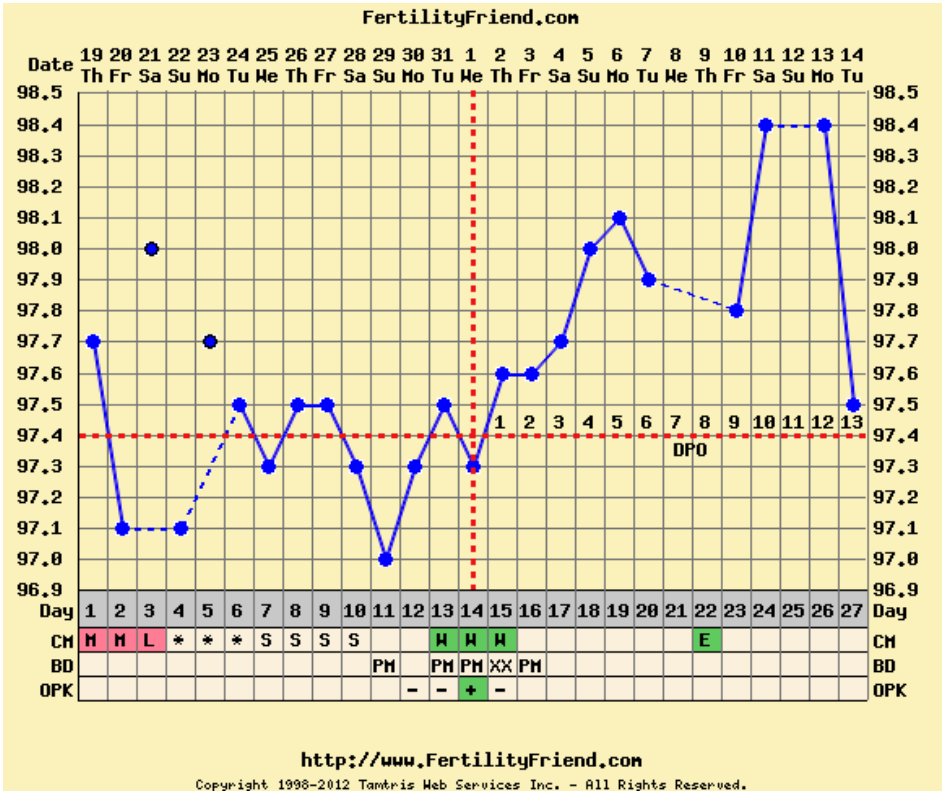
http://www.fertilityfriend.com/ChartGallery/27597.html

Above we can see that cervical fluid observations, a positive OPK and a thermal shift all indicate ovulation for cycle day 20, yet the saliva microscope showed full ferning (most fertile) on cycle days 12 and 13 and only partial ferning in the days just before ovulation. Looking at the overall pattern and all the signs together helps to make the most likely interpretation. FertilityFriend.com's interpretation algorithms are also able to take all signs into account to make the most likely interpretation, even if the signs and devices (if you are using any) do not correlate.

Fertile cervical fluid after ovulation

While cervical fluid typically dries up immediately after ovulation, it is sometimes present even after ovulation. This is because the corpus luteum may produce sufficient estrogen to produce some cervical fluid at this time. If you have already ovulated and temperatures are clearly elevated and the temperature elevation is sustained, this need not be treated as fertile fluid and the ovulation date does not need to be put in question. If the thermal shift is not dramatic, or if temperatures have been rocky, you may want to consider that you could still be fertile if you observe fertile cervical fluid later in the cycle- just to make sure you do not miss a chance to conceive. The vertical line indicating ovulation is dotted when seemingly fertile cervical fluid is observed at this time. This is meant to alert you to keep observing your signs and to consider yourself as potentially fertile if ovulation has not certainly already passed.

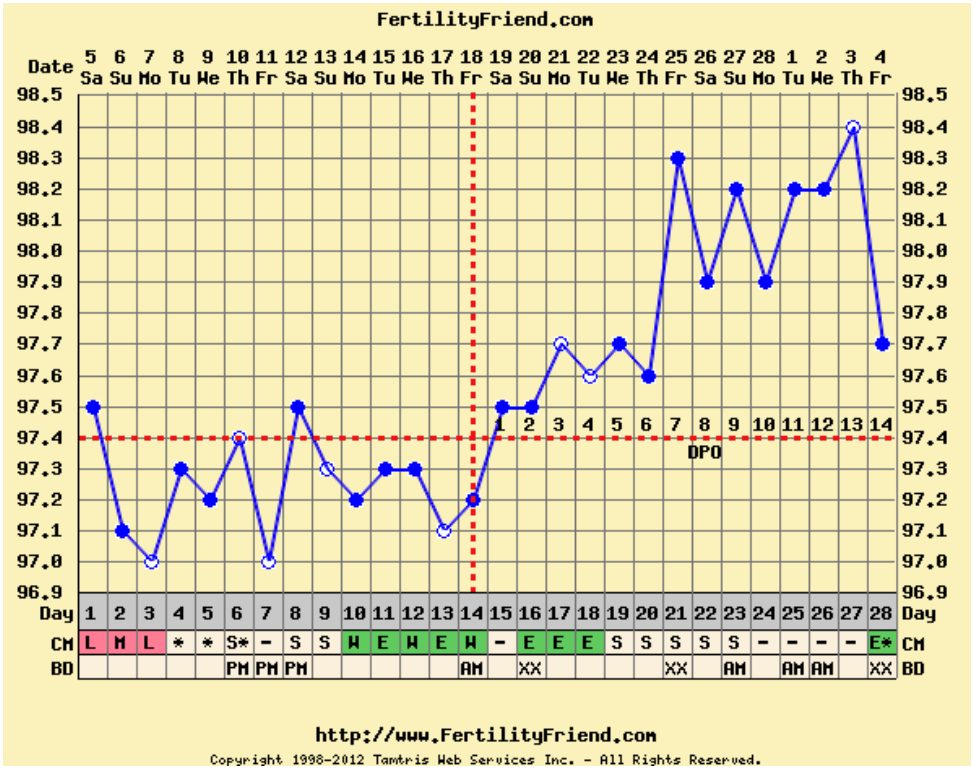
Fertile CM after Ovulation 1



http://www.fertilityfriend.com/ChartGallery/19212.html

Fertile cervical fluid is observed at eight days past ovulation. Since ovulation is confirmed by multiple signs, this need not be considered as potentially fertile.

Fertile CM after Ovulation 2



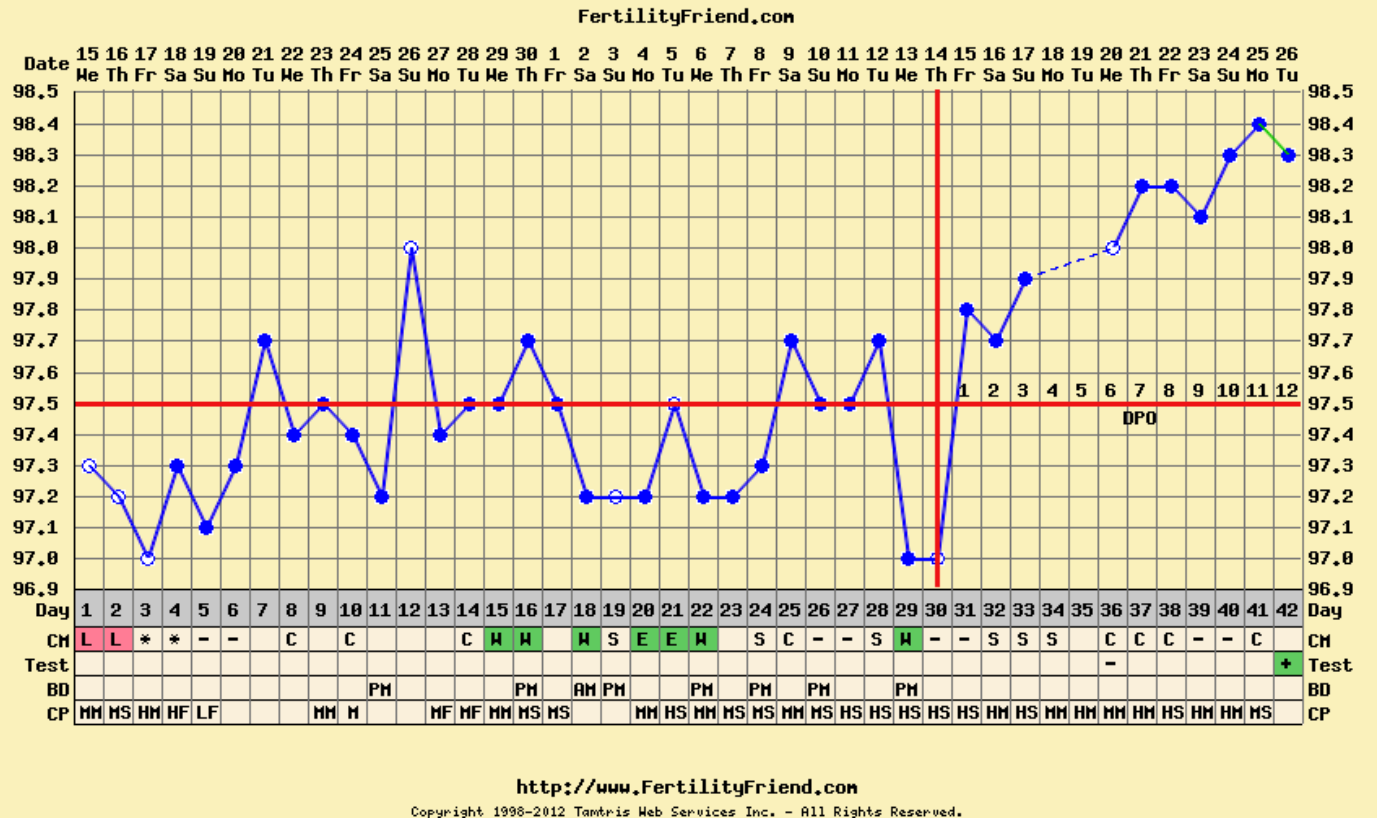
http://www.fertilityfriend.com/ChartGallery/27330.html

Seemingly fertile cervical fluid is observed in the days after ovulation and again just before the end of the cycle. Looking at the chart retrospectively, with the benefit of the luteal phase length and those much higher temperatures prior to menstruation, we can see that this was not a fertile time. Without the added benefit of hindsight, it would be a good idea to consider those days as potentially fertile, since ovulation is not confirmed by multiple signs and the thermal shift immediately following ovulation is not particularly dramatic.

Cervical position or cervical fluid does not correlate with temperature signs

Your cervical position or cervical fluid may not always correlate with your temperature or other data when they are cross-checked. Usually you can still interpret your chart and find your most fertile time and ovulation date when you look at the overall pattern. FertilityFriend.com's interpretation algorithms can also be useful in this case as the software will indicate the most likely pattern based on all the signs available. When the signs do not all correlate, it is important to consider that you may still be fertile until ovulation is confirmed by a clear and sustained thermal shift.

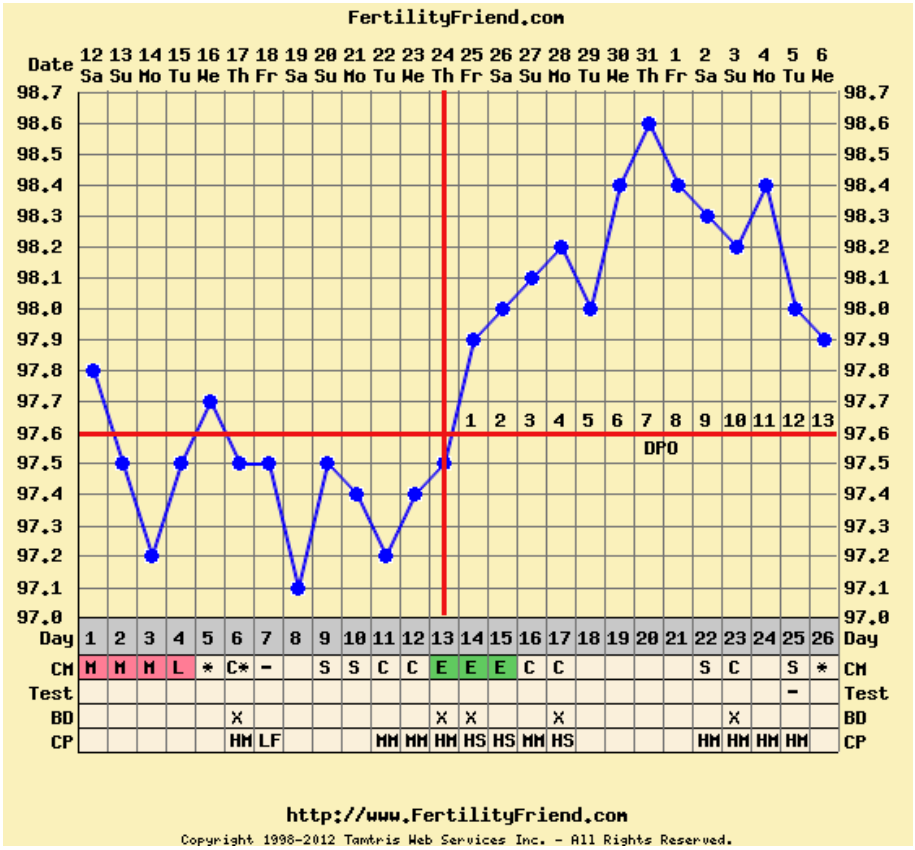
CM/ CP not correlated with Temperature 1



http://www.fertilityfriend.com/ChartGallery/21172.html

The chart above shows fertile cervical fluid much earlier in the cycle than expected based on the ovulation date. Wisely, intercourse continues until a clear and sustained thermal shift can confirm ovulation. A positive pregnancy test result is recorded at 12 days past ovulation.

CM/ CP not correlated with Temperature 2



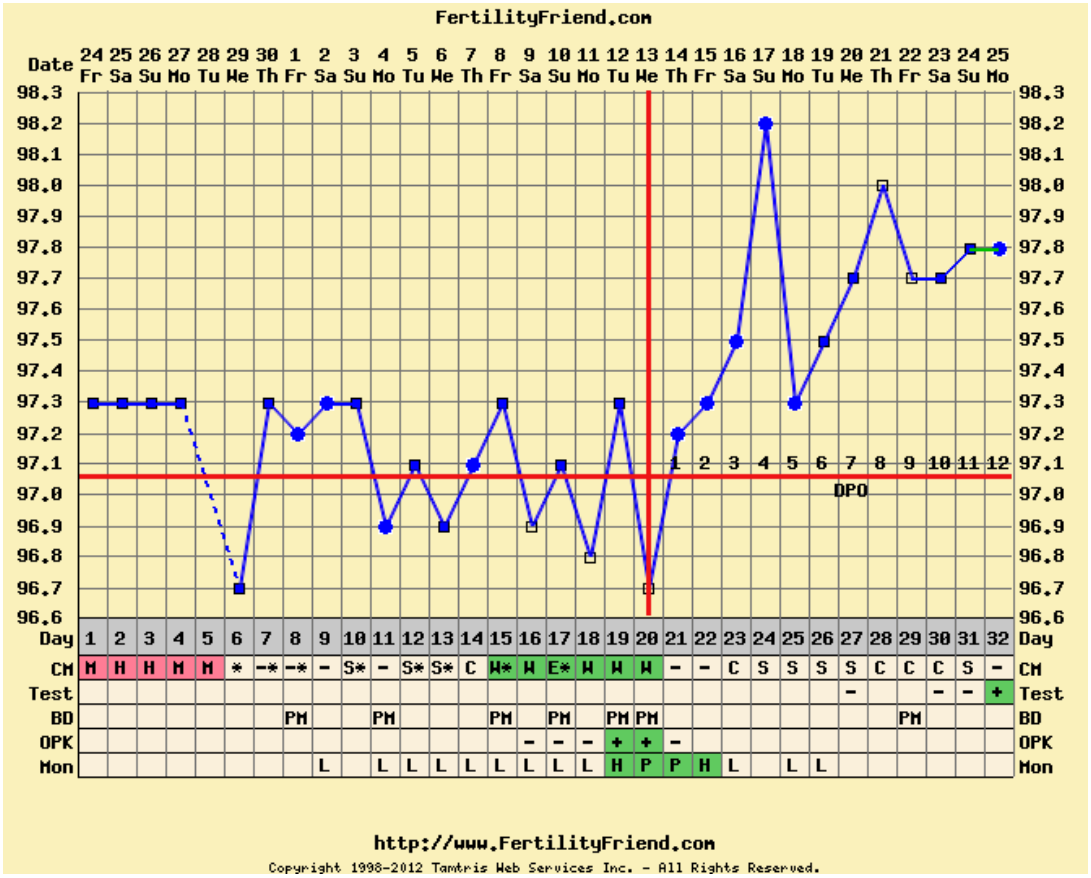
http://www.fertilityfriend.com/ChartGallery/27848.html

The chart above shows fertile cervical fluid and a high/soft cervix observed in the days just after ovulation. The luteal phase length and the temperature data allow us to be reasonably sure of the ovulation date at cycle day 13 even without the correlating signs. Given the intercourse pattern, it is also possible that seminal fluid was mistaken for egg white cervical fluid.

Temperature shift may be ambiguous

In some cases it will be clear that ovulation occurred but it will not be possible to pinpoint it definitively with any degree of certainty. In such cases the temperature may rise very slowly, have some dips, be erratic, or some data may be missing or conflicting in such a way that makes it impossible to tell exactly when ovulation happened. Though it is frustrating when you cannot pinpoint ovulation with certainty, keep in mind that the most important thing is not to have a perfect chart, but rather to make sure you have intercourse in your fertile window. When you have an ambiguous chart, it is recommended to consider the latest possible ovulation date to help avoid testing too early. Then, if you turn out not to be pregnant that cycle, you can go back and adjust your chart using your luteal phase length as a guide.

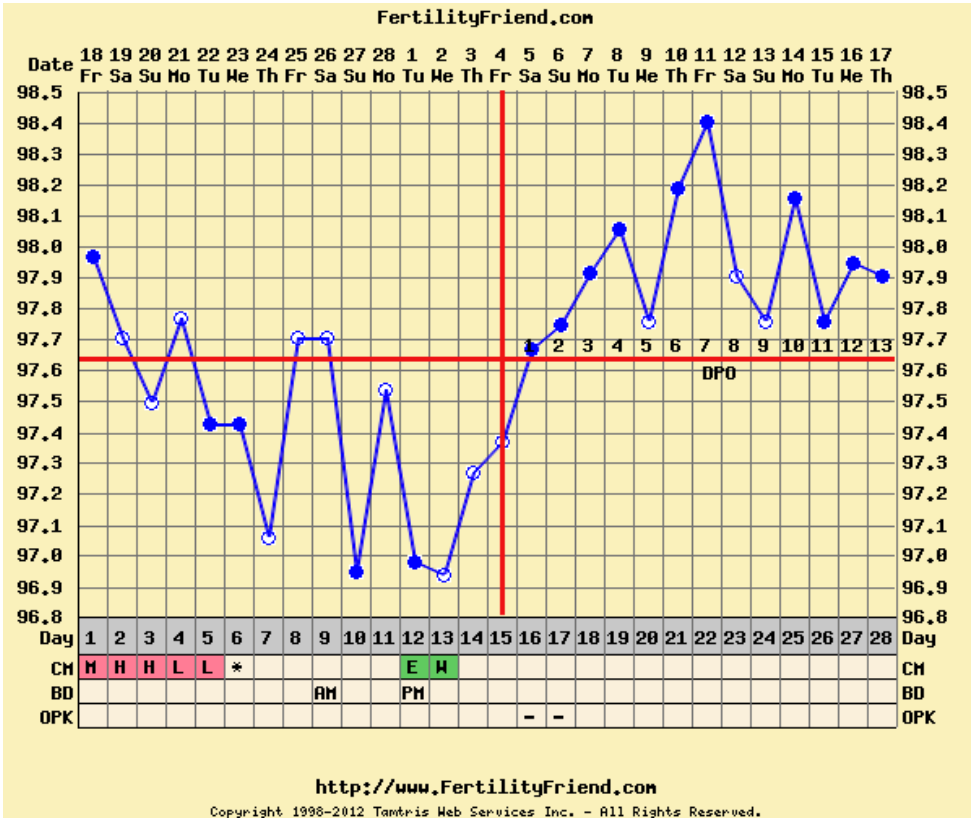
Ambiguous Thermal Shift 1



http://www.fertilityfriend.com/ChartGallery/21091.html

The chart above shows an ambiguous thermal shift. Without the added data from the ovulation prediction kit and fertility monitor, it would be more difficult to pinpoint ovulation to a single day on the chart, though it would be clear that ovulation occurred between cycle days 20 and 22.

Ambiguous Thermal Shift 2



http://www.fertilityfriend.com/ChartGallery/27988.html

On this chart, ovulation may have taken place anywhere from cycle day 13 to cycle day 17. With all signs available taken into account, cycle day 15 looks most likely, though the pattern makes it difficult to be certain. Although pinpointing the day precisely is not possible, it is clear that ovulation did occur. Intercourse is not noted during the three most fertile days (the two before ovulation and the day of ovulation).

Ovulation Patterns that may require attention from your Healthcare Provider

In some cases, you may ovulate but your chart may still be cause for concern. Talk to your doctor if your charts consistently show any of the following patterns and you have not conceived after several cycles with well-timed intercourse. Your chart can be an excellent tool to help investigate and, with the help of your healthcare practitioner, diagnose any potential problems. A single chart showing an unusual pattern may not be a concern as it is not uncommon to have the occasional unusual cycle. Women who are older than 35 may wish to consult their healthcare provider sooner, rather than later when they see an unusual pattern since time will be a more important factor. While your chart may not show cause for concern, you should also mention to your doctor:

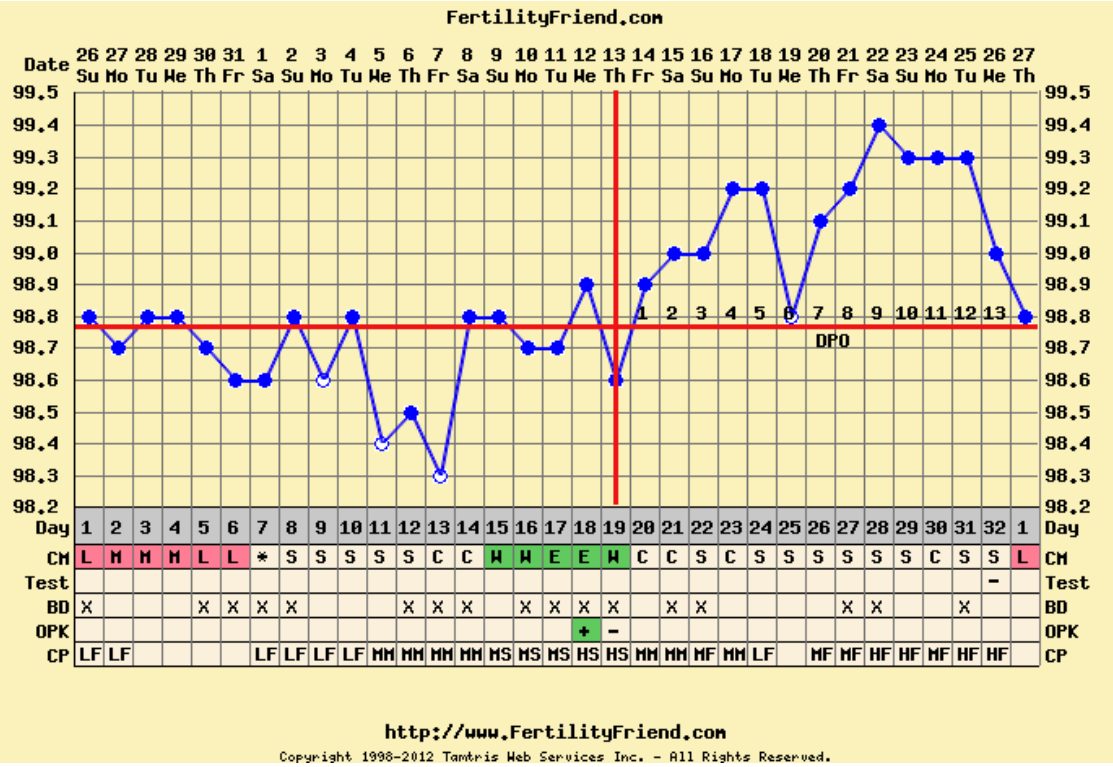
- Any unexplained pain or discomfort
- Unexplained bleeding
- Bumps on your cervix that do not appear related to your fertility cycle
- Anything out of the ordinary that has you concerned, including stress, lifestyle changes or other medical concerns, even if they seem unrelated to your menstrual cycle

A few chart patterns that should be discussed with your healthcare provider are illustrated below:

Unusually High Temperatures

In general, the actual temperature readings are less important than seeing a clear biphasic pattern on your chart. Nonetheless, talk to your doctor if your temperatures are consistently a great deal higher than you would expect. While temperatures in the higher range may be normal for you, unusually high temperatures are something to mention to your doctor if they happen consistently over several cycles. The charts below show temperatures that are slightly higher than expected. The temperature readings may not appear to be outside of normal limits for the human body, however, they are on the high side since basal body temperatures taken upon waking are expected to be somewhat lower.

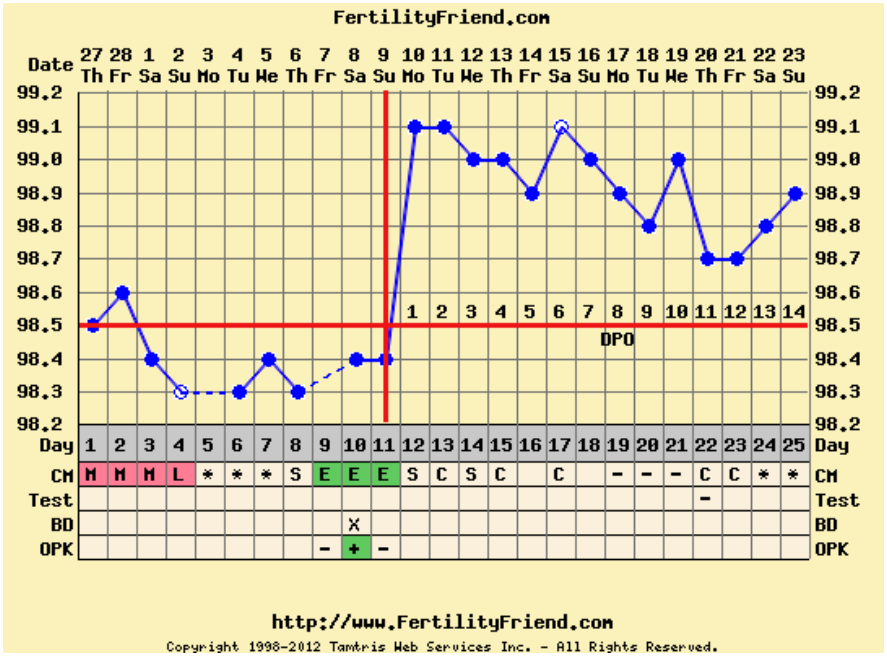
High Temperatures 1



http://www.fertilityfriend.com/ChartGallery/9241.html

The chart above has a clear ovulation pattern with signs well correlated to indicate ovulation for cycle day 19. The chart shows a biphasic pattern and a luteal phase length of 13 days. Nonetheless, the temperatures are on the high side for BBT, averaging well over 98.5 degrees Fahrenheit in the follicular phase and reaching beyond 99 degrees Farhenheit in the luteal phase.

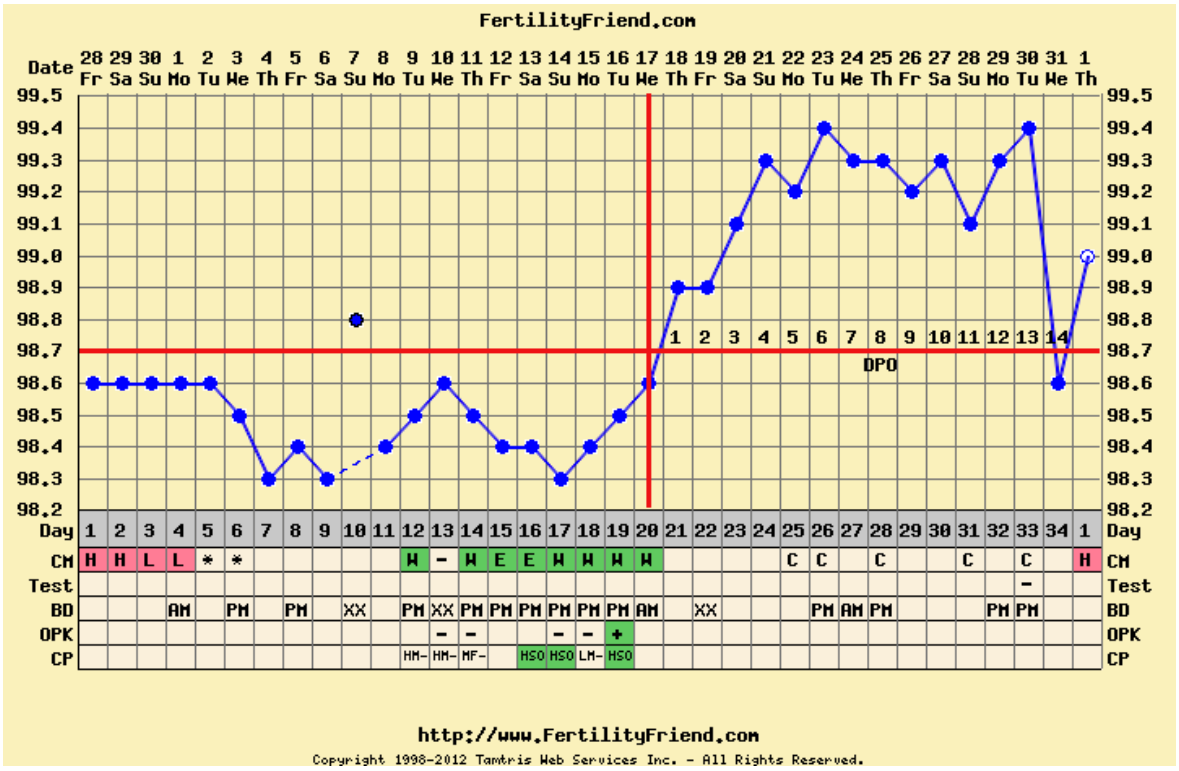
High Temperatures 2



http://www.fertilityfriend.com/ChartGallery/1792.html

The chart above shows an ideal pattern with a clear and sustained thermal shift following a patch of fertile cervical fluid and a positive OPK result. Temperatures stay elevated during the 14 day luteal phase. The temperatures, however, are on the high side for basal temperatures.

High Temperatures 3



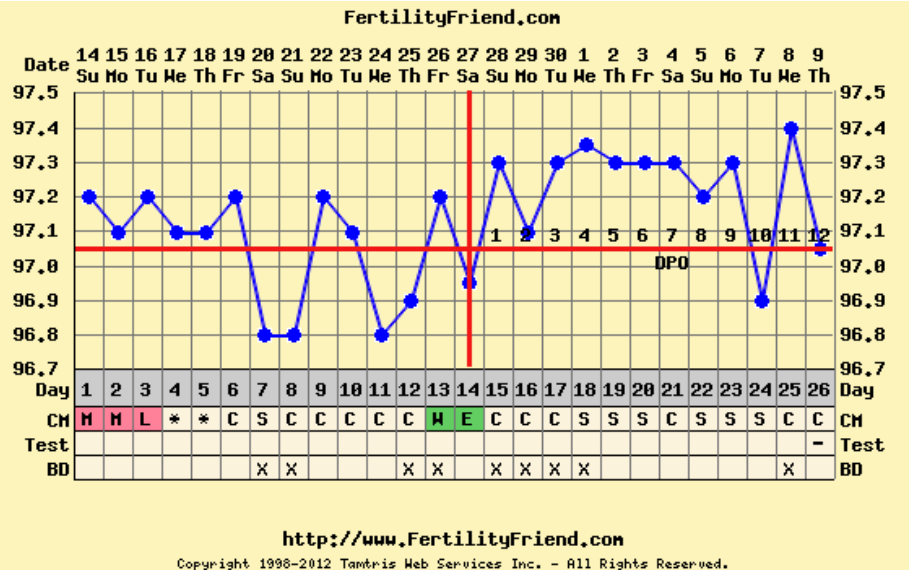
http://www.fertilityfriend.com/ChartGallery/97934.html

The chart above shows a clear ovulation pattern with multiple signs correlated to indicate ovulation for cycle day 20. The chart looks “ideal” except that basal temperatures are higher than expected in both the follicular and luteal phases.

Low Temperatures

Again, the number on your thermometer is screen is generally less important than the overall pattern of your chart, but if your temperatures are much lower than you would expect over several cycles, you should talk to your healthcare provider. You should specifically ask your healthcare provider about your thyroid and progesterone levels. The charts below show temperatures that are lower than expected.

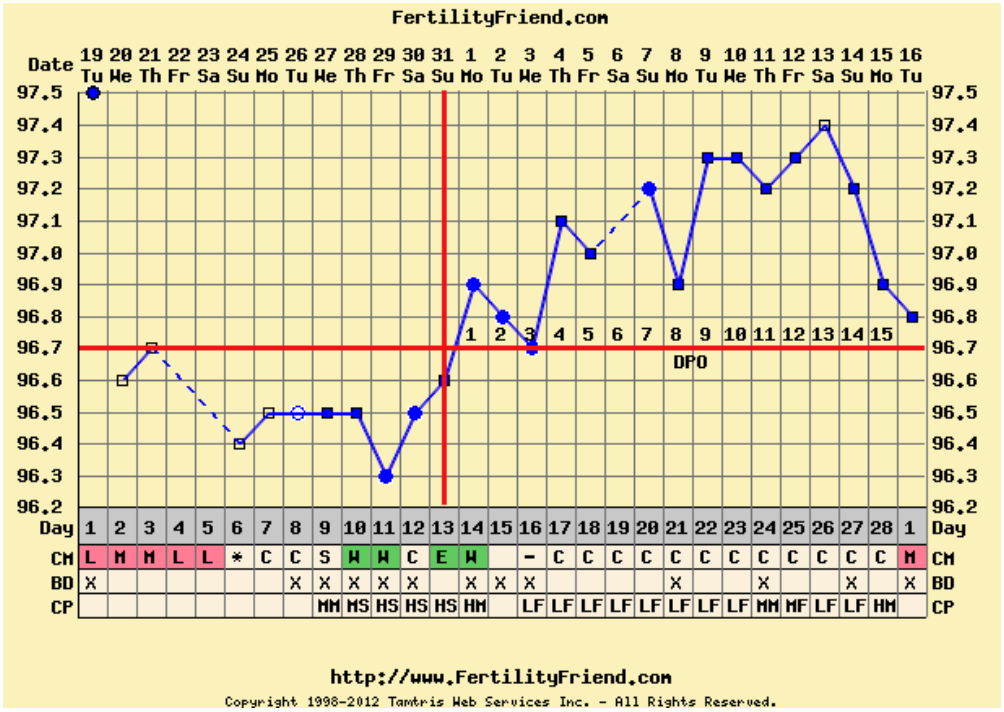
Low Temperatures 1



http://www.fertilityfriend.com/ChartGallery/8285.html

This chart shows low temperatures and luteal phase temperatures that are not significantly higher than follicular phase temperatures.

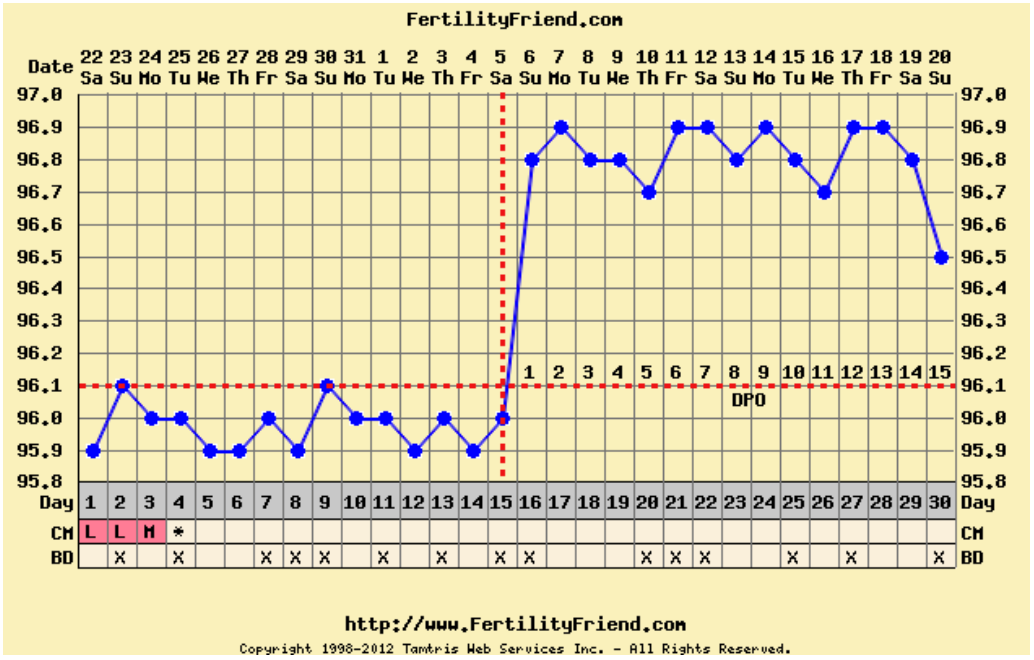
Low Temperatures 2



http://www.fertilityfriend.com/ChartGallery/6224.html

Temperatures on this chart are also on the low side. The chart is otherwise not showing anything unusual.

Low Temperatures 3



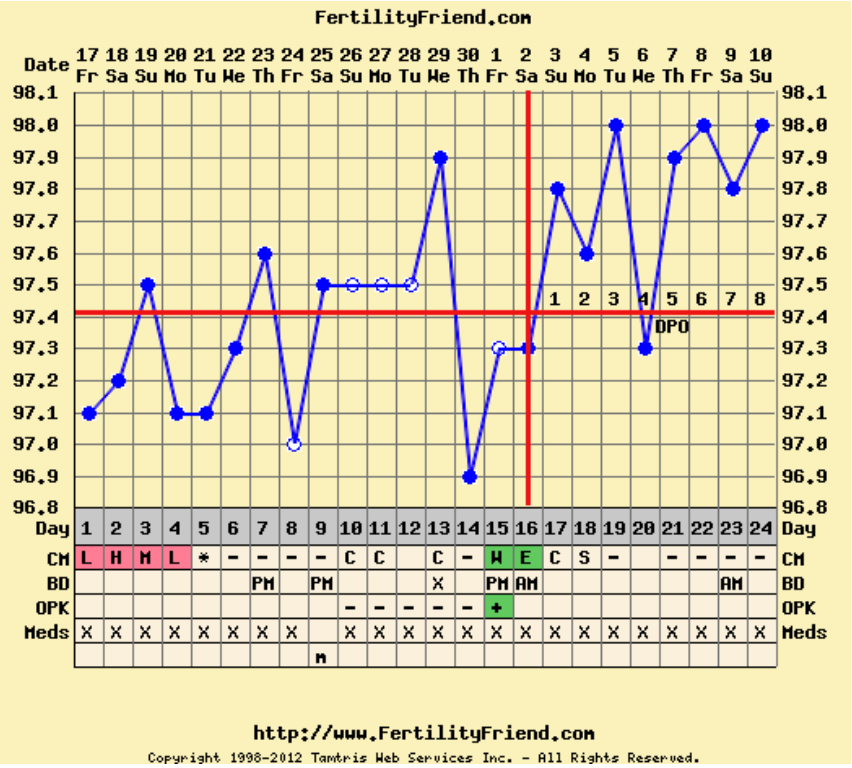
http://www.fertilityfriend.com/ChartGallery/18405.html

While the chart above shows a dramatic thermal shift with a clear biphasic pattern, the temperatures, largely below 96 degrees Fahrenheit in the follicular phase and never reaching above 97 degrees Fahrenheit in the luteal phase are on the low side.

Short Luteal Phase

The luteal phase length does not usually change from cycle to cycle for the same woman. If your luteal phase is consistently shorter than 10 days, this could indicate that your luteal phase is not sufficiently long to sustain a pregnancy. Sometimes this is called a luteal phase defect (LPD). Charting can help to identify a short luteal phase and your healthcare provider can help to solve it and improve your conception chances. Before you get too worried about a possible luteal phase issue, check that your data collection methods are reliable and your chart patterns are clear, showing a distinct ovulation pattern with the ovulation date clearly discernible. Observing multiple signs can help to ensure that the analysis is accurate.

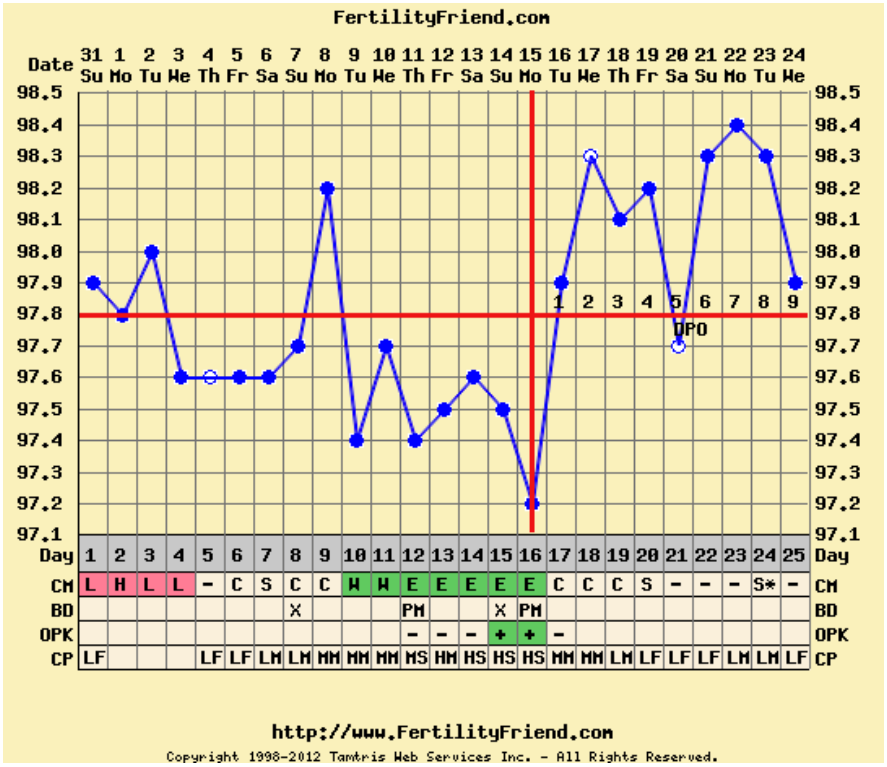
Short Luteal Phase 1



http://www.fertilityfriend.com/ChartGallery/20490.html

The chart above shows an eight day luteal phase length confirmed by temperatures, cervical fluid observations and an ovulation prediction kit result. The cycle length is also on the short side and the thermal shift at ovulation is not dramatic.

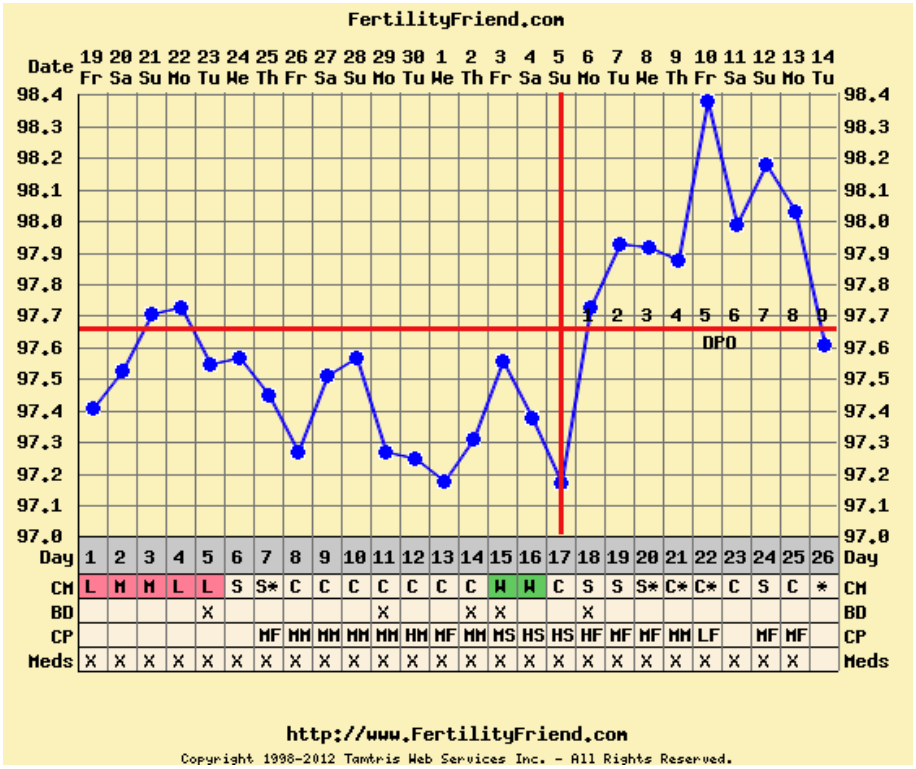
Short Luteal Phase 2



http://www.fertilityfriend.com/ChartGallery/23568.html

The chart above shows a nine day luteal phase length. The ovulation date is confirmed by cervical fluid observations, a positive OPK and a thermal shift.

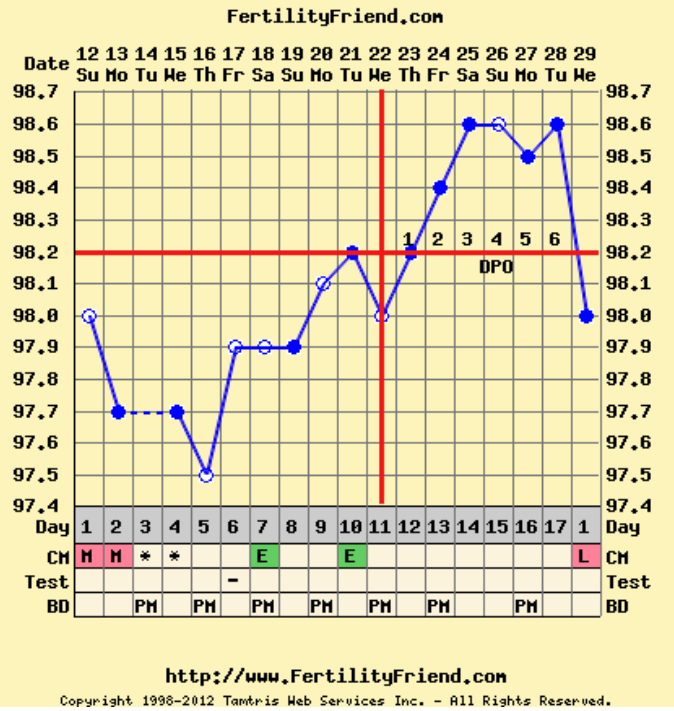
Short Luteal Phase 3



http://www.fertilityfriend.com/ChartGallery/23490.html

The chart above shows a nine day luteal phase length. Though there is a clear thermal shift and ovulation is preceded by fertile cervical fluid, it would be worth charting for another cycle, perhaps using an OPK as well to confirm the short luteal phase length.

Short Luteal Phase 4



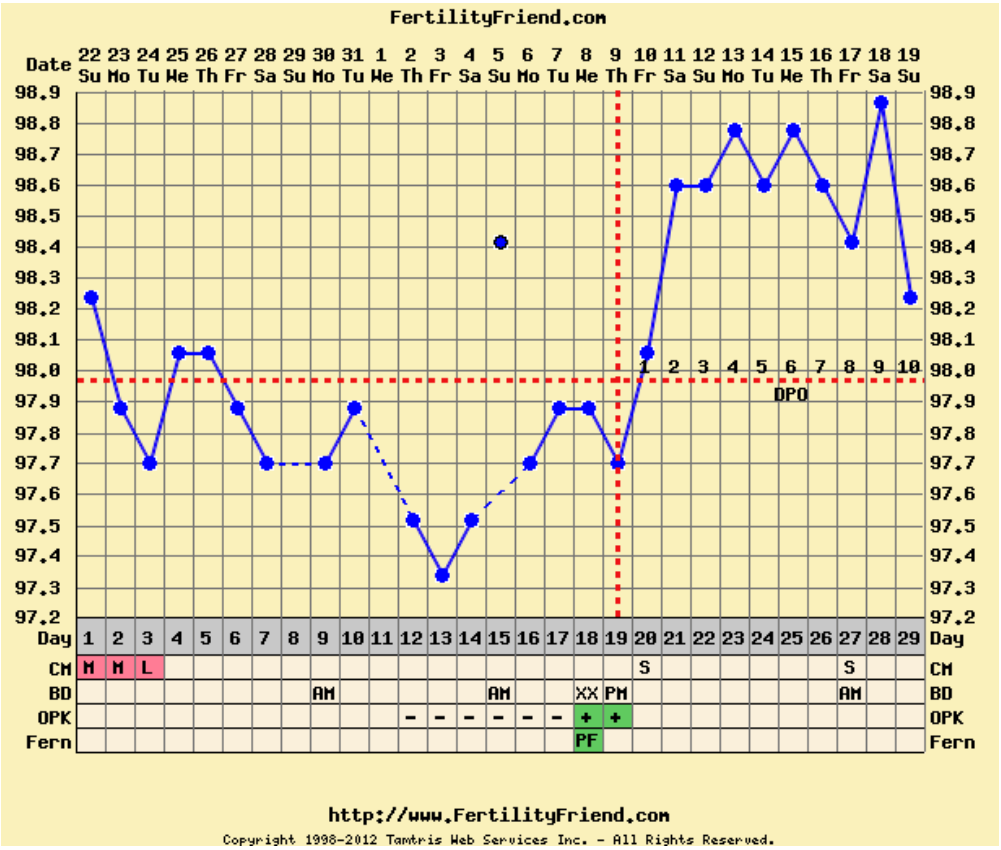
http://www.fertilityfriend.com/ChartGallery/124926.html

The chart above shows a very short luteal phase length and a very short menstrual cycle.

10-11 Day Luteal Phase

A luteal phase length on the short side of normal may also be worth mentioning to your doctor. A normal luteal phase length may be anywhere from 10 to 16 days. If your luteal phase length is on the short side of normal (around 10 or 11 days) and you have not conceived after trying for several cycles with well-timed intercourse, this is something to mention to your doctor.

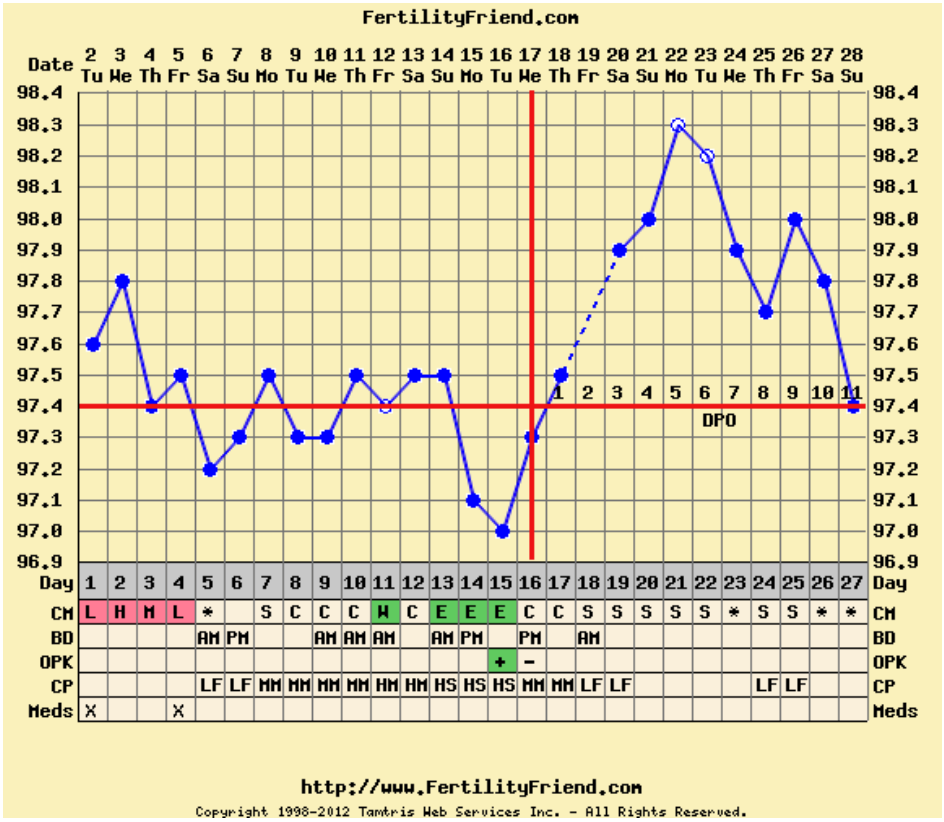
Luteal Phase 10-11 Days 1



http://www.fertilityfriend.com/ChartGallery/20558.html

The chart above shows a 10 day luteal phase length confirmed by temperatures and OPK results. Intercourse is well-timed during the most fertile days, but the cycle winds down without conception.

Luteal Phase 10-11 Days 2



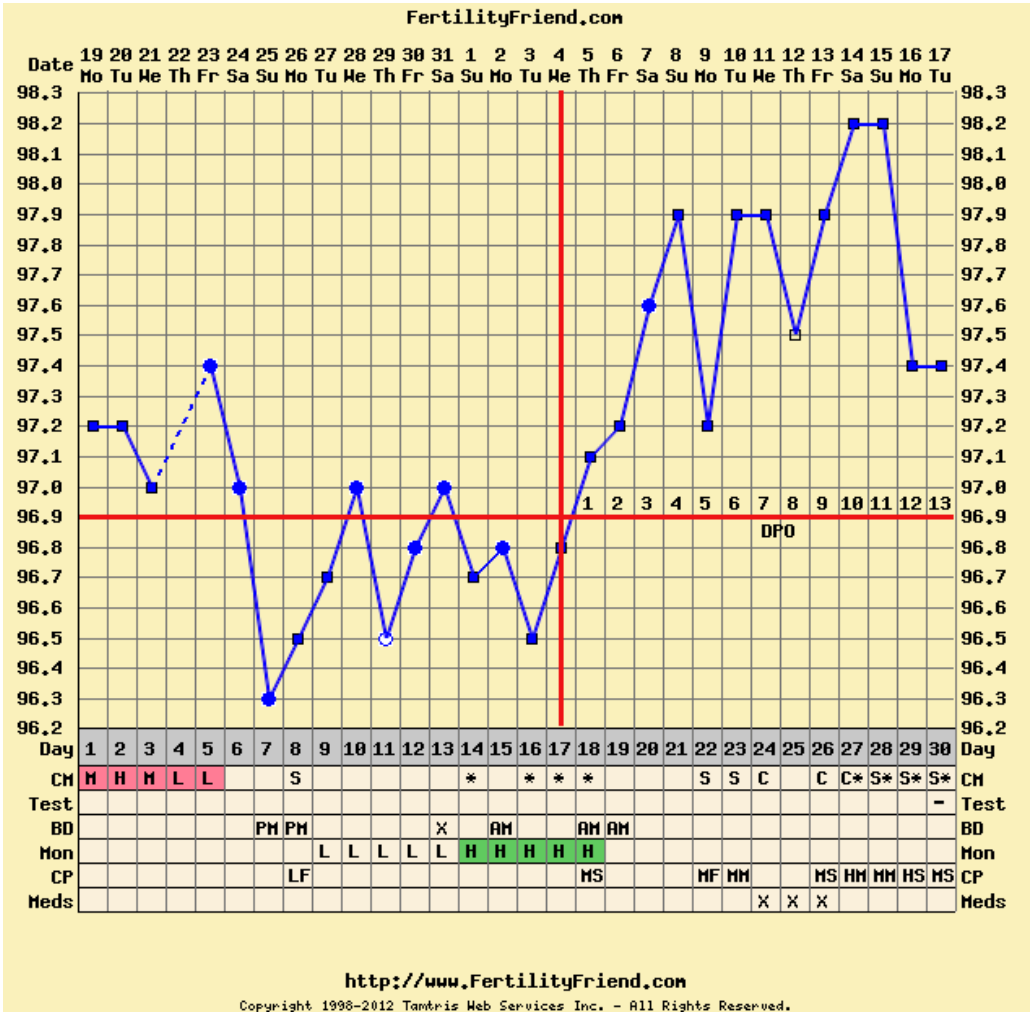
http://www.fertilityfriend.com/ChartGallery/22758.html

The chart above shows a clear ovulation pattern with an 11 day luteal phase length. The chart shows a regular pattern with all signs indicating ovulation for cycle day 16. Intercourse takes place in the fertile window but the cycle winds down without conception.

Unexplained Bleeding or Spotting

If you have unexplained bleeding or spotting at any time during your cycle, this is something to mention to your doctor. While some women spot around ovulation time and some women spot for a few days before menstruation, it is worth talking to your doctor if you frequently have unexplained intermenstrual bleeding or spotting.

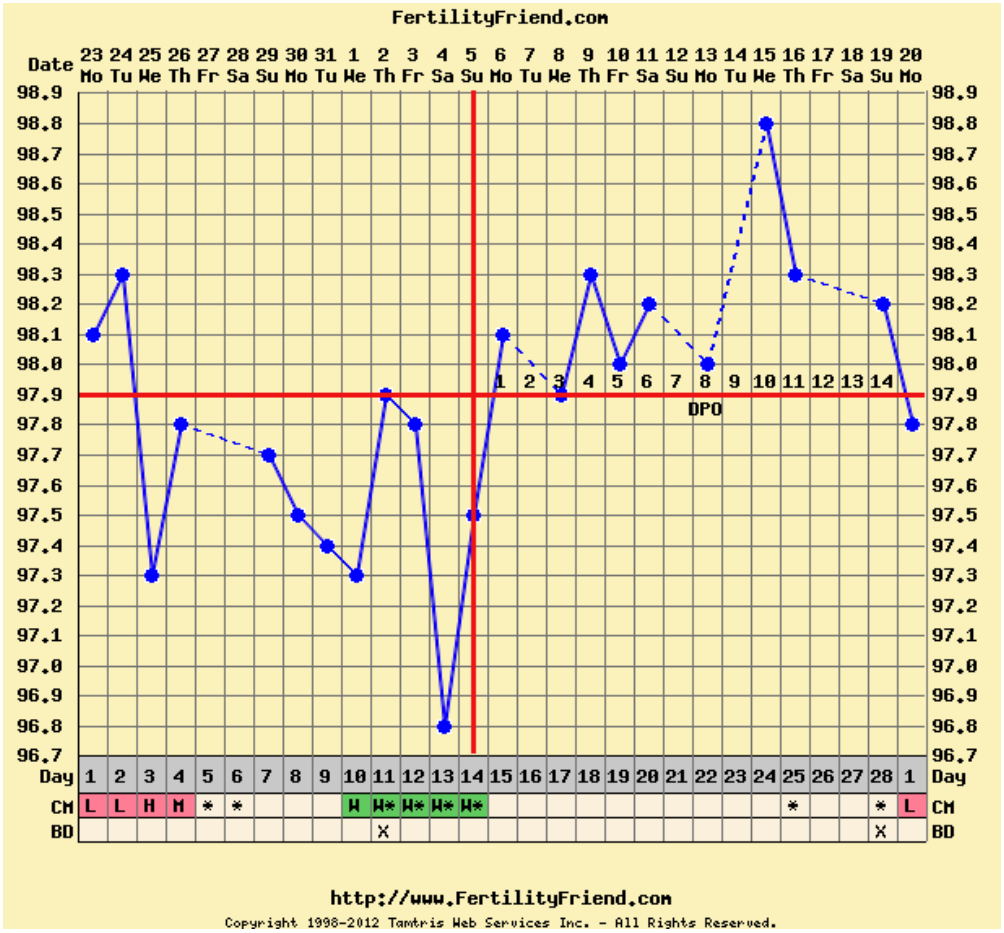
Unexplained Spotting/Bleeding 1



http://www.fertilityfriend.com/ChartGallery/18597.html

This chart shows extended spotting close to ovulation time and again a few days prior to menstruation.

Unexplained Spotting/Bleeding 2



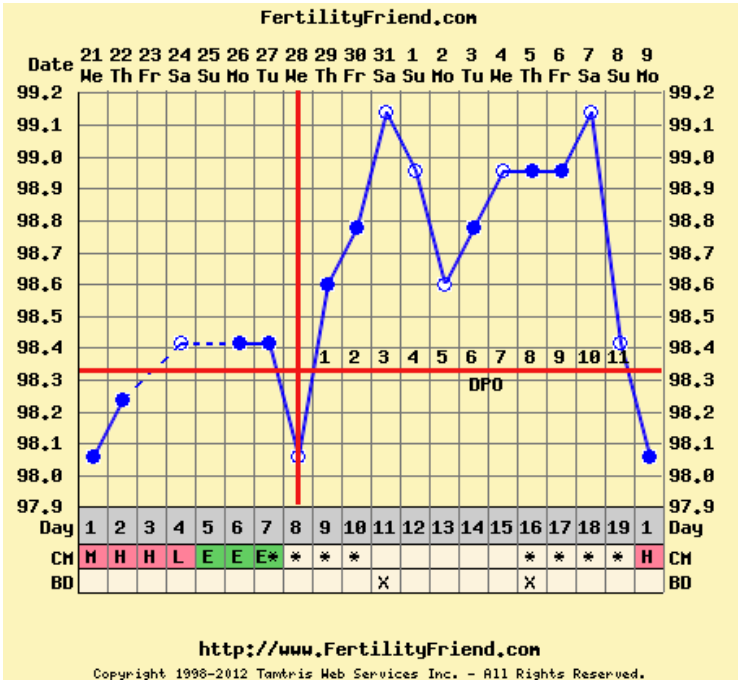
http://www.fertilityfriend.com/ChartGallery/125154.html

The chart above shows intermenstrual spotting throughout the most fertile days prior to ovulation and again towards the end of the luteal phase. Intercourse did not take place during the most fertile days immediately preceding ovulation. The luteal phase is 14 days long and the cycle ends without conception.

Very Short Cycles

Your chart may show increased fertility and ovulation earlier in your cycle. This may be your usual pattern, or, you may occasionally have a shorter cycle with an earlier ovulation. This may not be a cause for concern, but if your cycle is consistently on the short side and conception is taking a long time, this is something to mention to your healthcare provider. When cycles are short and ovulation occurs earlier in the cycle it is important to start looking for fertile signs and begin to have intercourse earlier in the cycle.

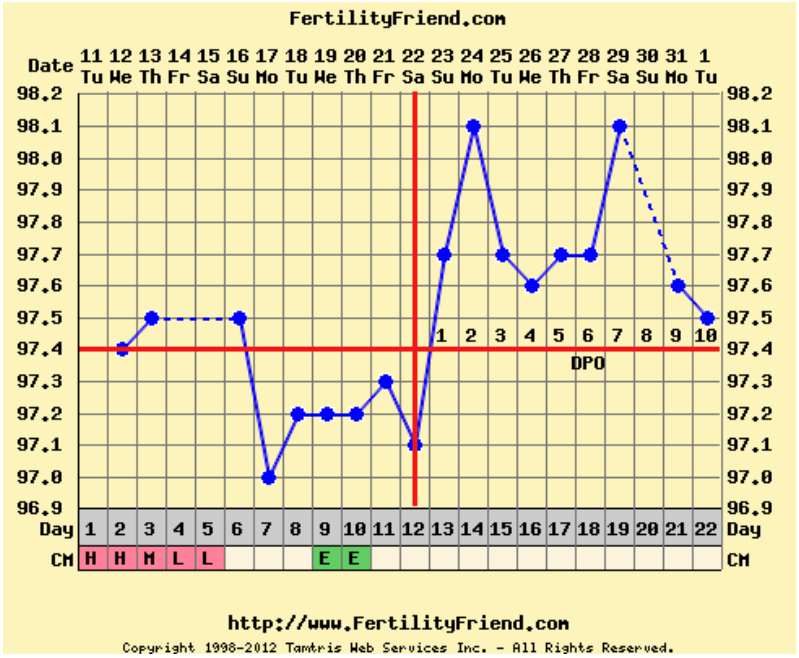
Short Cycle 1



http://www.fertilityfriend.com/ChartGallery/10719.html

This chart shows a 19 day cycle with unexplained intermenstrual spotting. Ovulation is clearly detected on cycle day 8 following fertile cervical fluid observations. The luteal phase is 11 days long.

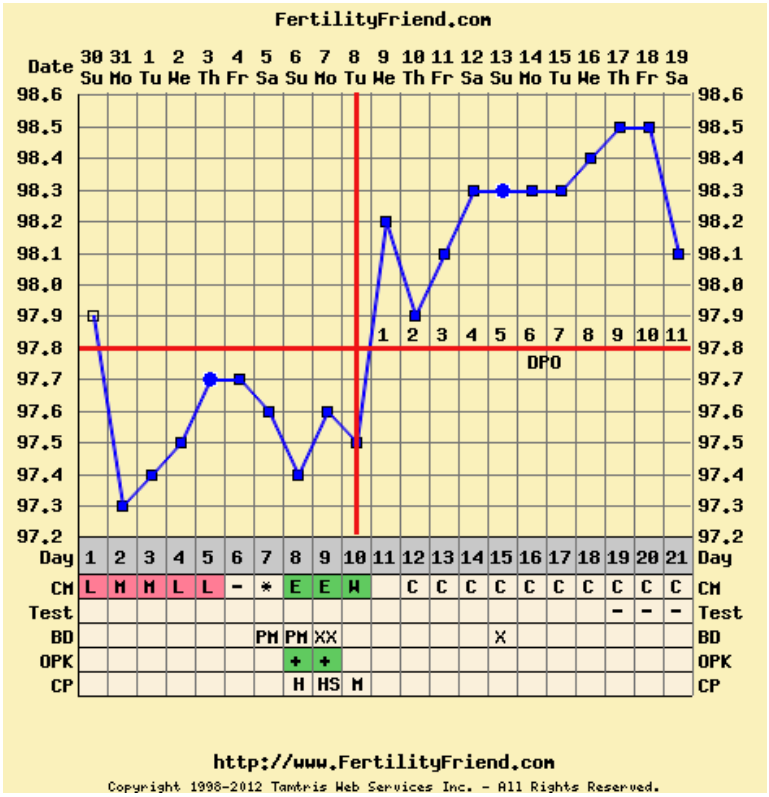
Short Cycle 2



http://www.fertilityfriend.com/ChartGallery/25762.html

The chart above shows a 22 day cycle with ovulation detected on cycle day 12. The luteal phase, at 10 days, is also on the short side.

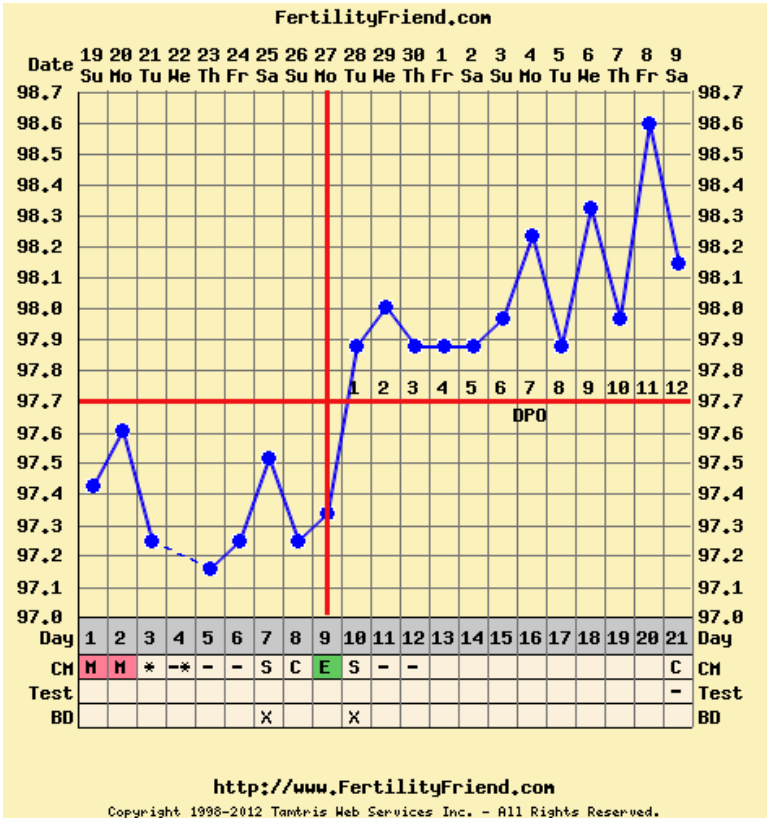
Short Cycle 3



http://www.fertilityfriend.com/ChartGallery/26606.html

This cycle is 21 days long, with ovulation detected on cycle day 10. The thermal shift is rather dramatic and ovulation is also confirmed by cervical fluid, cervix position and OPK observations. The luteal phase is 11 days long. Intercourse took place during the fertile phase, but the temperature drops and the cycle winds down without conception.

Short Cycle 4



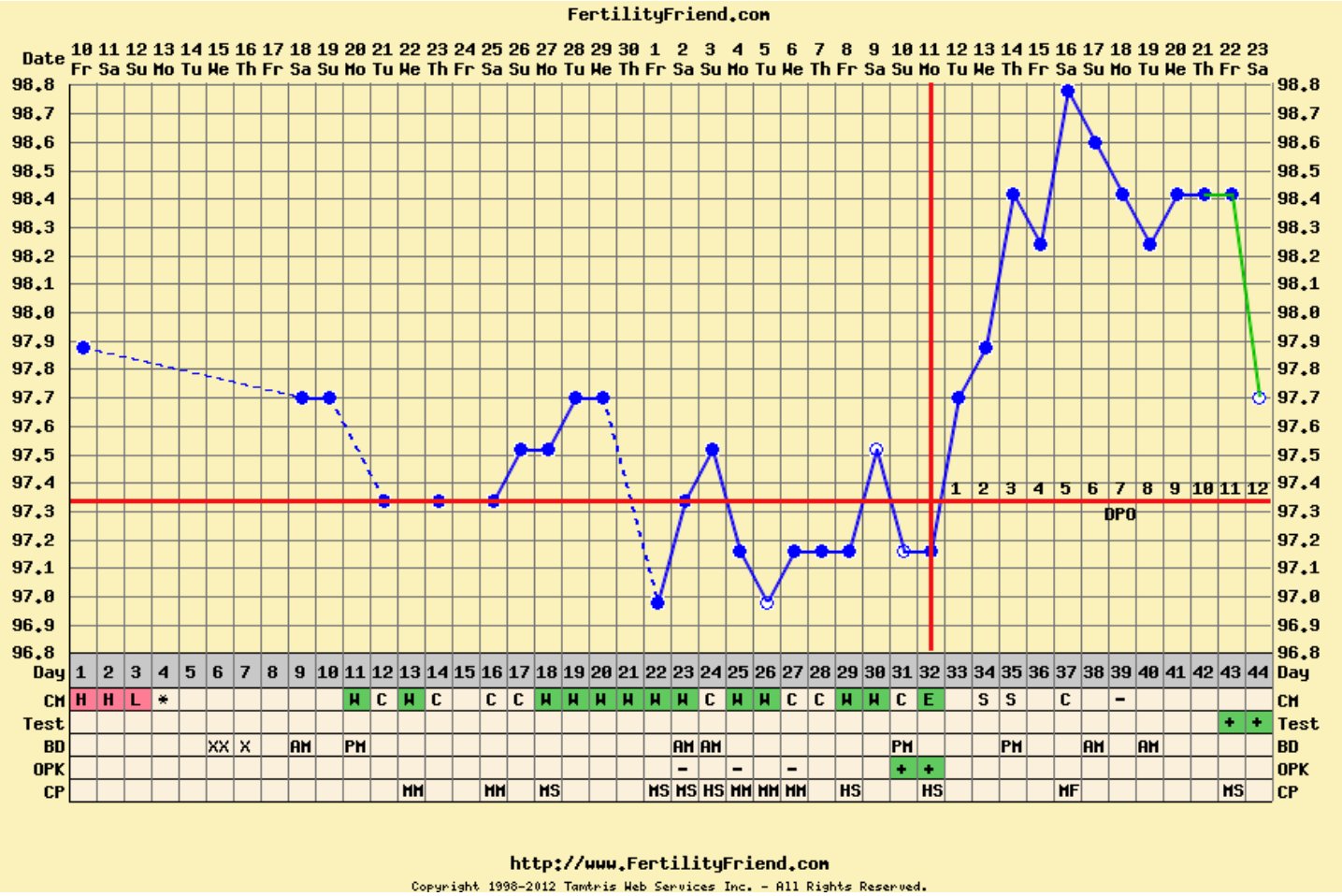
http://www.fertilityfriend.com/ChartGallery/20547.html

This cycle is just 21 days long, with ovulation detected on cycle day 9 with only one day of fertile cervical fluid. The luteal phase is 12 days long. Here we can see how easy it can be to miss the fertile time when it arrives earlier than expected.

Long Cycles (More than 32 days)

Your chart may show increased fertility and ovulation later in your cycle. Often charts with long cycles show signs of increased fertility, such as multiple patches of fertile cervical fluid before ovulation actually takes place. This may be a usual pattern for you, or, you may from time to time have a cycle with later ovulation. Long cycles can be particularly frustrating when you are trying to conceive because you need to keep on scheduling intercourse until ovulation is confirmed by a sustained thermal shift. It's not unusual to get very impatient or "burn-out" from frequent lovemaking as you wait for the shift. Additionally, when cycles are long, there are less opportunities to conceive since the time between fertile phases is longer.

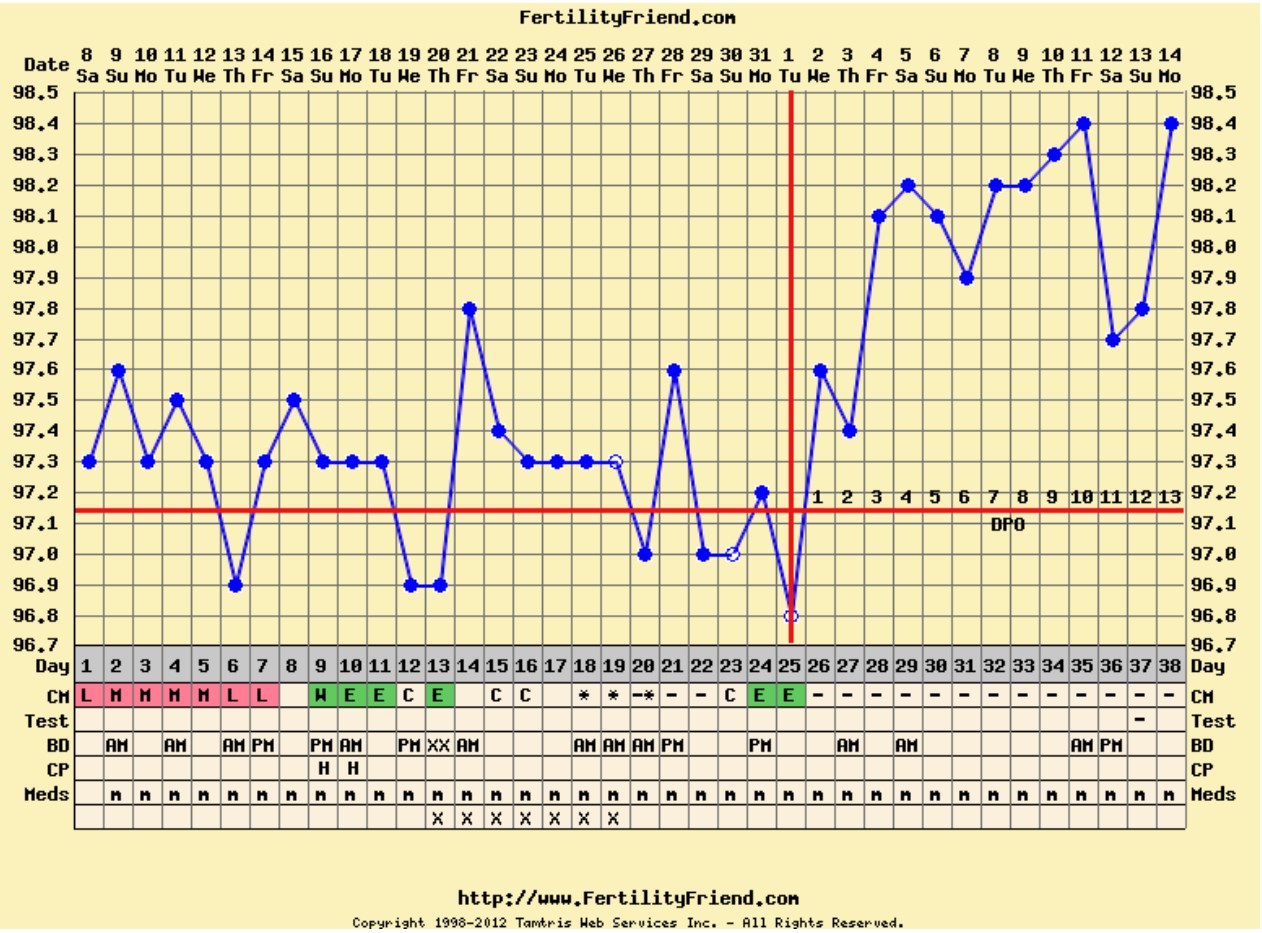
Long Cycle 1



http://www.fertilityfriend.com/ChartGallery/21005.html

The chart above shows ovulation on cycle day 32. A positive OPK, fertile cervical fluid and a thermal shift confirm the ovulation date. Though ovulation occurred late in the cycle, intercourse was well-timed with the help of an OPK and a home pregnancy test was positive at 11 days past ovulation.

Long Cycle 2



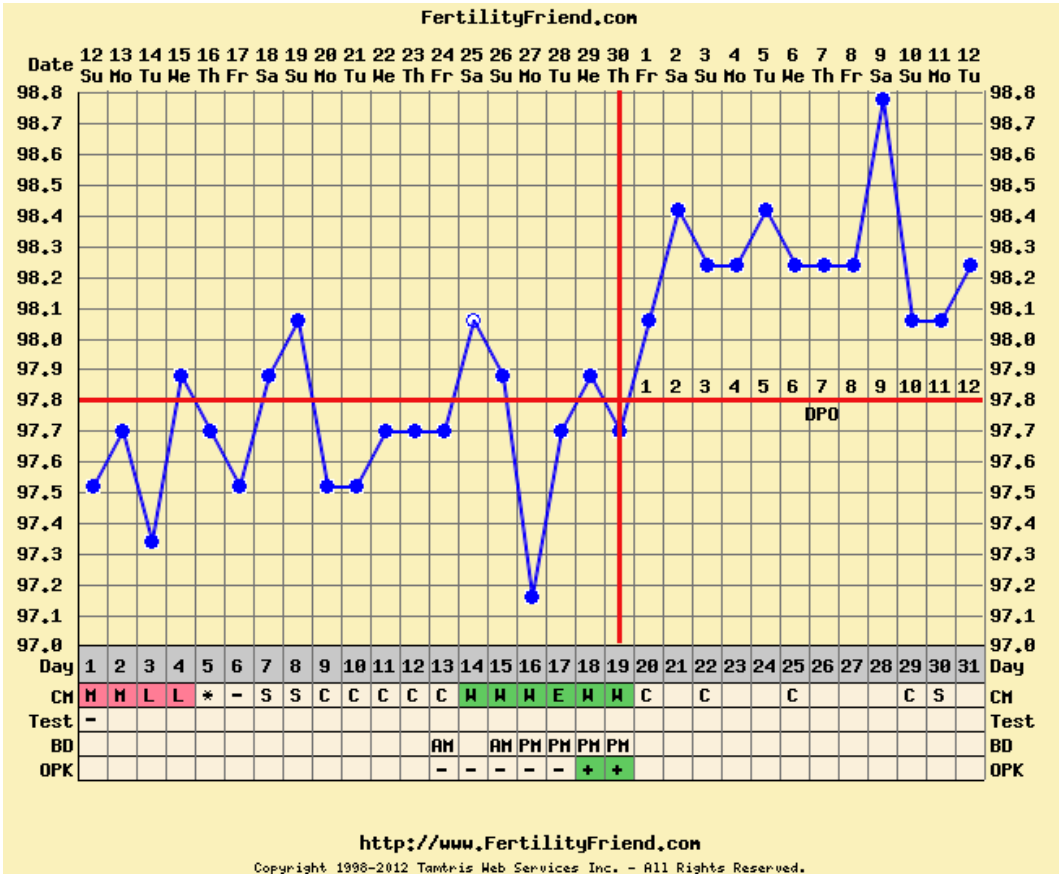
http://www.fertilityfriend.com/ChartGallery/19540.html

The chart above shows a 38 day cycle with ovulation detected on cycle day 25. (Cycle day 27 is also a possible ovulation day with this pattern, but is less likely since cervical fluid had dried up a few days prior). Temperatures stay high after ovulation to show a 13 day luteal phase length.

Consistently well-timed Intercourse and No Pregnancy

While it often takes several cycles to conceive, even with excellent timing, and “text-book” charts, you may want to talk to your doctor if it is taking much longer than expected to conceive if you have well-timed intercourse for several cycles without conception. Where age is a factor, you may want to talk to your doctor even sooner. The charts below show clear ovulation patterns, well-timed intercourse and no pregnancy.

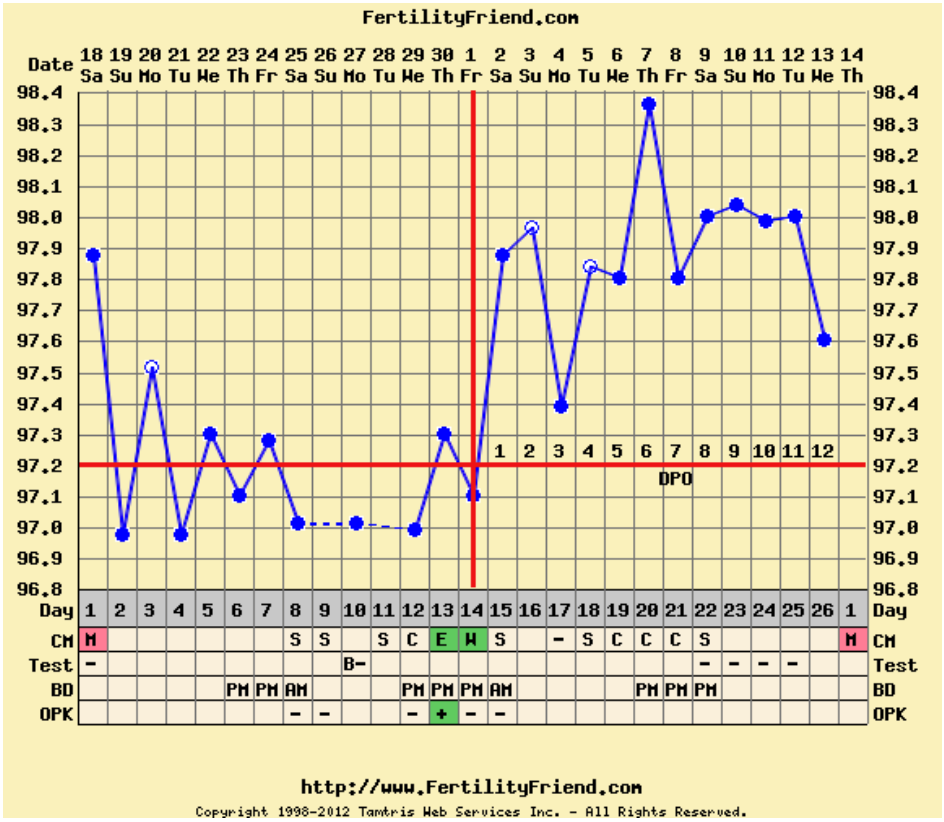
Well-timed Intercourse, No Pregnancy 1



http://www.fertilityfriend.com/ChartGallery/20551.html

Ovulation is clearly detected on cycle day 19 prior to a thermal shift and following a patch of fertile cervical fluid and positive OPK results. Intercourse is timed perfectly in the fertile phase. The luteal phase is 12 days long.

Well-timed Intercourse, No Pregnancy 2



http://www.fertilityfriend.com/ChartGallery/125258.html

The chart above shows a clear ovulation pattern with all signs correlating well to indicate ovulation on cycle day 14. Intercourse is well timed all throughout the most fertile time, yet the cycle does not end in pregnancy.

Anovulatory Patterns

An anovulatory pattern is one that does not show ovulation. Finding out if you are ovulating or not is one of the most important benefits of charting your fertility when trying to conceive. There are several potential reasons why your chart may not show ovulation. First, it is not abnormal to have an occasional anovulatory cycle, even if you usually ovulate. An anovulatory cycle may not be cause for too much concern if it happens only rarely. When it happens consistently, it is reason to talk to your healthcare provider so that together you can identify the cause and decide on a treatment if necessary.

Your chart may also not show ovulation, even if you do ovulate, if you are not following the guidelines for observing your fertility signs and charting your temperature data. For example, if you are not taking your temperature at close to the same time every day, after at least a few hours of sleep, your chart may not show ovulation even if you do ovulate. Some women's temperature patterns are more sensitive to this than others.

If you have just started charting and your first chart does not show ovulation, this also may not be cause for concern. You may just need a cycle or two more to get the hang of charting.

If you are observing all your fertility signs correctly and you are taking your temperature accurately and your charts consistently do not show ovulation, the possible reasons (not including pregnancy) may be:

- breastfeeding
- just stopping hormonal birth control such as birth control pills
- perimenopause

- illness
- travel
- excessive exercise
- stress
- increased prolactin
- polycycstic ovarian syndrome (PCOS)
- significant weight loss or weight gain
- some medications
- other conditions that can be identified with your healthcare provider

In the case of known or suspected medical conditions, you should talk to your healthcare provider about your best course of action.

When you do not ovulate, you may or may not menstruate. Many women assume that if they are menstruating, then they are necessarily ovulating. This is not always true. You can still get what looks like a period even if you are not ovulating, though your cycles will probably be less regular and may be longer. This is because you can still shed the lining of the endometrium which is built up through the increase of estrogen, even if you do not ovulate and this will look like a period.

Characteristics of Anovulatory Charts:

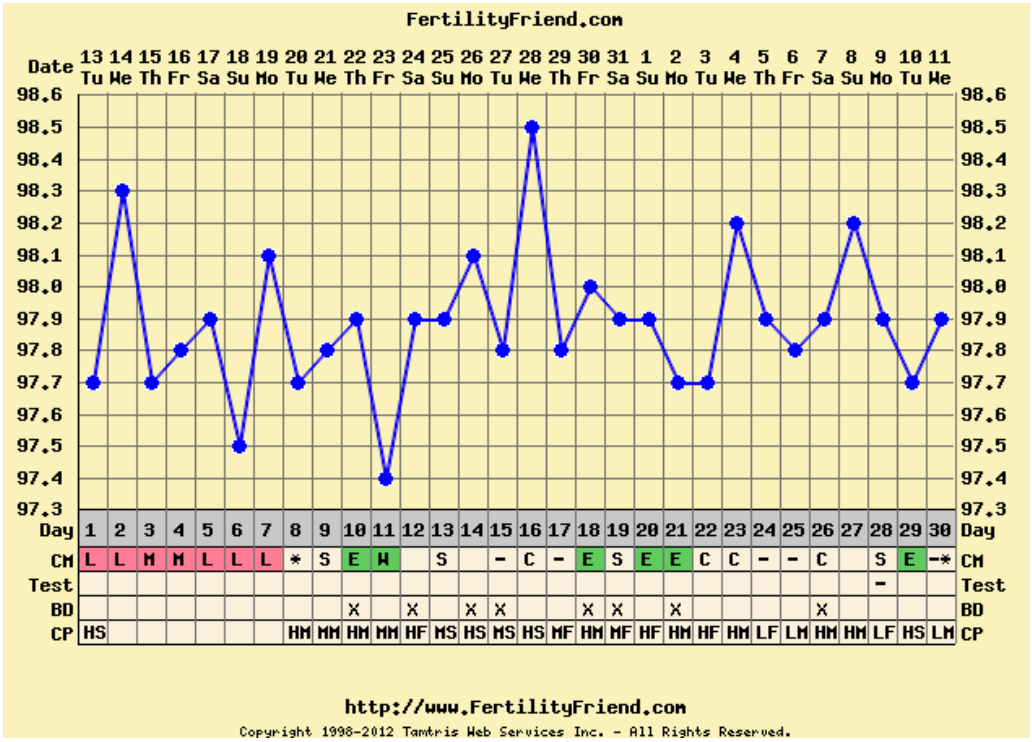
While your own chart may vary, there are certain characteristics that are common in anovulatory charts. They may not all be present at the same time or in each case. Most anovulatory charts:

- show no biphasic pattern, no thermal shift
- show erratic temperatures
- have large temperature fluctuations, even when temperature is taken carefully
- multiple patches of fertile cervical fluid
- long cycles (not always)
- irregular cycles (not always)
- multiple positive OPKs separated by negative ones
- signs of increased fertility (such as fertile cervical fluid) but no thermal shift to confirm ovulation

Charts without an Ovulation Pattern

The following charts do not show an ovulation pattern. You can find more, many with longer cycles that could not be displayed here, by selecting “Annovulatory Patterns” in FertilityFriend.com’s Chart Gallery. If you chart for multiple cycles and ovulation cannot be detected on your chart, you should talk to your healthcare provider.

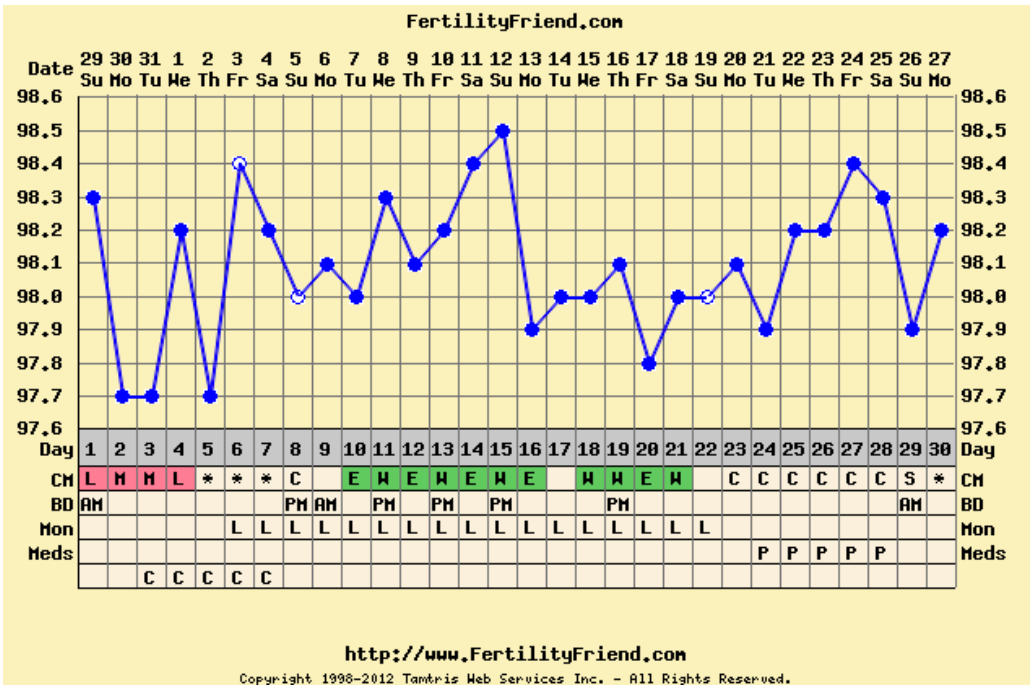
Anovulatory 1



http://www.fertilityfriend.com/ChartGallery/18635.html

Ovulation cannot be detected on this chart. Temperatures are rocky and erratic and fertile quality cervical fluid is noted throughout the cycle. The cycle length is in the normal range and the cycle begins and ends with a menstrual period.

Anovulatory 2

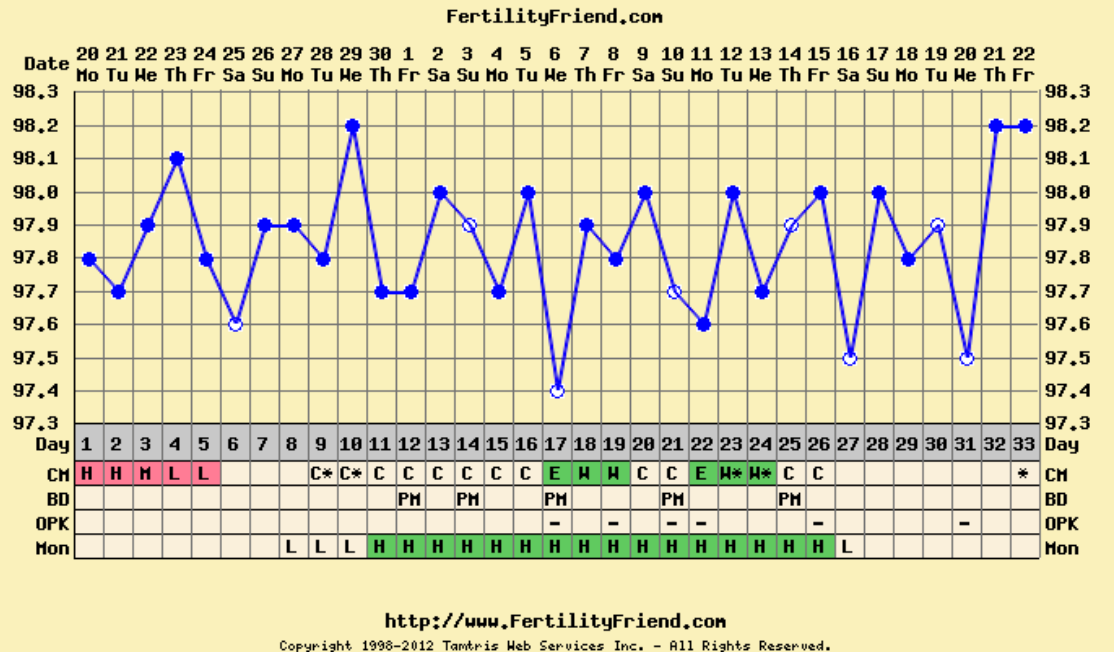


http://www.fertilityfriend.com/ChartGallery/19828.html

Ovulation also cannot be detected on the above chart. The temperatures do not show a biphasic pattern and fertile cervical fluid is noted for a full ten days. A fertility monitor never displays a high or peak

reading.

Anovulatory 3



http://www.fertilityfriend.com/ChartGallery/21092.html

No ovulation can be detected on the above chart. Temperatures fluctuate a great deal and do not show a biphasic pattern. Fertile quality cervical fluid is noted, but is not followed by a thermal shift. OPKs and a fertility monitor do not return positive/peak results.

Pregnancy Patterns

Pregnancy chart patterns are really a variation on ovulation patterns. Any ovulation pattern can result in pregnancy if there is intercourse in the fertile window. There does not need to be any special pattern.

The important thing to remember when you are scrutinizing your own chart for signs of pregnancy is this: there are no absolute signs that will indicate pregnancy with certainty- or rule it out- until you can reliably take a pregnancy test or until you see your period. All kinds of ovulation patterns can turn into pregnancy charts as long as there is well-timed intercourse. You do not need to show any kind of particular ovulation pattern or post-ovulation pattern on your chart to become pregnant. Indeed, many women have no early signs that they are pregnant. Likewise, well-timed intercourse and clear ovulation on your chart do not always result in pregnancy- even when the chart looks promising. All this uncertainty can make for an agonizing couple of weeks while you are waiting to test!

To add to the agony and anxiety of the wait, the effects and symptoms of the post-ovulation hormone progesterone can complicate matters further when you are hoping for pregnancy. Progesterone dominates the luteal phase of your cycle when you are not pregnant and is also present in large amounts during pregnancy. Thus, symptoms that are typically present during the second part of your cycle may also be present in early pregnancy. This makes distinguishing between early pregnancy symptoms and signs that you are about to get your period nearly impossible.

While pregnancy cannot be detected absolutely from your chart before a pregnancy test turns positive, there are some characteristics that many pregnancy charts share.

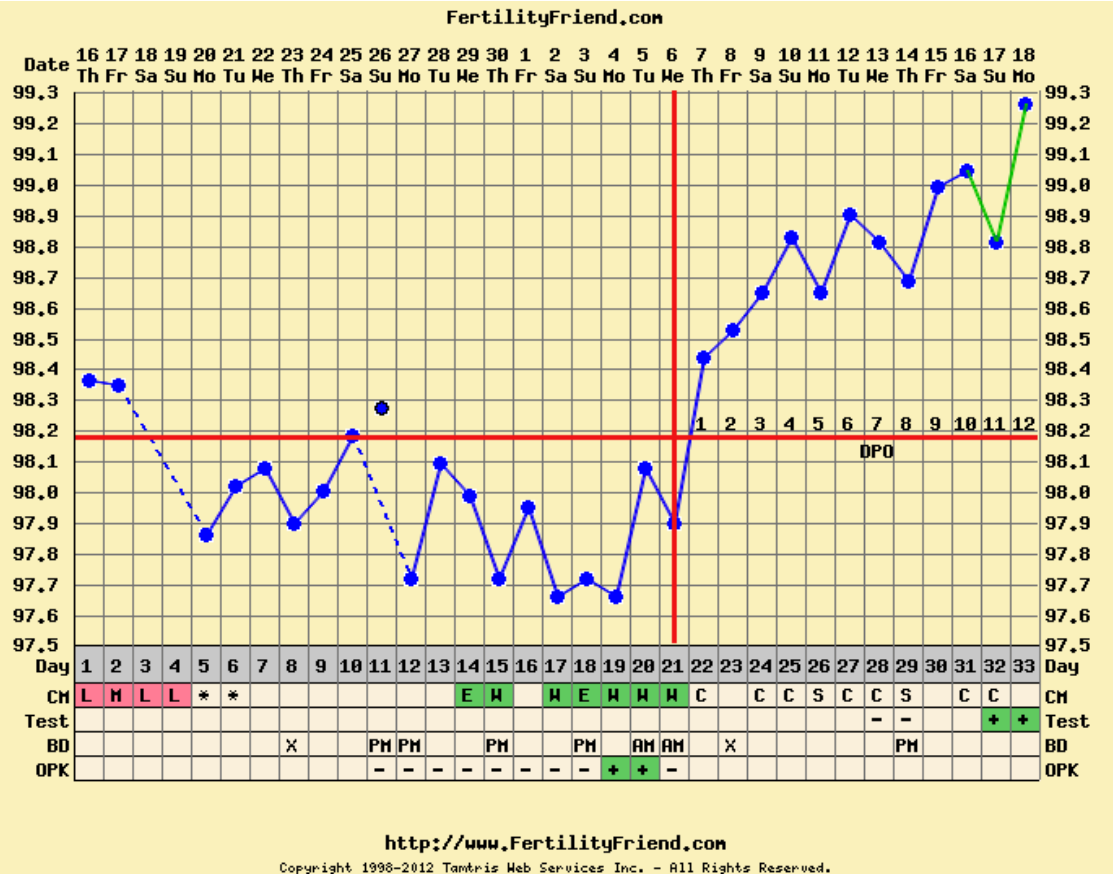
Some characteristics of Pregnancy Charts:

- The intercourse pattern shows intercourse within the most fertile window (the day of ovulation and/or the two previous days).
- Chart clearly shows ovulation with a biphasic pattern and well-correlated fertility signs.
- Temperatures stay elevated beyond the usual luteal phase length.
- Sometimes shows a temperature dip around 7-10 days past ovulation.
- Sometimes shows spotting when implantation is expected to occur (7-10 days past ovulation).
- Temperatures may show a triphasic pattern (temperatures rise to a third higher level that is sustained around 7-10 days past ovulation).
- Pregnancy test is positive (of course).

Sample Pregnancy Charts

A few pregnancy charts have been selected to demonstrate the variety of chart patterns which can result in pregnancy. You can view thousands more in FertilityFriend.com's Chart Gallery.

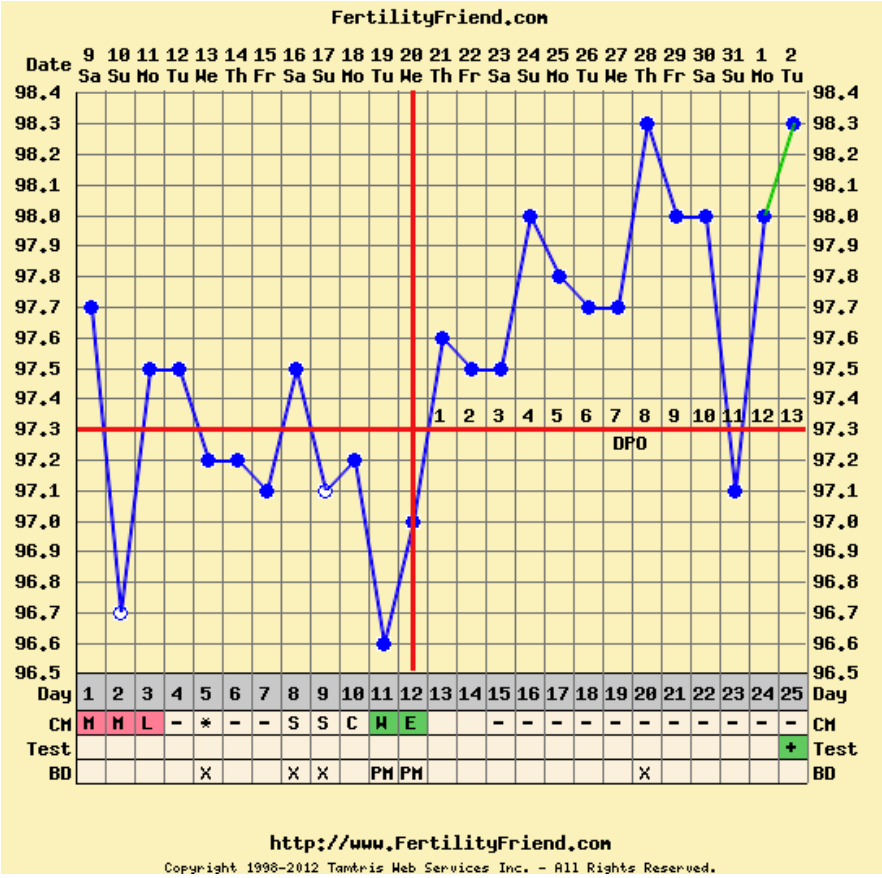
Pregnancy 1



http://www.fertilityfriend.com/ChartGallery/125445.html

The pregnancy chart above shows a clear thermal shift, with fertility signs well-correlated to indicate ovulation on cycle day 21. Intercourse is timed well for the day of ovulation and the day before ovulation. Temperatures stay high and climb slightly during the luteal phase. A positive pregnancy test is recorded at eleven days past ovulation.

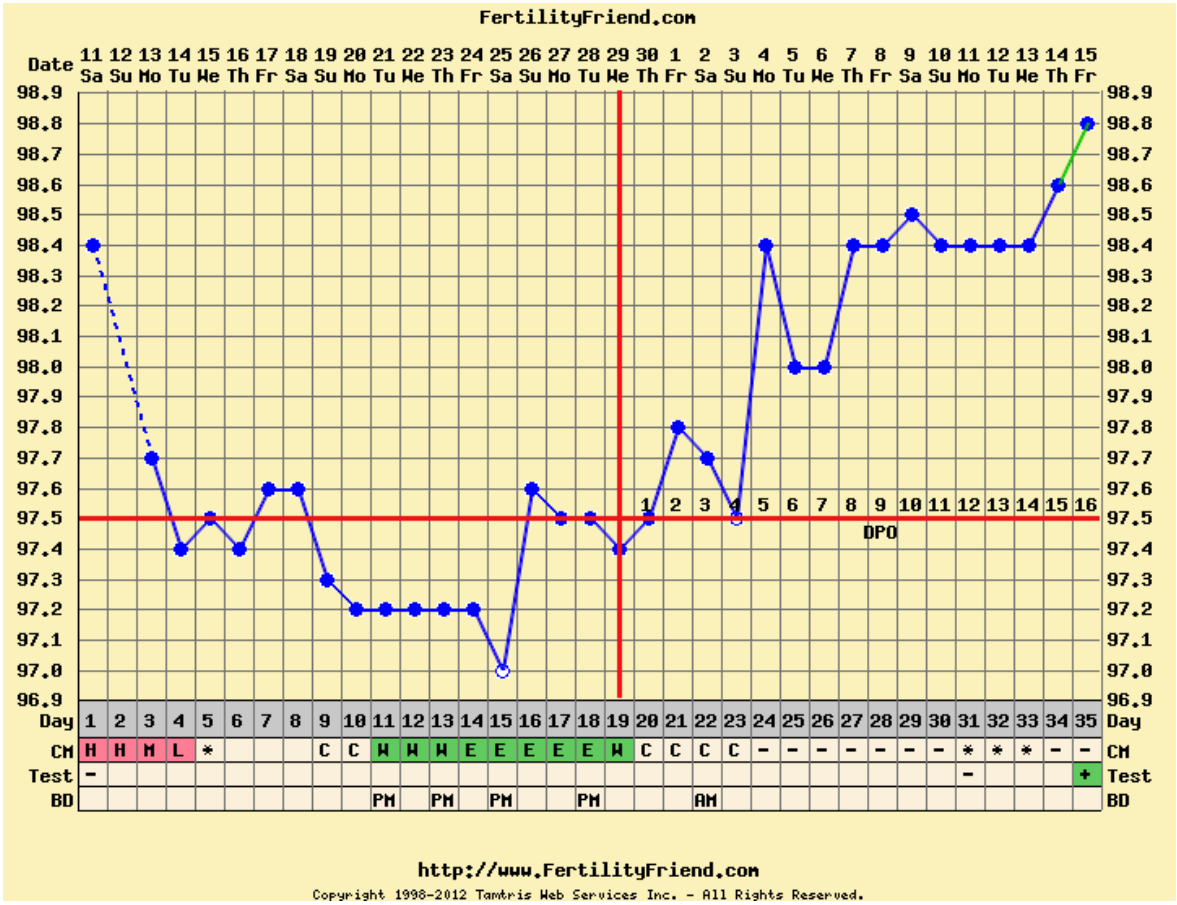
Pregnancy 2



http://www.fertilityfriend.com/ChartGallery/21512.html

The pregnancy chart above has some erratic temperatures, but ovulation can still be identified by cervical fluid observations and a thermal shift. Intercourse is well-timed on the day of ovulation and the previous day. The dramatic temperature drop at 11 days past ovulation may have led the chart owner to believe that her period was on the way- yet she got a positive pregnancy test result the next day!

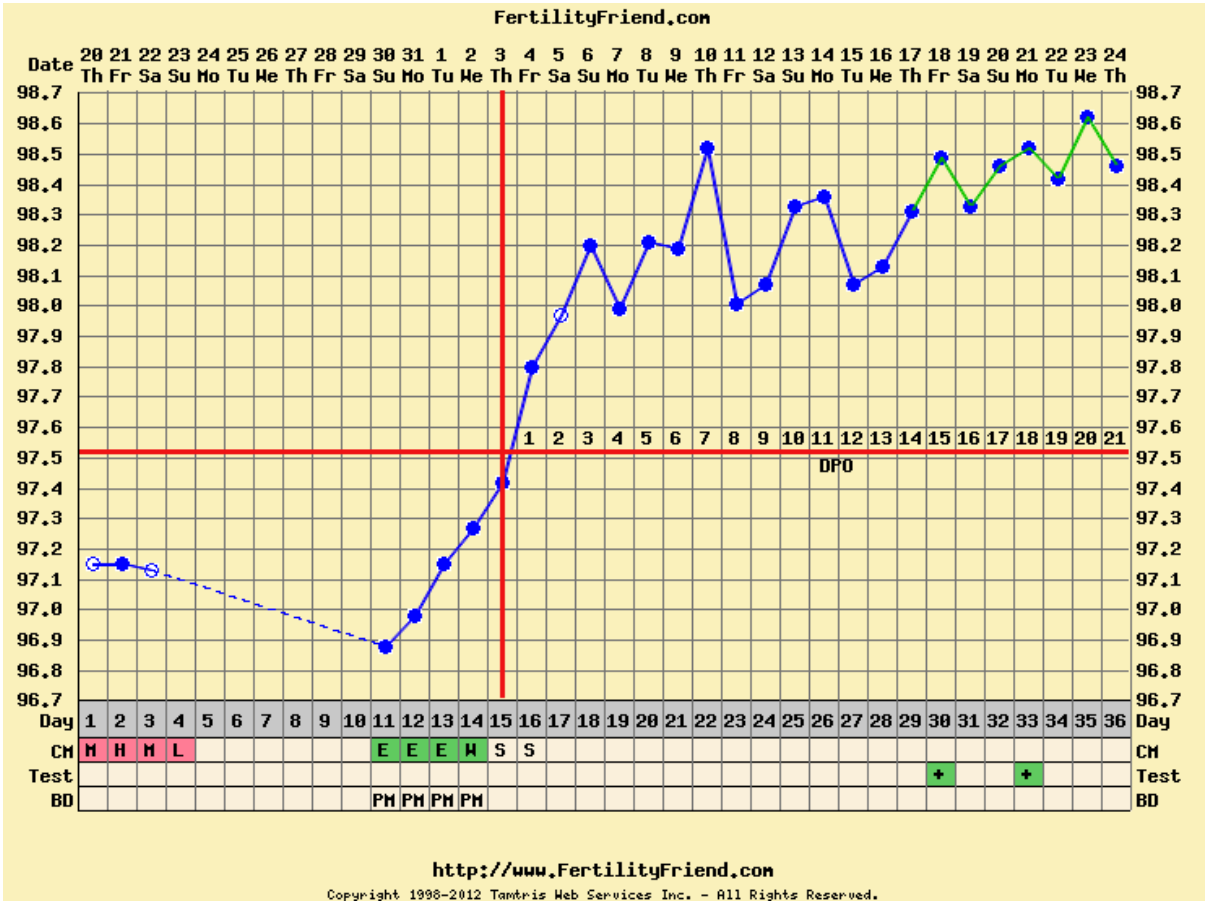
Pregnancy 3



http://www.fertilityfriend.com/ChartGallery/125350.html

The chart above shows an ambiguous thermal shift, with temperatures rising slowly and then dropping somewhat immediately following ovulation. Nonetheless ovulation can be detected for cycle day 19 when both temperature data and cervical fluid observations are taken into account. Intercourse is well-timed on the day before ovulation. There is some spotting on cycle days 31-33. A pregnancy test taken at 12 days past ovulation was negative, likely taken too early to show a positive result. At 16 days past, ovulation, with temperatures remaining in the higher range, a positive pregnancy test was noted.

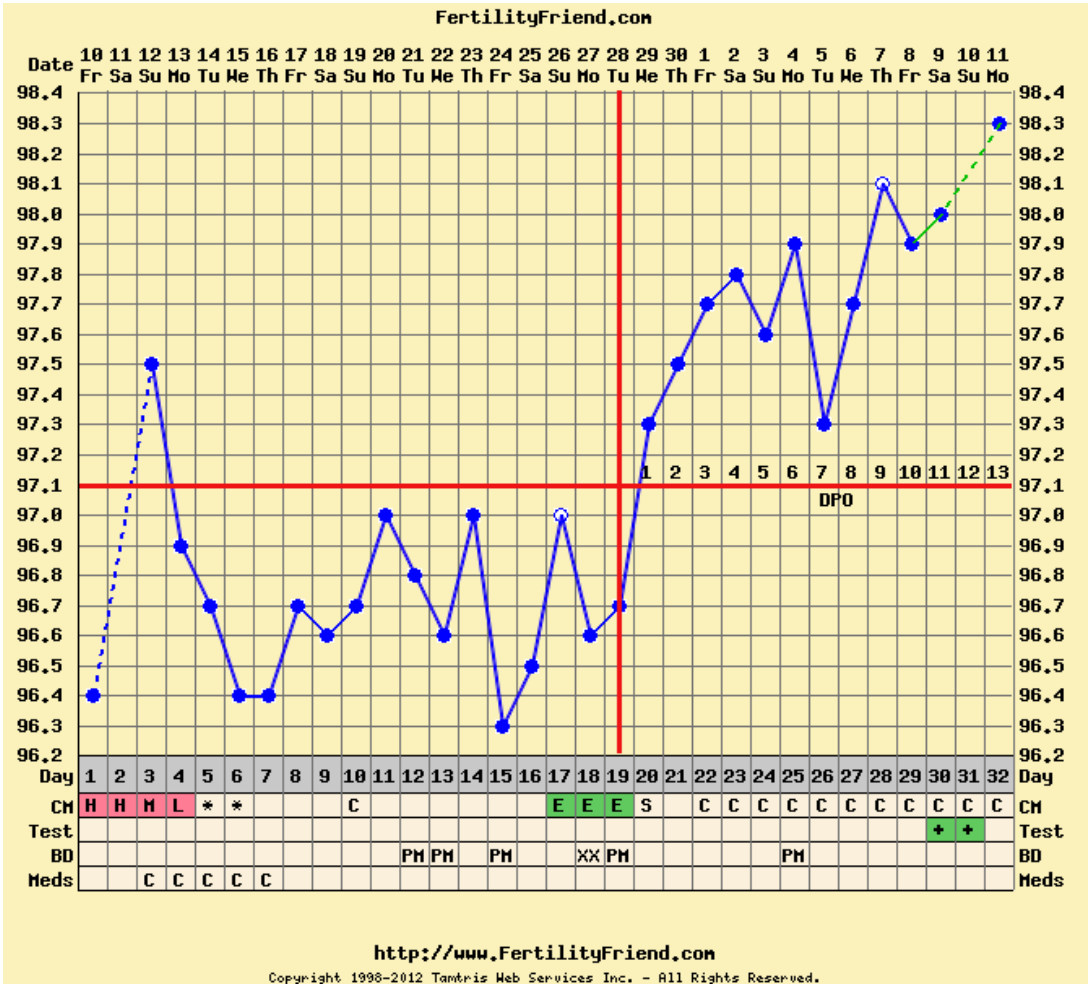
Pregnancy 4



http://www.fertilityfriend.com/ChartGallery/125322.html

The pregnancy chart above shows ovulation indicated for cycle day 15. Although temperatures begin to rise slowly prior to ovulation, ovulation can be reasonably pinpointed for cycle day 15 when cervical fluid observations are also considered. Intercourse is well-timed all through the most fertile time. Temperatures remain elevated after ovulation and a first positive pregnancy test is recorded at 15 days past ovulation.

Pregnancy 5



http://www.fertilityfriend.com/ChartGallery/125191.html

The chart above shows ovulation indicated on cycle day 19, confirmed both by a thermal shift and cervical fluid observations. Intercourse is timed well to coincide with the day before ovulation and the day of ovulation. The temperature drops slightly at seven days past ovulation, possibly an “implantation dip” but then rises again and stays high. A positive pregnancy test is first recorded at eleven days past ovulation.

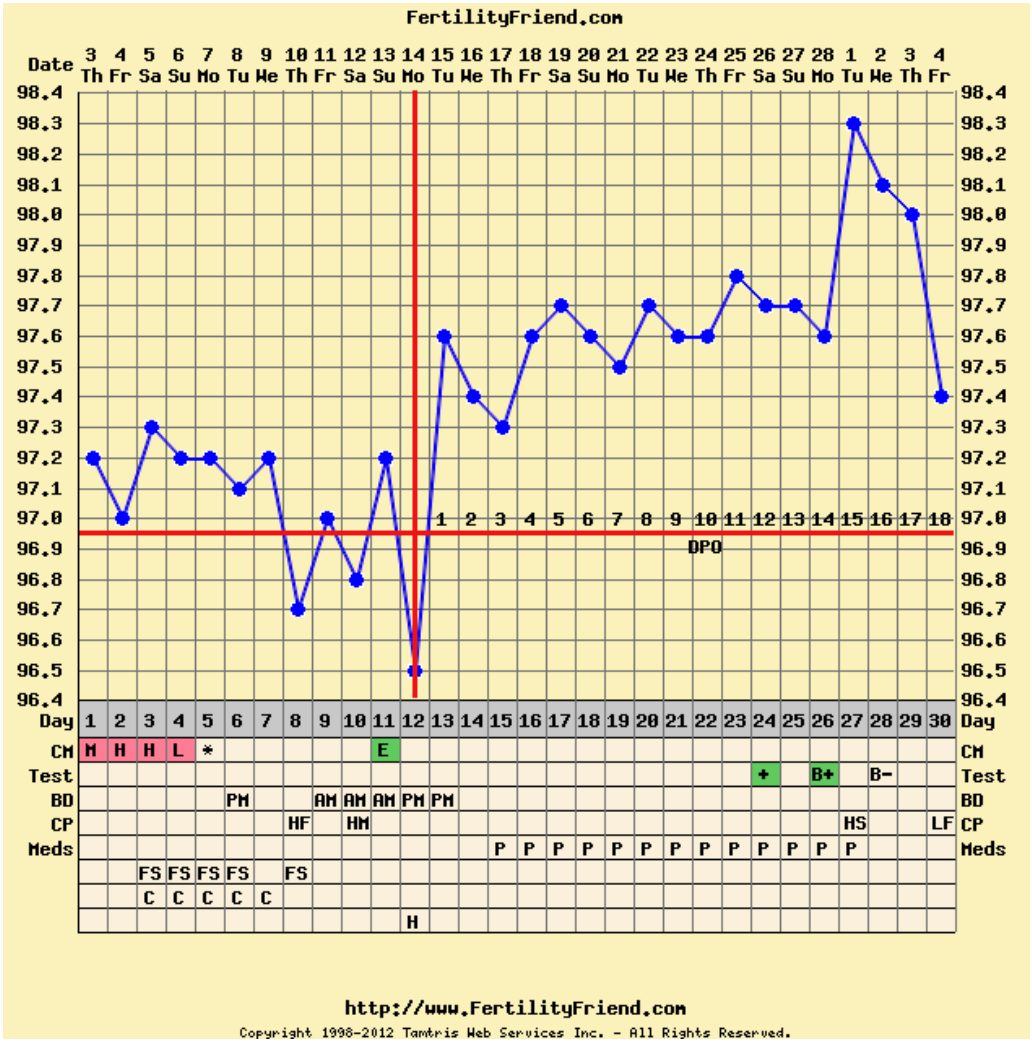
Miscarriage Charts

When you are paying close attention to your cycles and fertility signs, you may notice an early pregnancy loss that you would have previously simply considered as a late period. Increasingly sensitive early pregnancy tests also can alert you to early pregnancy losses that may have otherwise gone unnoticed.

Though charting your temperatures when you are pregnant may alert you to an impending loss, our recommendation, unless your doctor suggests otherwise, is usually to stop taking your temperature once a pregnancy has been confirmed. Normal temperature fluctuations during pregnancy can cause undue anxiety and can make it difficult to enjoy your pregnancy.

Sadly, just about any pregnancy chart pattern can result in a miscarriage. What miscarriage charts have in common is that temperatures usually begin to drop before the loss. The charts below show pregnancies which ended with miscarriage.

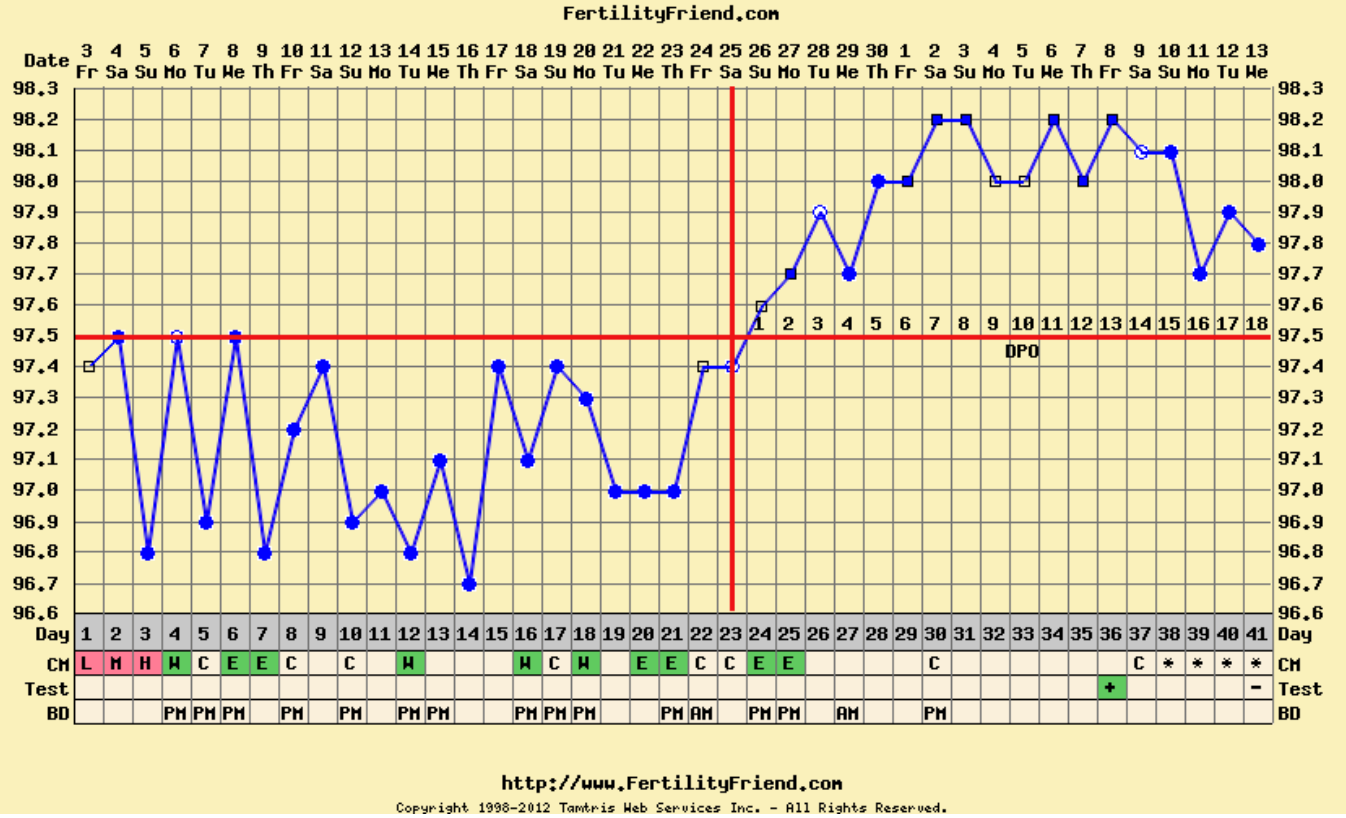
Miscarriage 1



http://www.fertilityfriend.com/ChartGallery/27257.html

Here we can see ovulation which was medically triggered with an hCG shot on cycle day 12. A positive home pregnancy test is recorded at 12 days past ovulation. A blood test is positive at 14 days past ovulation and temperatures stay high for 17 days. Though temperatures remain high, a blood test is negative at 16 days past ovulation. The temperature drops dramatically at 18 days past ovulation before bleeding begins.

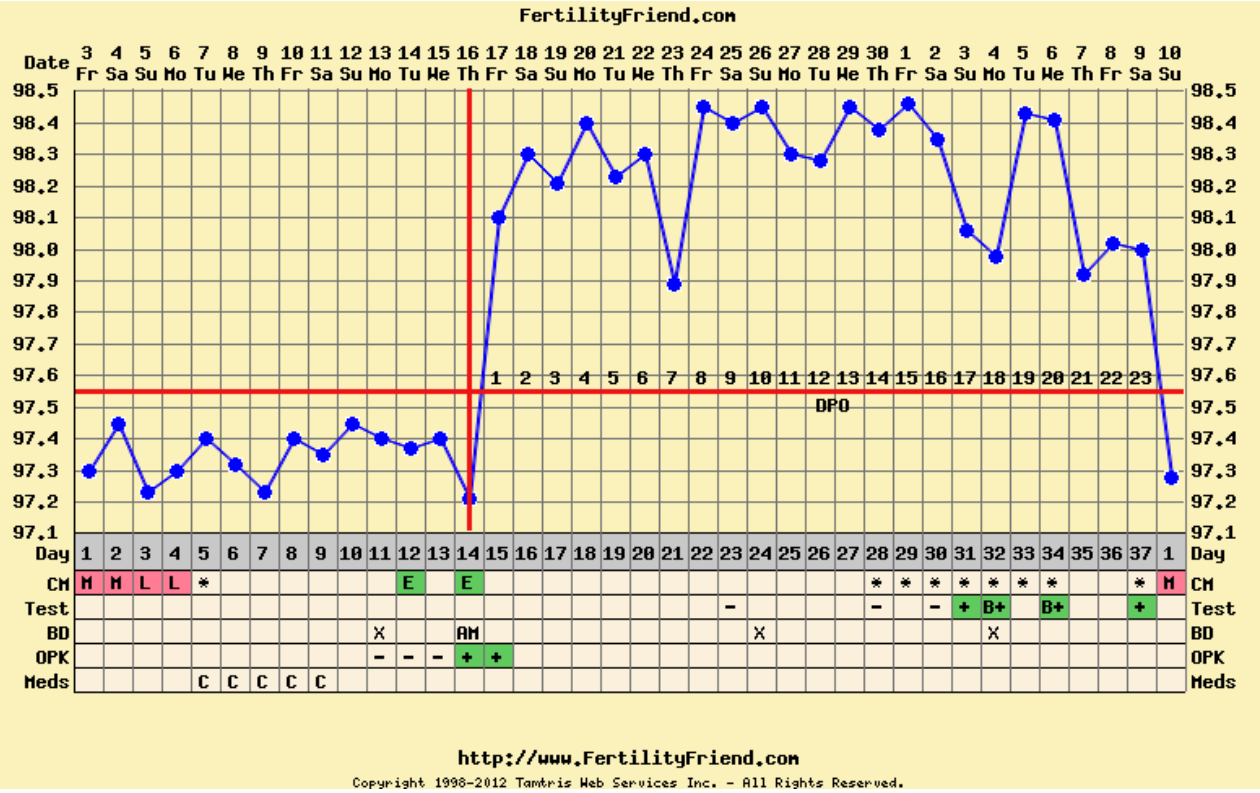
Miscarriage 2



http://www.fertilityfriend.com/ChartGallery/21372.html

On this chart we can see that a pregnancy test is positive at 13 days past ovulation. Temperatures remain high for 15 days but begin to drop at 16 days past ovulation.

Miscarriage 3



http://www.fertilityfriend.com/ChartGallery/125166.html

On the chart above, a first positive pregnancy test is recorded at 17 days past ovulation. There is some spotting for several days and then temperatures drop as the pregnancy ends.

Charting and Pregnancy Signs

Waiting to find out whether or not you have conceived in a given cycle is one of the most frustrating, stressful and exciting aspects of trying to conceive. Charting can make this part of the cycle a little bit less stressful because once you know when you have really ovulated, you know when your period is really late and whether or not you have a chance to be pregnant. This can save a great deal of anxiety wondering whether your period is late, whether you timed intercourse well, and when you can reliably test.

We are often asked to look at charts during this time and offer clues about the pregnancy prospects and pregnancy testing. Here are some of the most frequently asked questions we see about pregnancy signs and pregnancy testing.

Can you tell by looking at my chart if I could be pregnant? Are there signs of implantation or pregnancy achievement on my chart?

Unfortunately, there is just no way to be sure from looking at your chart before you can take a pregnancy test, whether or not you could be pregnant. There are some signs, however, that occur with greater frequency on pregnancy charts. This means that seeing these signs increases your probability of pregnancy, though by no means indicates pregnancy with certainty. Some of these *possible* signs are:

- brief spotting around 7-10 days past ovulation
- a second temperature shift around 7-10 days past ovulation
- a temperature dip at about seven to ten days after ovulation

All of these signs, however, can happen with or without conception and implantation. In fact, all of these chart patterns frequently occur on charts that do not result in pregnancy. These signs are thus quite unreliable for early pregnancy detection, though they can offer some additional clues.

Implantation signs and very early pregnancy signs are considered 'hindsight' signs. They are something that you can speculate about once you know you are pregnant but you can never be sure that they are related to implantation or pregnancy achievement.

The best signs to see on a chart when you are hoping for pregnancy are:

- a clear thermal shift
- well-timed intercourse in the days before ovulation
- temperatures that remain high past your usual luteal phase length

You will only know for sure that you are pregnant once you have a positive pregnancy test result.

How can I tell if I could be pregnant?

While you will not know for sure until you can reliable take a pregnancy test, there are some signs that can give you some clues about your pregnancy prospects. If your temperature stays elevated past your usual luteal phase length, that is a good indication that you could be pregnant, if you had intercourse within your fertile time and if ovulation is clearly visible on your chart. By this time, you are usually able to get a reliable result on a pregnancy test. The pregnancy test is really the only certain confirmation that you are pregnant.

Some women notice other signs before a pregnancy test can be taken (spotting, higher temperatures, breast tenderness, frequent urination, nausea, "feel pregnant"). However, these and other potential early pregnancy symptoms can be experienced with or without pregnancy. Because you can be pregnant with or without these symptoms, they cannot tell you whether or not you are pregnant before a pregnancy test turns positive.

When does implantation occur? Can I see signs of implantation on my chart?

If conception occurred, implantation (when the fertilized egg attaches to the uterine wall) typically happens seven to ten days after ovulation, but it can happen a few days earlier or later as well. The range of implantation is 5-12 days past ovulation.

There are some signs of implantation or successful conception that *may* be seen on your chart but all of them can occur with or without pregnancy. You can also be pregnant and see none of these signs on your chart. There is thus really no way to know if they are related to implantation while they are happening, though they occur with greater frequency on pregnancy charts. It is really only retrospectively that you can speculate about signs of implantation. Some signs that you may relate to implantation or successful conception are:

- light spotting that happens for just a brief period of time around seven to ten days past ovulation
- a second thermal shift that occurs around seven to ten days past ovulation
- a dip in temperature that lasts just a single day, around seven to ten days past ovulation

While these signs may offer clues as to whether or not you have an increased *probability of pregnancy*, they are really not a reliable way to gauge whether or not you may be pregnant. You can experience any of these signs and be pregnant, or not pregnant, just as you can experience none of these signs and be pregnant or not pregnant. Keep this in mind when you are scrutinizing your chart while you wait to take a pregnancy test.

While you can be cautiously optimistic if you do see these signs (if you have well-timed intercourse during your fertile time) there is no way to really know if you are pregnant before you can reliably test for pregnancy. Likewise, if you do not see these signs (and you have well-timed intercourse within your fertile time) you need not give up hope before the end of your cycle. Many women do not experience implantation signs or very early pregnancy signs at all.

Does spotting around possible implantation time always mean that there is implantation and that I am pregnant?

No. Spotting during this timeframe does not always mean that you are pregnant. Light spotting at the

anticipated time of implantation can be a promising sign when you are hoping for pregnancy, however, unexplained spotting or bleeding mid-cycle should be reported to your doctor who can help you determine the cause.

I am having cramps a week after ovulation. Is this implantation? Can you feel implantation?

Some women report that they feel cramps around implantation time. You may also be extra-alert to minor cramping sensations as you wait to know if you could be pregnant. There is, however, no way to know in advance if any cramps you are experiencing in the luteal phase are related to implantation. Like other signs of possible implantation, there is really no way to definitively associate the experience with pregnancy, even after the pregnancy test is positive. Unusual cramping, discomfort or pain should be reported to your doctor.

What is an "implantation dip?"

The term implantation dip is often used to refer to a luteal phase dip that occurs around the time of expected implantation (7-10 days past ovulation). While this pattern does not always result in pregnancy, the term is often used because of the timing of the dip and because this pattern appears with greater frequency on pregnancy charts than non-pregnancy charts. There are a couple of factors that may help to explain why this pattern appears with greater frequency on pregnancy charts.

1. The corpus luteum (which produces the heat inducing hormone, progesterone) normally peaks in its production of progesterone and then begins to recede around the middle of the luteal phase. In conception cycles, it is "rescued" when the embryo implants and then continues to produce progesterone until the placenta can take over hormone production.

2. Estrogen, in opposition to progesterone, has a lowering effect on temperatures. A secondary estrogen surge in the middle of the luteal phase may cause a temperature dip at this time. Indeed this may explain why this pattern also occurs on non-pregnant charts. Mid-luteal phase estrogen levels, however, have been found to be higher in conception cycles than non-conception cycles and this may also contribute to the greater frequently with which we see this pattern on pregnancy charts.

When you see a mid-luteal phase dip on your chart, it does not necessarily mean that you are pregnant. Likewise, you do not have to see this pattern to be pregnant. As long as you have intercourse in your fertile time, you have a chance to be pregnant with any ovulation pattern.

What is cervical fluid like during early pregnancy? Can I tell if I am pregnant by observing my cervical fluid?

Observing your cervical fluid after ovulation will not provide any clues about whether or not you could be pregnant. Whether or not you are pregnant, cervical fluid tends to exhibit non-fertile characteristics in the two weeks after ovulation. If your ovulation pattern is not clear, you should keep checking your cervical

fluid at this time to be certain that your fertile time has passed.

What is the cervix position like during early pregnancy? Can I tell if I am pregnant by observing changes in my cervix?

Like cervical fluid observations, observing your cervical position after ovulation will not provide any clues about whether or not you could be pregnant. Whether or not you are pregnant, the cervix usually returns to a non-fertile position in the two weeks following ovulation.

What is a triphasic chart pattern? Does it mean I am pregnant if I have a triphasic chart pattern? Do I have to have a triphasic chart to be pregnant?

A triphasic chart shows three levels of temperatures: pre-ovulation, post-ovulation, and then a second rise around 7-10 days after ovulation. This pattern appears with greater frequency on pregnancy charts, but your chart does not need to show this kind of pattern for you to be pregnant. This pattern appears on non-pregnant charts as well.

Whether or not you are pregnant, progesterone, the hormone responsible for raising your temperature after ovulation, generally peaks in the middle of your luteal phase and this can cause this kind of pattern whether or not you are pregnant.

A triphasic chart can be promising, however, because progesterone levels generally increase after implantation (7-10 days past ovulation) in conception cycles, and sometimes this results in a triphasic pattern. If your chart shows a second significant thermal shift that begins 7-10 days past ovulation, FertilityFriend.com will indicate a possible triphasic pattern in the Pregnancy Monitor. A triphasic chart, however, is not a definite sign that you are or are not pregnant. It is just increasing your probability if you also have well-timed intercourse. Likewise, you can be pregnant and not have a triphasic pattern. Like all signs of possible implantation or pregnancy, you can really only speculate about it once a pregnancy has already been confirmed.

Testing for Pregnancy

Waiting to test can be agonizing when you are yearning for a positive result. This is often the most stressful part of a cycle when trying to conceive, especially when one has been disappointed by negative results in past cycles.

Most of the questions we receive about pregnancy testing are about timing and the reliability of results. Of course you want a reliable result, but you want to know whether or not you are pregnant as soon as possible. Knowing the earliest that you can reliably test for pregnancy can reduce the roller-coaster ride of anxiety that can be experienced by testing too early and the expense of wasted tests.

Here we have compiled some of our most frequently asked questions about pregnancy testing:

I am having pregnancy symptoms (nausea, tender nipples) but I got a BFN (big fat negative) on my home pregnancy test. Does this mean I am definitely not pregnant?

Those could be pregnancy symptoms, and you may indeed be pregnant, especially if you had intercourse during your fertile time and took that pregnancy test before you were really “late”. You can try testing again in another few days (once you are past your usual luteal phase length) to see if it was just too early to test or if you got a false negative result. You should have your answer one way or the other by 16-18 days past ovulation. Consult with your doctor to see what could be keeping your period away if your temperatures stay elevated for 18 days or more with no sign of your period or a positive pregnancy test.

If your period is not yet late (if you are not yet past your usual luteal phase length, or, if you do not know your luteal phase length, if it is not yet 16 days past ovulation) it could be too early to tell whether or not you could be pregnant. Some early pregnancy symptoms are similar to what you would feel before getting your period. This is because progesterone, the hormone which is present in increased amount both before your period and during pregnancy, can cause these symptoms.

When you want to be pregnant very badly, it is easy to suspect that these symptoms are pregnancy-related. It is so hard to wait, but you won't know for sure until you can reliably take a test. You will have a definitive answer in a few days.

I have a faint line on my HPT (home pregnancy test). Am I pregnant?

In most cases, if you see a line on your HPT that is the same color as the test line, you are pregnant, even if the line is faint. You might consider waiting a day or two and testing again to confirm that you are pregnant.

If you have any doubts about the results of your pregnancy test, you can usually call the manufacturer of the test (check for a toll-free number on the box) to make sure that you are reading the results properly. In any case, when you get a positive result on a pregnancy test, you should make an appointment with your doctor to confirm your pregnancy and to arrange for prenatal care.

I am way past my usual luteal phase length, but pregnancy tests keep coming back negative. Could I be pregnant?

There are at least three possibilities, all requiring the attention of your doctor:

1. The first possibility, if your chart does not show a clear ovulation pattern, is that you did not actually ovulate where you believe. You may have ovulated later or not at all, which would mean that you are not really "late" and that would explain why you are not getting positive results on your pregnancy test. If you consistently do not get a clear ovulation pattern on your chart, you should talk to your doctor and bring your charts along so that he or she can help you determine what might be going on with your cycle.

2. You might be getting false negative results on your home pregnancy tests. Ask your doctor for a blood test to determine whether or not you are pregnant.

3. There might be something besides pregnancy that is keeping your period away. Your doctor can help you see if this could be the case.

My usual luteal phase length is 14 days and my temperatures have been up for 16 days past ovulation and I have no sign of my period, nor any sign that I might be pregnant. What should I do?

Take a pregnancy test! There is a good chance that you are pregnant. If the results are positive, make an appointment with your doctor to confirm the pregnancy and to arrange for prenatal care.

If the results are negative, you may have ovulated later and may need to adjust your chart. If your ovulation date is clear and you don't get your period or test positive on a pregnancy test within 18 days of ovulation, you should check with your doctor to find out what could be keeping your period away.

When should I take a home pregnancy test (HPT)? When will an HPT give me a positive result if I am pregnant?

You need to know when you ovulated before you can reliably determine when to take a pregnancy test. Your chart can help you determine how many days past ovulation you are. You can take an HPT when you are past your usual luteal phase length (the time between ovulation and when you get your period). If your usual luteal phase length is shorter than 13 days, then you should probably consider waiting a day or two longer.

Once you have a full cycle charted in FertilityFriend.com, a reasonable test date will be proposed to you based on your cycle statistics. If you do not have a full cycle charted, the software will recommend waiting until you are 18 days past ovulation to avoid the disappointment of early negative or false negative results and wasting tests.

Whether or not you test earlier than is recommended really depends on your attitude towards seeing negative or false-negative test results. In general, results are usually accurate once you are 14 days or more past ovulation but if you want to avoid wasting tests and your luteal phase length is longer than that,

or you do not know your usual luteal phase length, waiting a bit longer is recommended.

For more information about pregnancy test timing, please see our *Pregnancy Test Study*.

What is the earliest I can take a pregnancy test?

Some women can get positive results as early as 10 or 11 days past ovulation, but this is very rare. We do not recommend testing this early as it usually causes great disappointment and confusion and wastes tests. Most results will be negative this early, whether or not you are pregnant. We recommend waiting until the test date proposed by FertilityFriend.com. This date is based on your own cycle statistics and our research on pregnancy charts.

This is my first cycle charting on Fertility Friend. Why is my proposed test date so far away?

The reason the test date seems far away is because we don't have statistical data from you showing a usual luteal phase length. Without this information, we can't know when you are really "late." In this case, we recommend waiting to test until 16 to 18 days past ovulation to avoid the disappointment of seeing negative test results or the confusion of not knowing if a test result is a false-negative or not.

If you know your usual luteal phase length, you can take a test when you are one or two days past that time and you are likely to get reliable results.

Charting in Special Situations

A variety of special situations can impact your charting efforts. We have compiled a few of the most frequently asked questions about charting under special circumstances.

How will having recently stopped birth control pills affect my chart?

Birth control pills are a popular choice of contraception for women wishing to delay pregnancy. As such, many women who are now trying to conceive have recently discontinued oral contraceptives. Frequently, these women who are now planning pregnancies wonder about the effects of previous oral contraceptive use on their current ability to conceive.

Some of the questions that are frequently asked about oral contraceptives include:

- How long will it take my cycle to regulate after discontinuing the pill?
- Will previous pill use impact my future fertility?
- How long will it take me to get pregnant after discontinuing the pill?
- Can I start charting right after discontinuing the pill?

Surprisingly, there are very few recent scientific studies responding to these questions. One comprehensive recent study, however, regarding fertility and oral contraceptive use is that by C. Gnoth and his colleagues at the University of Dusseldorf in Germany. In an article titled “Cycle characteristics after discontinuation of oral contraceptives,” published in the journal *Gynecological Endocrinology* in 2002, Gnoth and his colleagues compared the cycle characteristics (using BBT charts) of women who had recently stopped taking the pill with those who had never used oral contraceptives.

Some of the relevant findings from this study include the following:

- 57.9% of all first cycles after discontinuing oral contraceptives were ovulatory (identified with BBT shift) with sufficient luteal phases (greater than 10 days).
- 10.24% of all first cycles after discontinuing oral contraceptives were not ovulatory (compared with 3.44% of control group). Significant differences also appeared in the second and third cycles after discontinuing oral contraceptives.
- Cycles were longer in the post-pill group up to cycle number 12.
- Cycle disturbances (defined as a luteal phase of less than 10 days or a cycle length greater than 35 days identified using a BBT chart) were more frequent in the post-pill group until the seventh cycle.
- Cycle disturbances after discontinuing oral contraceptives were reversible but regulation took up to nine months or longer.

Other factors

Other factors that may play a role in the time it takes for fertility to return after discontinuing oral contraceptives are age and parity (number of previous births). In a 1986 study published in the British Journal of Family planning, Vessey, Smith and Yeates measured the influence of age and parity on the time it takes for fertility to return after discontinuing oral contraceptives. They compared women aged 25-29 with women aged 30-35 and those who had previously given birth versus those who had never given birth.

Some of their relevant findings include the following:

- Impairment of fertility for women who had already had children was very slight and of very short duration for women in both age groups.
- Women aged 25-29 who had never had children had some impairment of fertility after discontinuing oral contraceptives but the effect was relatively short-lived.
- Women aged 30-35 who had never had children had the longest delay in conceiving after discontinuing oral contraceptives.
- There is no evidence that the pill causes permanent sterility.

The findings from these studies should be fairly reassuring to women hoping to conceive who have recently discontinued birth control pills- even if the first or second cycle after stopping the pill does not seem completely “normal.” Indeed, one study (Farrow et al, 2002) is particularly reassuring, associating prolonged use of oral contraceptives with a *decreased* risk of delayed conception.
Charting your cycles right away after discontinuing the pill can help you to see when your fertility returns and can help you see your own post-pill cycle characteristics. Talk to your healthcare provider if you find that it is taking longer than expected to conceive after discontinuing the pill or if your chart is showing other cause for concern after a few cycles.

How do I chart after a miscarriage?

If you have recently experienced a miscarriage, we would like to express our deepest sympathy for your loss.

Whether or not to start charting right away after a miscarriage is a personal decision. You may decide that you need to take time out, or you may find it especially gratifying to be able to see your fertility return after a miscarriage.

You can chart immediately after a miscarriage, but check with your doctor to determine whether or not it is recommended to try to conceive right away.

For charting purposes, the first day of your new cycle can be the first day of your miscarriage (full bleeding) if no D&C is required. If a D&C is required, you can start a new chart for the day of the procedure. Enter “menses” to start a new cycle and make a note of the circumstances in the notes section of your chart. If you were charting the cycle of your miscarriage, you should enter “miscarriage” on that chart. You may also decide to exclude that cycle from your cycle statistics as it will show an unusually long luteal phase length.

Trying after a loss often adds another dimension to the trying to conceive experience. It is not unusual to be grieving your loss while still remaining hopeful and excited about trying again. You may feel anxious and concerned about the possibility of another loss. Your friends and family may be unaware of your loss,

or they may not understand the depth of your grief. If you feel like you need support and understanding, the online community on FertilityFriend.com may be especially helpful during this time.

I am taking Clomid. When can I expect ovulation and how will it affect my chart?

In most cases, you can expect ovulation within 5-9 days of your last dose of Clomid, but the doctor who prescribed the medication for you should be able to give you a good indication of when to expect ovulation based on your own situation. He or she can also help you plan when to have intercourse based on when you are expecting ovulation.

You may notice that your temperatures are higher on the days you take the pills, but they should level out enough for ovulation to be detected on your chart when it occurs. Some women also notice that cervical fluid is not as abundant when taking Clomid.

Your OPK results may also be affected when you are taking Clomid. Check with your doctor and/or the manufacturer of the OPK you are using to determine when to use the tests when you are taking Clomid.

How will taking progesterone supplements affect my chart?

First, you should talk to your doctor before taking any kind of hormonal supplement. If you think that your chart indicates that progesterone may be an issue for you, your doctor can help you determine if this is the case and whether or not a progesterone supplement (or another treatment) is needed.

Taking progesterone supplements does usually affect your chart. Any kind of progesterone that you take or apply is likely to raise your temperatures. Once you are taking progesterone, it is hard to tell whether your temperatures are high due to ovulation, pregnancy or to the progesterone you are taking. When you are taking hormonal supplements or medications of any kind, your doctor is the person to consult about what is happening with your cycle.

I had an HCG trigger a few days ago, but my chart is not showing ovulation where my doctor told me it would happen. I'm afraid my IUI was poorly timed.

Don't worry! Once your cycle is being triggered medically, your chart is no longer your best way to detect ovulation. The HCG trigger can affect the chart. Your doctor can tell you exactly when you ovulated based on the trigger. Use the manual override feature to enter ovulation where your doctor indicates.

Can I chart while breastfeeding?

Before you get your first period, you may experience a long stretch without ovulation, especially if you are breastfeeding several times a day and during the night. The associated long cycles and erratic temperatures can be frustrating and confusing. If you start charting when you begin to see signs of increased fertility, however, you may be able to identify your first ovulation. Pay particular attention to your cervical fluid as it will usually attain a more fertile quality before your first ovulation. You may, however, experience several patches of egg white cervical fluid before your first postpartum ovulation.

If you have already gotten your first postpartum period, you should be able to chart while breastfeeding and see your fertility cycle without much difficulty, though you may have a few added challenges. Some breastfeeding women, for example, notice unusual cervical fluid and temperature patterns.

The combination of breastfeeding hormones and night-waking (or early morning waking) can cause erratic temperatures and either multiple patches of fertile cervical fluid, or a decrease in cervical fluid. While you may get some rocky temperatures, you should still be able to get a reliable chart interpretation and a recognizable biphasic (ovulation) pattern if you chart as accurately as you possibly can.

How does PCOS (Polycystic Ovarian Syndrome) affect my fertility chart?

PCOS is a hormonal condition that can impact your fertility. Women with PCOS secrete higher than usual levels of androgens (male hormones) which may cause cysts to develop in the ovaries (hence the name). Women with PCOS may have irregular periods, no periods, long cycles or excessive bleeding during periods.

Charting your fertility when you have PCOS can be challenging because your cycles may be extremely unpredictable. Additionally, if you are being treated medically, you may be taking medication that can affect your cycle and fertility signs.

Although charting with PCOS can be challenging, charting your fertility signs may make an enormous difference to your pregnancy prospects since you will be able to identify more clearly when and if you ovulate and you will be able to take a break from trying (without worrying about missing a chance) once you see on your chart that ovulation is confirmed.

The most frequent challenge for women charting with PCOS is that cycles are often long, temperatures may be rocky, and you may observe several patches of seemingly fertile cervical fluid before ovulation is finally confirmed. To avoid missing a change to conceive, we recommend the following:

- Use multiple signs (at least cervical fluid and temperature) to confirm ovulation.
- Consider all egg white or watery cervical fluid as possibly fertile.
- Make sure your temperature rise is clear and sustained for several days before considering that ovulation has passed.

How does my age impact my charts and fertility?

Increasingly, women are delaying childbirth until well into their thirties. Women who are trying to conceive beyond the peak reproductive years of their twenties are often very concerned about their conception chances. It is true that fertility rates decline with age and the time to conception is generally longer for women who are past their mid-twenties. Still, the chances of conceiving within a year or two are quite good for women in their mid to late thirties, especially when intercourse is timed well in the fertile period.

When age is not a factor, it is generally recommended to begin investigations after one year of trying without conceiving or six cycles of trying with “fertility focused” intercourse. Women who are beyond their mid-thirties may want to consult their physicians earlier if they suspect any potential fertility issues or if they are concerned that conception is not happening as quickly as they hoped. Your fertility charts can help to ensure intercourse is timed in the most fertile time and expedite investigations if needed.

I have heard that I can help determine the gender of my baby. How can I do this?

You are probably thinking of the *Shettles Method* which is based on the premise that sperm carrying the X and Y chromosomes have different characteristics and that you can influence the reproductive environment and time intercourse to favor the odds of conceiving one gender or the other. There is no clear scientific evidence that you can dramatically influence the odds of conceiving a boy or a girl and there is controversy surrounding the credibility, efficacy and the morality of the method. Nonetheless, here's how the theory goes:

It is the sperm that fertilizes the egg that will determine the sex of your baby. Some sperm carry the X-chromosome and some sperm carry the Y-chromosome. If an X-chromosome-carrying sperm fertilizes the egg, the baby will be a girl. If a Y-chromosome-carrying sperm fertilizes the egg, the baby will be a boy.

The idea behind the Shettles Method of sex selection is based on the premise that the X and Y chromosome carrying sperm have different characteristics and that under different circumstances either X- or Y-chromosome-carrying sperm will be more likely to fertilize the egg.

The Y-chromosome-carrying sperm are said to:

- be faster and smaller than the X-chromosome carrying sperm
- die faster than the X-chromosome-carrying sperm

The X-chromosome-carrying sperm are said to:

- be slower than the Y-chromosome carrying sperm
- be better able to withstand the acidic cervical environment before fertile cervical fluid is produced

Based on these premises, according to Shettles, you can time intercourse, choose a sexual position that favors conception of your preferred sex and influence the reproductive environment to increase the likelihood of conceiving your preferred sex. These are the suggestions from Dr. Shettles:

To Get A Boy (According to Shettles):

- Time intercourse as close to ovulation as possible. The idea is that since the Y-chromosome sperm are faster than the X-chromosome sperm, there will be more Y-chromosome sperm who reach the egg, making it more likely that a Y-chromosome carrying sperm will fertilize the egg.
- Abstain from intercourse for four to five days prior to ovulation. Have intercourse only just at the time of ovulation and just before.
- Have intercourse that allows for deep penetration. Shettles recommends rear-entry (aka, “doggy-style”). The idea is that the sperm will be deposited closer to the cervix where cervical fluid is most friendly to the Y-chromosome sperm and where the “boy sperm” are more likely to survive since there is less distance to travel.
- Men avoid tight clothes. Heat kills off both types of sperm, but will kill off the less protected, smaller Y-chromosome sperm faster, according to Shettles.

- Women have an orgasm. According to Shettles, female orgasm increases the alkaline secretions in the vagina that are favorable to the Y-chromosome carrying sperm. Shettles recommends having an orgasm before or at the same time as the male partner.

To Get a Girl (According to Shettles):

- Have intercourse 2-3 days before ovulation and avoid intercourse just before ovulation until 2 days after ovulation and when you have peak cervical fluid. The idea is that when you have sex a few days before ovulation, only the X-chromosome “girl sperm” will be left in the female reproductive tract waiting to fertilize the egg when it is released.

- Have intercourse with shallow penetration: Shettles recommends “missionary position”or any position that will deposit the sperm slightly away from the cervix, giving advantage to the longer living, but slower X-chromosome-carrying sperm.

- Women avoid orgasm. Shettles suggests women avoid orgasm because it makes the vaginal environment more alkaline, and less acidic and is disadvantageous to the X-chromosome “girl sperm”.

If you are taking longer than expected to conceive, it is generally not recommended to attempt any kind of sex selection as it can increase the time it takes to conceive.

Further Questions

If you have a general question about fertility charting that has not been included in *Charting Your Way to Conception*, please let us know and we will include it in future editions!
If you have a question about your own chart or your own situation, or if you just would like to share support and information with others like you, please consider joining FertilityFriend.com’s Community.

A Brief History of Fertility Charting

Most women are simply interested in learning how their fertility signs can help them to improve their own reproductive health and body awareness and identify their fertile time. A number of women, however, learn about their fertility signs and then want to know more and teach others. For those who wish to dig a little bit deeper and put their knowledge of fertility charting into historical and social context, here is a brief history of fertility charting and knowledge about fertility signs:

Prior to the 20th century, a great deal of superstition and misinformation surrounded fertility and the menstrual cycle. During the last century and a half, however, multiple observations from a variety of researchers contributed to our current understanding of the meaning of our fertility signs. Included here is a timeline of a selection of some significant contributions to our understanding of our fertility signs.

In *1855*, W. Tyler Smith observed that cervical fluid offers a medium well-suited for the passage of sperm and in *1868*, J. Marim Sims described cervical fluid as having the consistency of a white of an egg.

The first observations that the basal body temperature has a biphasic (low temperatures followed by high temperatures) pattern during the menstrual cycle were made by Squire in *1868* and Mary Putnam Jacobi in *1876*. Neither, however, associated the thermal shift with ovulation.

In *1905*, Theodoor Hendrik Van de Velde, a Dutch gynecologist, published a series of biphasic charts and noted that the length of elevated temperatures prior to menstruation was independent of the length of the menstrual cycle, thus demonstrating that the luteal phase is constant. He also made the connection that the upward shift was related to ovulation. By *1926*, he stated that it was the corpus luteum (the remains of the ovarian follicle after ovulation) that caused the upward shift in temperatures after ovulation. Van de Velde also observed the occurrence of mucus secretions and intermenstrual pain around the time of the thermal shift.

The finding that ovulation precedes menstruation by about 12-16 days and that this time is constant, was used by Kyusaku Ogino, in Japan and Hermann Knauss in Austria in the early *1930s*. Ogino and Knaus, at the same time, but separately, used it to develop the largely ineffective calendar rhythm method of birth control.

In *1935*, a German Catholic priest named Wilhelm Hillebrand began to study the idea of using the temperature shift as a replacement for the calendar rhythm method.

In *1962*, Edward F. Keefe published observations of the physical changes of the cervix throughout the menstrual cycle.

Throughout the *forties, fifties and sixties*, a number of fertility researchers collected BBT charts and engaged in interpretation and analysis. Most notable among them were R. Vollman in the United States, G.K. Doring in Germany, B.Vincent in France, John Marshall in Britain and a team from the World Health Organization. Several sophisticated methods were suggested to interpret BBT graphs. Many of them, however, while quite accurate, required complex mathematics and complete charts, and were thus deemed not practical for couples practicing natural family planning on their own.

The World Health Organization and Professor John Marshall developed the "coverline method" and "three over six" method respectively in the *sixties*. Essentially the same method, a trained couple simply had to observe three temperatures higher than the previous six to identify when ovulation occurred. While methods requiring more complex mathematical calculations were found to be more accurate in a comparison study by McCarthy and Rockette in 1983, the “three over six”/coverline method was the most

practical and easy to apply and was taught to natural family planning practitioners for decades. This is the method still published in many textbooks and workbooks about Natural Family Planning and has come to be known as the Fertility Awareness (FAM) method.

In *1970*, V. Insler published a method of "scoring" cervical fluid according to its characteristics. Using similar observations, John and Evelyn Billings in Australia developed a system, known as the "Billings" or "Ovulation" method to teach women how to observe and chart their cervical mucus signs to recognize their own fertility pattern.

Many couples made use of these natural methods (usually for contraception purposes) for religious, philosophical, health or economical reasons. The basics of self-observing and interpreting fertility signs, however, were never routinely taught to large populations of women.

By the *1980s,* the role of natural fertility signs was very well understood and well-documented in medical research. Awareness and research about infertility grew throughout the *1980s and 1990s*. Medical researchers and medical professionals also began to investigate more high-tech methods of ovulation detection at this time, particularly assays that identify hormones in urine and blood and pelvic ultrasonography.

By the *late 1990s* and *2000s* the Internet, along with increased awareness of infertility and conception difficulties, brought natural methods of ovulation detection and identification of the fertile and infertile periods back into the spotlight- now increasingly for conception rather than contraception purposes. The internet made it possible to widely disseminate information and tools to facilitate fertility charting to women around the world-- and high performance computing made it possible for women to use more advanced analysis techniques to interpret their charts. FertilityFriend.com and its network of members sharing their fertility charts online played a significant role in this resurgence of interest in fertility charting. More and more women are learning the value of understanding their own fertility signs.

Still, young women are not routinely taught about the meaning of fertility signals or how to read and interpret them. If you find that fertility charting has helped you to understand your body better and feel more empowered and in control, teach a friend, a sister, a daughter....!

Charting for Conception

You are now probably more informed than ever about your fertility signals and the conception process. Better understanding your fertility signs and identifying your most fertile time may be all that is needed to help you in your quest to conceive. In the process of charting your fertility signs, however, you may have noticed patterns that require medical attention or conception may not be happening as quickly as you would like. If you have noticed unusual chart patterns, or if you have not conceived in spite of well-timed intercourse after several cycles, your next step may be to seek medical help.

Medical professionals and alternative health practitioners are increasingly enthusiastic about women charting their fertility signs. They usually appreciate the detailed information that charting provides. Many physicians are now encouraging their patients to chart their fertility signs as it can be helpful to manage treatments, time procedures and diagnose potential issues. They are also seeing an increasing number of fertility charts as more women are using their charts to help them advocate for themselves in their healthcare environments. Providing and understanding your fertility charts can help make you an active and informed partner in your own care. Even if you need more help to conceive than charting alone provides, your charts may be the jumping off point that you need to find out what is happening and what, if any, treatment is needed.

There is more to the trying to conceive experience, however, than gathering information, timing intercourse and tracking your signs and visiting doctors. Trying to conceive does not happen in a vacuum. It has implications for your relationship with your spouse, your family, your work and your friendships- and most of all your own relationship with your self. Women experiencing difficulty trying to conceive sometimes experience feelings of grief and despair, feelings of loss of control and a feeling that their bodies are letting them down. Conflict and misunderstandings between spouses are also not uncommon as spouses may have different ways of coping and different levels of commitment. It is also not unusual to feel isolated and misunderstood, especially when your friends are growing their families without any exceptional effort.

Those who have not experienced repeated cycles of hoping, believing, waiting, yearning, and sometimes grieving may not understand what you are living. This recurring cycle of trying, waiting and hoping is often described as a “roller coaster”. Social support, via online or local networks can help ease isolation. Many women also find it rewarding to share their own experiences and knowledge with others who are at various stages in their trying to conceive journey. Sharing support and knowledge and taking active control of your own journey can be immensely rewarding.

Inspiration

The quotes below from women who have benefitted from charting their fertility signs have been selected from FertilityFriend.com's Story Gallery. To search or browse stories representing a wide range of experiences, please see the Story Gallery.

"I charted with my first full term pregnancy and it was really fun to see how your body works. This time I was just as excited to chart, to see how things are working, to really be in touch with yourself."

"I think charting has been an incredible tool. I love knowing when I'm going to ovulate, I love knowing how long my LP is, I love having over a year's worth of data to show my RE."

"It totally made me feel in control of my body. What an amazing tool!"

"I am amazed that each day I learn something new about my own body and my own fertility. You know, at 37 with 2 children, I thought I was pretty much an expert on how this baby-making thing works. Well, did I have a lot to learn. I feel so much more in tune with my body, like I am becoming the real expert on me. That is a healthy, youthful and sexy feeling."

"The first 5-6 months I knew nothing about charting and am convinced that we were have a lot of sex on all the wrong days! We would go crazy up to day 15 and then stop...in the following months I rarely ovulated before day 16, thus I think we missed it every time. I have already shared the charting information with my friends who aren't even TTC...don't want them to waste 5 months trying to figure things out!"

"As soon as we realized when I was actually ovulating, it happened right away."

"I have learned so much about my body and my cycles through charting--they don't teach you this stuff in school or in the doctor's office! My mom thought I was crazy, she didn't know about it either... It has really increased my knowledge and our TTC success. I am sure if I wasn't charting our TTC journey would have taken longer."

"I started charting the first month we began TTC. I really enjoyed it and loved seeing that I was ovulating. I also began looking for other fertility signs which did help me really learn how my body worked and it's trends. DH was very supportive too and loved seeing my trends." also.

"I have gained so much knowledge by charting. I know that there is no fool-proof method that guarantees pregnancy, but I feel so empowered by understanding my own fertility."

"Charting has been a tremendous help for me. It gives me at least a slight feeling of being in control of what's happening and prevents me turning into a (very) emotional wreck every month as I at least know what to expect and when to expect it."

"Charting was absolutely perfect for someone like me. I loved feeling in control and proactive, plus I have SUCH a better understanding of my body."

"Charting for me has been mostly a great experience. I have learnt so much about my body and its cycle, I have a lot more respect for myself as a result."

"Charting has been such an eye-opening and empowering experience and I will probably chart for the rest of my life."

“Charting was very liberating. It's fantastic knowing what your body is doing.”

“Charting was invaluable in my TTC experience. I would never have known that I was a "late" ovulator, and probably would have assumed that I should ovulate around day 14, like all the books say. Instead, I learned that my ovulation did not occur until day 20, which I suppose explains why my cycle was so long.”

“It is important to me to be in charge. There is so much about this process that I can't control, but this one thing I can. Keeping track of my cycles and becoming familiar with my body is one way for me to step out of the feelings of helplessness. It's my body. And now I understand it much better.”

“I've gained so much perspective into what's normal for me, and best of all, I'm pregnant in no-time flat.”

“My husband and I have been married for a year and have been together for five. The first month we TTC, it was really rough. My poor DH said he felt like a "show horse" and that all I needed him for was BD. It definitely put a strain on our intimacy, but by the second cycle we were able to get it together. This is our third cycle of trying and now my DH is checking my chart and monitor to see when our window is!”

“This is my first month charting. Im excited to have something to tell me what my body is doing and when is prime baby making time. I love learning so learning about ME and watching ME change even when its not obvious to the world... is exciting!”

“I have loved charting as it lets me know when I likely ovulated, and more importantly, that I was actually ovulating every month.”

“After 6 months of great charts with not even a day late, I knew that I needed greater help. Ironically, it was textbook charts that got me thinking and acting.”

“It is a fantastic thing to be in touch with your body so as to improve your chances of timing things right to get pregnant, or, if you are unable to conceive, having some solid information to have with you to help your medical team understand root causes.”

“Through looking at others' charts and reading others' stories, I have regained faith in my body. It is unique. It ovulates. It conceives. I have carried two babies into the world and am a good mummy to them. Charting has allowed me to make comparisons with others and see that I am healthy, that it is both possible and likely that I will have another baby. I am delighted to tip the scales of positive outcomes for 'older' women in the chart gallery with the addition of our successful story.”

“Very empowering to be able to predict with reasonable accuracy when your most fertile time will be. It gave me a huge sense of control.”

“It's invaluable. My chart was all over the place when I started charting which indicated a hormonal imbalance. My acupuncturist treated me based on my chart. I was really anal about charting. I even did it camping.”

“TTC is a different journey for each person, but we have learned something from all of these differences along the way. We are going to try as long as we can on our TTC journey, and then know that no matter what happens, it will have been a journey that we have taken together and utilized all of the best tools that we can. We have grown so much from this experience. We are more thankful, more hopeful and more at peace than ever before. And, we know we're not alone.”

“Charting was immensely important to my TTC journey. I was able to detect that there were times that my body would try to ovulate, but not do it. Taking that info to the Dr's and having them see the data helped

them to know what steps to take next."

"Charting has been a very empowering experience, I've gotten to know my body in a way I really appreciate. I think it also has made me like my body more, because it shifts the focus from how it looks, to the amazing things it is capable of doing."

"I think learning that I can chart and that my body has all these symptoms has made me feel more in control. I am happy to say that I know my own body. That I am aware of what it is doing. I think it makes me feel very empowered. I am not helpless when it comes to this.

It is God's choice to give me a baby, but I can meet Him halfway in taking control of this!"

"TTC by charting and temping has been empowering. I felt strong being able to interpret what was going on with my baby. Never did I expect that I would conceive the first month I tried. And never did I expect my husband to be so involved."

"I have to say that i have gained more friends thru charting than anything else. The support and friendships we have are wonderful. It is good to see other success stories of over 40's here, it gives me hope."

"Baby dust to everyone."

Common Abbreviations

The following abbreviations and acronyms are frequently used on online support groups where women discuss their trying to conceive experiences.

2WW
Two week wait (before testing, not always 2 weeks)

AF
Aunt Flo, your period.

BD
Baby Dance. Have intercourse for conception purposes.

BFN
Big Fat Negative (pregnancy test)

BFP
Big Fat Positive (pregnancy test)

CD
Cycle Day

CH
Crosshairs- the lines drawn on the chart to indicate ovulation

CL
Coverline

CM
Cervical mucous, also known as cervical fluid. It is fluid produced by your cervix as you approach ovulation due to increased estrogen.

CP
Cervical Position

DH, DD, DS
Dear Husband, Dear Daughter, Dear Son

DPO
Days Past Ovulation

EDD
Estimated Due Date

EWCM
Eggwhite cervical mucous. See Eggwhite cervical fluid.

FSH
Follicle Stimulating Hormone

GnRH
Gonadotropin-releasing hormone

HPT
Home pregnancy test. Measures levels of the hormone hcG which are produced in pregnancy.

HcG
Hormone detected by pregnancy tests. Human Chorionic Gonadotropin.

IUI
Intra-uterine insemination

IVF
In-vitro fertilization

LH
Luteinizing Hormone

LMP
Last menstrual period. The first day of your last period.

LOL
Laughing out loud

LP
Luteal Phase

LPD
Luteal Phase Defect

M/C
Miscarriage

O
Ovulation

OPK
Ovulation Prediction Kit. OPKs measure luteinizing hormone, the last hormone to peak before ovulation.

POAS
Pee on a stick

RE
Reproductive Endocrinologist- Fertility Specialist

TTC
Trying to conceive.

Glossary

Anovulatory pattern
Fertility chart that does not have an ovulation (biphasic) pattern.

Basal Body Temperature (BBT)
Your body temperature at rest as measured with a special Basal Body Temperature thermometer. A rise in BBT occurs after ovulation making BBT the only fertility sign that is useful for pinpointing the actual day of ovulation.

Biphasic Pattern
Chart pattern that shows ovulation by showing two levels of temperatures on a graph. Basal Body Temperature (BBT) rises after ovulation. The pre-ovulation temperatures are slightly lower than those after ovulation.

Cervical Fluid (CF, CM)
Also sometimes called cervical mucous, cervical fluid is produced by your cervix as you approach ovulation due to increased estrogen.

Corpus Luteum
Literally meaning "yellow body" because of its color, the corpus luteum is what remains of the dominant ovarian follicle that released an egg at ovulation. The corpus luteum is responsible for producing progesterone after ovulation.

Coverline
A coverline is a visual tool used to differentiate your pre- and post-ovulation phases on your fertility chart. It is drawn horizontally across your chart once ovulation has been detected. The way it is calculated depends on the ovulation pattern of your chart.

Dominant Follicle
The ovarian follicle that will release an egg at ovulation. The dominant follicle is responsible for estrogen production before ovulation.

Egg White Cervical Fluid
This is the most fertile kind of cervical fluid. It is stretchy and usually clear and resembles raw egg white. It is sometimes called cervical mucous, ewcm, or spinnbarkheit.

Estrogen
One of the principal female sex hormones. Produced in the ovaries, estrogen dominates the first part of your menstrual cycle, before ovulation and stimulates follicular growth. It strengthens tissues and helps to build up the lining of the uterus and is responsible for many of your fertility signs, including cervical fluid and cervical position.

Fallback rise
A normal ovulation pattern when your temperature rises then drops slightly immediately after ovulation and then rises again.

Fertile phase
The period when you are most fertile (most likely to conceive) before ovulation.

Follicle Stimulating Hormone

The hormone produced by the pituitary gland that causes the growth of follicles in the ovary early in the menstrual cycle, before ovulation.

Gonadotropin-releasing hormone (GnRH)
The hormone GnRH pulses through your bloodstream from the hypothalamus to the pituitary gland in spurts every 60-90 minutes from menstruation until ovulation. The GnRH signals the anterior pituitary gland to secrete FSH (Follicle Stimulating Hormone) and later LH (Luteinizing Hormone).

Hormones
Hormones are biochemical substances that are produced in one area of your body and carried in your bloodstream to send signals that trigger responses in another part of your body.

Implantation
When the fertilized egg attaches to the lining of the uterus.

Implantation spotting
Some women experience spotting when implantation occurs.

LH Surge
A sudden and large increase in Luteinizing Hormone in response to increased levels of estrogen in the blood. The LH surge is detected by ovulation prediction kits. Ovulation follows within about 24 hours of an LH surge.

Luteal Phase
The second part of your menstrual cycle, after ovulation. The time between ovulation and menstruation. It is called luteal phase because the corpus luteum governs hormone production at this time.

Luteal Phase Defect
When the luteal phase (the time between ovulation and menstruation) is too short (less than 10 days) it may indicate that the corpus luteum is not functioning properly and may prevent implantation of a fertilized egg or may lead to early pregnancy loss.

Luteinizing Hormone (LH)
The hormone produced in the pituitaty gland that triggers ovulation. Luteinizing hormone is the last hormone to peak before ovulation. LH is measured by ovulation prediction kits.

Mittelschmertz
see Ovulation pain

Ovary
Produces eggs (ova) and female hormones.

Ovulation
When the ovary releases an egg.

Ovulation Pain
Slight cramping or twinges in your abdomen before, during or slightly after ovulation. This is a secondary fertility sign and because it can happen before, during, or after ovulation and can be misidentified, it is not reliable for pipointing ovulation. Also called mittelschmertz, or middle pain.

Ovulation Pattern
A pattern on your fertility chart that shows that you have ovulated.

Primary fertility signs

These are the fertility signs that you need to include on your chart to get an accurate assessment of your fertility status and to make the most of fertility charting. Your primary fertility signs are your Basal Body Temperature (BBT) and your cervical fluid.

Progesterone
Progesterone is one of the major female sex hormones. Progesterone dominates the luteal phase (the time between ovulation and menstruation) of the menstrual cycle. Progesterone is released from the corpus luteum after ovulation, and causes your basal body temperature to increase slightly. Progesterone helps build the lining of the uterus so that a fertilized egg can implant.

Saliva microscope
A saliva microscope is a device that measures the level of the hormone estrogen. When there is increased estrogen in your bloodstream (indicating increased fertility) you are able to see fern patterns when your saliva is observed through a microscope.

Secondary fertility signs
Fertility signs other than cervical fluid or basal body temperature (BBT) that are useful for cross-checking your primary fertility signs and giving added insight into your cycles

Slow Rise
Normal ovulation pattern where the temperature rises slowly after ovulation.

Spinnbarkheit
See egg white cervical fluid

Triphasic pattern
A triphasic chart shows three levels of temperatures: pre-ovulation, post-ovulation, and then a second rise after ovulation. Triphasic charts are occasionally an indication of pregnancy when the second rise occurs when you would expect implantation. Triphasic charts often do not end up showing pregnancy. You can be pregnant without a triphasic pattern and you can have a triphasic pattern without being pregnant.

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