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Credidimus caritati
we have put our faith in love



**WOOMB International Ltd
continuing the work of
Drs John and Evelyn Billings
of bringing the
Billings Ovulation Method®
to the world.**

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WOOMB International continues the work of its founders by promoting the Billings Ovulation Method® and ensuring that wherever it is taught globally, it is the authentic Method without variation, and that only WOOMB International approved teaching and training materials are used. The Bulletin provides a medium for sharing articles and news from around the world. We welcome your annual subscription of AUD\$25 which will ensure its continuing production.

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In this Edition

Dr John Billings begins his paper from 1998, which leads this issue of the Bulletin, with the words "It is intrinsic to Faith that a believer desires to know better, to understand more deeply, what he believes". Our world is sadly in need of faith at the moment; faith that moves mountains, faith that removes fear, faith that heals and faith that stops wars. As we look forward to the great Feast of the Resurrection we pray for an increase in our own faith so that, in the words of Mother Teresa which end this issue "We can take away fear by helping people to understand."

Between the words of these two saints, there is much to interest and inspire in the Bulletin this month.

- An excellent answer to the Question to Senior Teachers which deals with the dilemma faced by a teacher who suspects from the history or chart of the woman she is teaching that there is need for medical management.
- A delightful tribute to "the forgotten pioneer of the MRI", our dear friend, Professor-Emeritus Erik Odeblad.
- Review of the newly designed website to be found at www.woombinternational.org
- Inspiring News from Around the World which brings hope from different corners
- A prayer for peace
- And a few snippets of joy from issues past.

It has been said before, if you wish that we featured news of what is happening in your region, that can only happen if you let us know of all the wonderful things that you are doing. No doubt you are all very busy and don't have a lot of time to write about what you are doing, but just a few lines and some photos bring so much pleasure to others to know of all the good work being done. We have only to turn on the television or radio to hear all the bad news, please help us to fill these pages with good news and may "the peace that passes all understanding guard your hearts and minds". (Philippians 4:7)



From the Archives

Reason and Religion in Family Planning



John J Billings

Paper given at the Lambeth Conference of Anglican Bishops, Canterbury, England, July 1998. This paper was originally published in the Bulletin of the Ovulation Method Research and Reference Centre of Australia, Vol 26 No 2, June 1999.

If the experiments which I urge be defective it cannot be difficult to show the defects:
but if valid, then by proving the theory they must render all objections invalid. (Isaac Newton)

It is intrinsic to Faith that a believer desires to know better, to understand more deeply, what he believes. Freedom and responsibility exist when the formation of conscience is assisted by knowledge brought to the intellect. The word "conscience" means "with knowledge". Without a foundation of reason, faith would be in danger of being superficial or perhaps sentimental and without influence on reality. Faith could then become subordinate to whatever dominant values prevailed in the current social mentality. It would be a faith that had fallen on stony ground as our dear Lord described (Mk 4:5) or perhaps fell into thorns, unable to resist the temptations of a consumer society and the corruption engendered by a semblance of legality being given by laws which allow actions which are of their nature evil. To confront the moral disorders of our time, we must first of all recognize and understand them.

We need to have a deep understanding of that special kind of love that we call conjugal love. This is the unique love which develops between a man and a woman to the extent that they wish to give themselves to each other in an indissoluble relationship as long as they live. The family they form is the fundamental unit of society and the sexual relationship is intended by the Creator to provide the extraordinary privilege of helping to create new human life, individuals who have the destiny to live in God's family throughout eternity.

We are living in a world where there has been relentless and often hysterical propaganda regarding population growth. At the same time all the countries of Europe have a birth rate below replacement levels with similar changes being observed in other parts of the world. One of the committees of the United Nations, which has the best reputation for its projections regarding population changes in the future, has stated the possibility, even the probability, that by the year 2030 the population of the whole world will begin to decline.

There are millions of couples all over the world who have, at least from time to time, a serious need for help to regulate the size of their family. Our experience working in more than 100 countries gives us the confidence that when they are offered an acceptable, effective, harmless technique which will enable them to fulfil responsible decisions regarding the number of children they wish to have, they will give effect to those decisions by their own actions.

There have been remarkable developments in our knowledge of reproductive biology in the past century, particularly in most recent decades, which have completely transformed the whole area of the regulation of birth by natural family planning.

It has been known for centuries that animals and birds have what is called a sexual season, an oestrous cycle, and that this is recognized by natural signs and patterns of behaviour by both the male and female of the species. It was only in the twentieth century, indeed within the latter half of the century, that human beings, despite their greatly superior intelligence, have discovered that the human female can be taught to recognize the natural signs of her cyclical fertility and the longer times of her infertility. Amongst the animals the action of chemical attractants, usually volatile compounds which we call pheromones, provide the important signals. Although pheromones may exist in humans, if they are odours they may be obscured by the various perfumes applied to the skin.

In 1929-30 two great scientists, Knaus in Austria and Ogino in Japan, both gynaecologists, proved by separate lines of research that the occurrence of ovulation in the women's cycle is related in time to the menstruation which follows and not to the menstruation which marked the beginning of the cycle. This woman is having cycles of fertility and that is why she has menstrual cycles. When she ovulates the ovaries may release one or sometimes more ova, but all of those egg cells are produced on the one day, there is only one day of ovulation in any cycle. The ovum has a short life, perhaps 6-12 hours, certainly less than 24 hours, if it is not fertilized, and then the woman will always menstruate about 2 weeks later. It is the ovulation which causes her to menstruate.

Every healthy fertile woman is aware of the fact that over a few days during her menstrual cycle she observes the presence of a discharge from the vagina, a mucus substance which can be recognized by the sensation it produces on the vulva. She will ordinarily also observe the appearance of the discharge, but this less important though valid observation may not be possible if the discharge is scanty.

We have found in the medical literature occasional references, dating back more than 100 years before we started our work in Melbourne in 1953, to the fact that when a woman is fertile the cervix of the uterus is producing a special secretion. Earlier in the twentieth century some French gynaecologists had taken samples from the cervical canal at the time the woman was ovulating, as was confirmed by hormonal estimations, and studied it in the laboratory so that some features of its physical and chemical characteristics had been defined. We began to question women, who with their husbands were anxious to use a natural method to space their pregnancies, about their observations from day to day within the cycle. The women were generous to a remarkable degree in providing these descriptions. To our surprise they revealed the fact that they had observed a mucus discharge lasting an average of five or six days during the cycle and, when they recorded the days on which the mucus was leaving the vagina, their menstruation always came two weeks later. We knew then that the women were in fact recognizing the only time in the cycle when it was possible for them to become pregnant. We were soon applying this knowledge to help them to space their pregnancies or alternatively to help the apparently infertile couple to achieve pregnancy by directing attention to the most fertile day in the cycle which we were able to define by the changing pattern of the discharge from day to day.

We have been helped by two very great scientists. One of them is Professor James Brown who came to work in the laboratories of the Royal Women's Hospital within the University of Melbourne in 1962. He is an endocrine chemist who had already established an international reputation for his production of techniques for measuring the level of circulating oestrogen and progesterone from day to day during the cycle. He very willingly agreed to submit this method we had now defined to the evaluation provided by his laboratory techniques. He has worked with us since 1962 until the present day and has performed many thousands of these measurements on women in all the different circumstances of the reproductive life, including young girls before reaching sexual maturity and women beyond menopause.

In the 1970s we discovered another great scientist, Professor Erik Odeblad, both a gynaecologist and a physicist, who had been studying the physical properties of the secretions in the cervix during the cycle using very modern apparatus for analysing the physical and some of the chemical constituents of biological substances, including the mucus formed by the cervix.

Our Lord Jesus Christ spoke to the apostles about marriage (Matt. 19:8), telling them something of what marriage was intended to be "from the beginning". Christian people understand that the proper context for bringing new human life into the world is the permanent and exclusive union which spouses establish

by the complete and permanent gift of self to each other. Christ was renewing the first plan that the Creator inscribed in the hearts of men and women. In his infinite wisdom, God now decided to reveal more information about "the beginning". It is a fact that when He made the first woman He made her in a truly magnificent and beautiful way to enable her to fulfil her role of conceiving and bearing children. He has made it possible for the husband the wife to solve such problems as may be occasioned by a rapid succession of pregnancies beyond the physical and economic resources of the couple and their family.

We have not been persuaded to become very interested in modern demographic predictions, but we are interested in the problem of individual human beings. We now know that we have a solution that is effective, harmless, simple although profoundly scientific, and is able to help married people to achieve or to postpone pregnancy. We have also seen that the use of this technique in marriage fosters the love of the husband and the wife for each other, promoting happiness, fidelity and peace for the family, promoting an environment eminently suitable for the rearing of children.

The Bible tells us that "God saw all He had made, and indeed it was very good." (Gen. 1:31)

The work of both Professor Brown and Professor Odeblad independently provided complete confirmation of the basic principles of what we had called the Ovulation Method and which later came to be called the Billings Ovulation Method® or just the Billings Method™. The eponymous title was recommended as a synonym of the Method by a committee of the World Health Organization.

The work of Professor Odeblad had also begun in the early 1950s but it was not until about 1970 that we became aware of it and afterwards developed a close working relationship with him by visits between Melbourne and Sweden, where he was Professor of Medical Biophysics in the University of Umeå. He has demonstrated there are four types of mucus produced by the cervix during the cycle. Immediately after menstruation the cervix becomes closed by a thick, viscous mucus, the G mucus, which contains many "defence cells", leucocytes and plasma cells, and also globulins, with a result that the secretion has antibiotic properties, helping to protect the woman's reproductive system from infection. This G mucus is impenetrable to sperm which are therefore excluded from the uterus, with the result they are attacked and destroyed by these "defence cells" within a short time; at this time of the cycle and after ovulation the sperm have no life at all, so that within a few hours they lose their ability to fertilize the ovum and disappear. There has been some evidence that this at first surprising assault on the sperm may be of importance at an immunological level, helping to prepare the woman's uterus to accept what may be likened to an organ transplant, in this case not just an organ, but a whole human individual, the newly conceived child.

When a group of follicles in each ovary begins to develop they secrete oestrogen and this causes the formation of the L mucus, a fluid mucus which loosens the G mucus and now the vulva feels, and the woman may see, the mucus discharge coming from the vagina. This is an indication to her that she is coming towards ovulation and that now the sperm can enter the uterus and may be kept in a healthy state for perhaps two or three days, rarely four or five days if the conditions are very favourable. The L mucus has a very important biological property, in that it captures and eliminates any sperm that are of low quality. There are millions of sperm in the normal ejaculate and it is not surprising that some of them are abnormal. It is very important that a biological mechanism exists to prevent any of these low-quality sperm reaching the vicinity of the ovum.

As the oestrogen level continues to rise the S mucus is formed and this has channels which facilitate the entrance of the sperm into the uterus. Some of the sperm go immediately into the uterus and out along the tubes, looking for the ovum. Most of them, however, go into the crypts along the cervical canal where they can be kept in a healthy state for a few days, during which time cohorts of them leave the crypts and come up into the uterus and the tubes.

Close to ovulation the P mucus is formed in a small quantity at the upper end of the cervical canal. This mucus also helps to eliminate low-quality sperm and to protect the woman's reproductive system from infection.

Both the S mucus and the P mucus have a distinctive lubricative quality so that the vulva feels very slippery, and this is the most important indication of high fertility, an observation of great assistance to the woman

who has been having difficulty in achieving pregnancy. She recognizes that ovulation is about to occur and this usually happens on the day the woman identifies as the Peak symptom of the mucus pattern or the next day, rarely on the second day following the Peak.

Now the woman is able to define all the phases of the cycle, menstruation, days of infertility before the fertile phase unless ovulation is early, the commencement of the mucus pattern indicating the beginning of the fertile phase, the Peak of fertility and the time of ovulation, the commencement of the days of infertility after the ovum has come and gone, and she is able to predict the onset of her next menstruation.

The teaching therefore involves helping the woman to understand a natural phenomenon with which she is already familiar, having observed it in every fertile cycle ever since she became sexually mature. In fact, some days of mucus may be observed even before menarche. This is because there are fluctuating levels of oestrogen in the circulation as the young girl is becoming mature, important in the full development of her reproductive organs, and sometimes stimulating the cervix to produce mucus. There may be no surprise, therefore, to know that illiterate women living in severe poverty are able to be instructed to understand their cycles in this way with relative ease. Even the presence of a vaginal infection does not prevent recognition of the fertile phase of the cycle. The woman is now recognizing both infertility and fertility, and those days on which is impossible for an act of intercourse to result in pregnancy, those days on which intercourse may cause pregnancy, and those days when intercourse is most likely to result in conception.

In recent years our work has extended to China where the method has been readily accepted and is being used successfully.

We often point out that natural family planning is not contraceptive. The word "contraception" is a contraction of the term "contra-conception". In the use of a natural method there is no action taken to prevent conception. Added to that, there is no contraception that can assist couples to have a child of their own.

The basic fact to be acknowledged is that the Creator has implanted messages in the woman's body which He now intends her to recognize and understand. The woman's cycle is a manifestation of God's creative intent at any particular time. During the days of infertility before and after the fertile phase, one can perceive that God's intention is that an act of intercourse will not result in conception. During the fertile phase it is the intention that an act of intercourse may result in conception. Recognizing God's dominion in the creation of human life is therefore a fundamental element of a natural method.

The Billings Ovulation Method® has many desirable effects upon women's health apart from allowing the women to escape the complication of chemical contraception, the intra-uterine device and surgical operations including tubal ligation and abortion. It is necessary to recognize that health is not only physical health, but there are also important psychological, emotional, spiritual and social elements which require the promotion of the dignity and fundamental rights of all women. Adequate health care must include reference to female reproductive health, which means preservation or restitution of the ability to conceive and bear a child, what is called in the Universal Declaration of Human Rights the obligation to give "special care and assistance to motherhood". This means that all women should have access to competent obstetric and gynaecological services, which include appropriate care of the child in the uterus and assistance to establish breast-feeding of the child after birth.

The woman will benefit from a deeper understanding of her own menstrual cycle which results from instruction in the Billings Ovulation Method®. This gives her a diagnostic reference of normality when disorders develop such as certain ovarian cysts, vaginal infections, cancer of the cervix or the body of the uterus and less common conditions such as hypopituitarism, hyperprolactinaemia, and so on.

The woman will always know the day in the cycle when she conceived a child. This will provide an accurate calculation of the expected date of delivery from the date of conception. This is a more reliable reference for the expected date than the commencement of menstruation in the cycle in which she conceived. Even in the presence of a vaginal infection associated with a chronic discharge, the woman can still learn to identify the days of possible fertility and the day of maximum fertility in the cycle, with the help of a competent teacher. The accurate determination of the expected delivery date of a child is protective of both the mother and child, helping to prevent misguided interference with pregnancy following the diagnosis of post-maturity

resulting from unreliable calculations. A woman's cycle manifests what nature is telling her about each day in the cycle. She soon learns that this sequence recurs in every fertile cycle, whether the cycles are regular or not, and thus gains complete confidence in this simple way of regulating fertility and infertility.

There have been continuing observations among people of different cultures and religions, different economic status and education in more than 100 countries in which Billings Ovulation Method® centres have been established. When the woman has obtained this deep perception of her dignity as a woman and the man learns the extraordinary information about her fertility and its recognizable bodily signs, they both develop a new appreciation of their fertility and the respect to which the woman is entitled. The husband then thinks more about the love and care he wishes to give to her and to their child. He knows that the child will be the product of their love for each other and that the conception was the result of a responsible decision they made together. The security and freedom that nature is providing occupies their minds more and more as their friendship and love mature and deepen. This is encouraged by the acceptance of the gentle discipline of the method requiring some days of waiting without any genital contact at all, if it is their intention to avoid pregnancy. This discipline demonstrates their ability to be faithful to one another if some temporary separation should occur and is a powerful protection against sexually transmitted diseases.

The husband comes to understand more fully the dignity and role of the man in this relationship, recognizing himself as the guardian of his wife and child, his responsibility to protect them, to provide somewhere for them to live, to make sure that they are properly nourished and that the child receives a good education, to the extent that he sees in a new way the dignity of manhood. He recognizes now that he must contribute, as a matter of justice, to making sure that real equality between men and women exists in every area of society.

It has been widely observed in countries where the Billings Ovulation Method® is taught, for example in the United States of America, Guatemala, Nigeria, that there is less marriage breakdown and divorce amongst those who use the Method than other couples using commercial contraceptives. The couples recognize that with a natural method their actions determine the result that follows, and this engenders sexual responsibility which increases their self-respect as well as their respect for each other.

The Future of Marriage

We have worked in many countries where women do not receive the respect to which they are entitled. Men and women must unite to promote the dignity and rights of women, including the provision of proper health care.

We are born to the vocation of love, first to love God with all our strength and second to love our neighbour as ourselves. For the married person it is the spouse who is the first neighbour to whom this duty is owed. Natural family planning is a message of love and has an appeal to the heart of every human being because we are all made to love, in the image of God. In marriage, there are many reasons to return to St Paul's wonderful passage in which he told us "Love is patient, is kind... does not brood over an injury, takes no pleasure in wrong-doing, but rejoices in the victory of truth; sustains, believes, hopes, endures to the last" (1 Cor 13:4-7). If there are times in marriage when anger or selfishness intrude we must be ready to forgive. Many wise and holy people have said to us that the most difficult of all virtues is forgiveness; it is the one human virtue that is mentioned in the Lord's Prayer, the prayer which Jesus himself taught us.

In all these considerations there lies a buried truth, a treasury of love and an everlasting promise. *This is the child.* The child holds the key to our return to sanity and love. Those of us who love the child know this to be true. It is this *love* which gives the vital message to marriage and it is honoured in the sexual act. We who are convinced of this have an obligation to teach and to illumine this truth with love.



The Directors of WOOMB International

acknowledge and thank all Affiliates and teachers worldwide
who work to further the vision of our founders

Drs John and Evelyn Billings

that knowledge of the **Billings Ovulation Method®**

will be available to all women, everywhere.

This work involves teaching women and couples

wherever we meet them

and training teachers to teach only the

authentic Billings Ovulation Method®.

**This work cannot happen without resources
of time, effort and money.**

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Please consider making a donation as part of your Lenten observance.

May God continue to richly bless you for all you do.

Professor-Emeritus Erik Odeblad – a truly great scientist!

In an article (2008) *Acta Radiologica 1921–2006, Acta Radiologica, 49:sup434, 6-18* (<https://doi.org/10.1080/02841850802133501>) discussing 85 years of publications under the heading of *Magnetic resonance*, there is reference to Professor Erik Odeblad. Here are some excerpts from this tribute to a truly amazing man.

One of the first or the first that examined biologic tissue with the NMR-technique was Erik Odeblad. He published in 1955 in Acta Radiologica studies on the NMR-signal from biologic tissues such as muscle, fat, liver, cartilage and tendons. ... Odeblad is the first to describe the NMR-signal from biologic tissue in this way. This is also stressed in an article in the Lancet in 1984 where it is stated that "The medical application of NMR spectroscopy was pioneered during the 1950s and 1960s by Odeblad, a Swedish physicist and gynaecologist, who studied the properties of protons in human milk, saliva, cervical mucous, gingival tissue and the eye" (Editorial, The Lancet, Jan. 7, 1984).

Odeblad began his research on the cervical secretion in 1949 and soon realized that NMR could be an important method in these investigations, especially during his study year in the department of medical physics in Berkeley, California. The investigations continued in the 1950s and 1960s in Stockholm and Uppsala. His first Ph.D. thesis was on autoradiography of the ovary, in the department of obstetrics and gynaecology of the Karolinska Institute at Sabbatsberg Hospital, Stockholm.



Figure 1
Erik Odeblad holding a photograph of one his earlier NMR Spectroscopies

Most interesting for not just the Billings Ovulation Method® but for all Natural Family Planning methods is his work on cervical mucus. Figure 2 shows some of his earlier studies published before any contact with the Drs Billings was made.

Figure 2

Erik Odeblad, Ulla Bryhn, Proton Magnetic Resonance of Human Cervical Mucus during the Menstrual Cycle. *Acta Radiologica [Old Series] 47(4):315-20 · May 1957*

Erik Odeblad, KG Malmfors, Determination of Sodium and Phosphorus in Human Cervical Mucus with Activation Analysis. *Acta Radiologica [Old Series] 49(2):137-40 · March 1958*

Erik Odeblad, Bjorn Westin. Studies on the Penetration of Radioactive Ions through Human Cervical Mucus. *Acta Radiologica [Old Series] 49(5):382-8 · June 1958*

Erik Odeblad, The Physics of the Cervical Mucus. *Acta obstetricia et gynecologica Scandinavica 38(Supp 1):44-58 · February 1959*

Erik Odeblad, Some Investigations with Nuclear Magnetic Resonance on Water Associated with the Vaginal Cells. *Acta Obstetricia Et Gynecologica Scandinavica 39(4):528-39 · February 1960*

Erik Odeblad, Intracavitary circulation of aqueous material in the human vagina. *Acta obstetricia et gynecologica Scandinavica 43:360-8 · 1964*

Erik Odeblad, Biophysical composition of cervical mucus and spermigration during treatment with Conluten and Conlunett. *Acta obstetricia et gynecologica Scandinavica · 1968*

Erik Odeblad, The Functional Structure of Cervical Mucus. *Acta obstetricia et gynecologica Scandinavica · January 1968*

NMR spectrometers were not readily available, they were so new they could not be bought from scientific equipment companies. To have access to these machines Erik Odeblad soon began to build his own NMR spectrometers at the Sabbatsberg Hospital and finally had three spectrometers.

Most scientists submit one thesis during their career but this was not the case for Professor Odeblad, *He also studied physics in Uppsala under Professor Kai Siegbahn and presented his second Ph.D thesis on April 22, 1966, about the use of NMR on biologic samples.*

How great a scientist was Professor- Emeritus Erik Odeblad?

It is possible that Odeblad should have received a Nobel Prize in physiology or medicine in 2003 together with Paul Lauterbur and Sir Peter Mansfield.

Dr Lauterbur once commented "The possibility of observing interactions of water with living tissues had attracted occasional investigators over the years. Perhaps the most indefatigable was Erik Odeblad, who was fascinated by the opportunities for characterizing the properties of human cells and secretions, and by the technical problems of observing NMR signals from small biological samples."ⁱ

Professor Odeblad is considered to be the main pioneer in NMR in medicine: he also laid the foundations for MRI in bioscience. In recognition of this work, on the 25 May 2012, he received the European Magnetic Resonance Award 2012. Due to his contribution in both Basic Science and Medical Science these categories were combined into a single award.

He was truly a wonderful scientist and a great friend to Drs John and Evelyn Billings and the Billings Ovulation Method®.



Figure 3
Professor-Emeritus Erik Odeblad
accepting his award in 2012

ⁱ Maverinck Europe celebrates the forgotten pioneer of MRI – Dr. Erik Odeblad. 19 June 2012. Aunt Minnie Europe

Message of His Holiness Pope Francis for Lent 2022

Dear Brothers and Sisters,

Lent is a favourable time for personal and community renewal, as it leads us to the paschal mystery of the death and resurrection of Jesus Christ. For our Lenten journey in 2022, we will do well to reflect on Saint Paul's exhortation to the Galatians: "Let us not grow tired of doing good, for in due time we shall reap our harvest, if we do not give up. So then, while we have the opportunity (kairós), let us do good to all" (Gal 6:9-10).

What about the harvest? Do we not sow seeds in order to reap a harvest? Of course! Saint Paul points to the close relationship between sowing and reaping when he says: "Anyone who sows sparsely will reap sparsely as well, and anyone who sows generously will reap generously as well" (2 Cor 9:6). But what kind of harvest are we talking about? A first fruit of the goodness we sow appears in ourselves and our daily lives, even in our little acts of kindness. In God, no act of love, no matter how small, and no "generous effort" will ever be lost (cf. Evangelii Gaudium, 279). Just as we recognize a tree by its fruits (cf. Mt 7:16, 20), so a life full of good deeds radiates light (cf. Mt 5:14-16) and carries the fragrance of Christ to the world (cf. 2 Cor 2:15). Serving God in freedom from sin brings forth fruits of sanctification for the salvation of all (cf. Rom 6:22).

May the Virgin Mary, who bore the Saviour in her womb and "pondered all these things in her heart" (Lk 2:19), obtain for us the gift of patience. May she accompany us with her maternal presence, so that this season of conversion may bring forth fruits of eternal salvation.

FRANCIS

Question to Senior Teachers

How can I tell whether the reproductive history or chart of the woman I am helping indicates she needs medical management?

A woman will have many years during her reproductive life where she has normal, regular, ovulatory cycles. This is a sign of good health because it implies the endocrine system, including the pituitary and the ovaries are functioning adequately. Her chart will reveal the unchanging patterns of infertility, the changing and developing pattern of fertility and the identification of Peak, and a luteal phase of 11-16 days from ovulation.

The ovulatory cycle is regulated by positive and negative feedback mechanisms between the pituitary and the ovary. An interruption to the feedback mechanism can cause an interruption to the well-ordered sequence of events and cause irregularities in the cycle. When pregnancy, breastfeeding or perimenopause are not the cause, then irregularities in the ovulatory cycle may be associated with lifestyle or stress, but there may be an underlying health problem.

The woman's chart is the best diagnostic tool. If that chart does not reflect the patterns appropriate to her life stage, it is wise to alert her to the fact that there may be some underlying pathology or infection which would benefit from medical assessment and management.

Genital Tract Infections

The symptoms associated with infections of the genital tract often mean a woman will herself seek treatment for this problem. In some cases, medical treatments or medications may be the cause of irregularities in the menstrual cycle.

Predominantly genital tract infections originate from sexually transmitted diseases and are usually caused by fungi, bacteria or parasites.¹

Although an ovulatory pattern is identifiable, the woman will have a continuous discharge, the characteristics of the discharge will depend upon the etiologic agent causing the infection, that is, the original type of infection.

Bacterial infection:

Chlamydia trachomatis will mostly be asymptomatic, however the woman can have a continuous moistness, and may also report some pelvic pain. 80% of women and 40% of men diagnosed with chlamydia are asymptomatic.

Sperm from men infected with CT have a percentage of fragmented DNA three times higher than the normal range, as well as a higher percentage of malformed and immobile sperm than non-infected men.

Ureaplasma is mycoplasma and along with *mycoplasma genitalium* and *mycoplasma hominis* is reported to be increasing at an alarming rate worldwide. Due to the structure of mycoplasma they are naturally resistant to antibiotics - over 50% of cases being treated in the heterosexual population have a resistance to antibiotics. It presents with similar symptoms to chlamydia and the woman may have intermenstrual bleeding or bleeding after intercourse. It is associated with miscarriages as well as 40% of births before 32 weeks.

Parasite:

Trichomonas vaginalis and *Gardnerella* must also be considered when unusual mucus patterns or menstrual irregularities are recorded.

It is important that both the woman and the man be treated when a Genital Tract Infection has been diagnosed. Swab, urine and blood tests are recommended for diagnosis and appropriate treatment of these infections which have a significant effect on both male and female health and fertility.

But perhaps the problem is not infection but some other underlying problem. The most common of these relate to endocrine dysfunction or a gynaecological disorder.

Endocrine dysfunction

The endocrine system consists of a collection of glands that produce hormones that target different organs and tissues. The pituitary gland is considered the master gland of the endocrine system because it tells other glands to release hormones. These different hormones regulate things like your hunger, sleep, mood and even your heart rate, as well as your sex drive.

Endocrine dysfunctions are the most common cause of ovulatory dysfunction which can be identified in the chart by absence of the normal fertile ovulatory cycle. It is important to understand there is no specific pattern of ovarian activity that is associated with a particular endocrine dysfunction.

The Billings Ovulation Method® chart could show:

- follicular activity without a Peak
- short luteal phase
- bleeding/spotting during the luteal phase
- increased number of days of spotting at the end of menstruation
- no bleeds
- withdrawal or breakthrough bleeding

Worldwide, the most prevalent endocrine disorder among reproductive age women is Polycystic Ovarian Syndrome (PCOS). Polycystic ovarian syndrome is defined as an ovulatory dysfunction caused by elevated androgens and is often associated with insulin resistance.ⁱⁱ PCOS is also associated with an increased risk of the metabolic syndrome that includes type 2 diabetes and cardiovascular disease, as well as an increased risk in endometrial, ovarian and/or breast cancer. Pregnancy can occur even though a woman has been diagnosed with PCOS, however pregnancy does not cure the underlying problem which needs treatment for the long-term health of the woman.

Insulin resistance and elevated insulin levels can simultaneously present and are prevalent amongst PCOS patients. Insulin resistance means that although the body is producing insulin, the cells in the body stop responding to it. Elevated insulin means the amount of insulin in the blood is higher than normal. Not all PCOS women have insulin resistance or elevated insulin levels.

Due to elevated androgen levels, the woman may have acne, excess hair, male pattern baldness, increased body weight, and mood changes. However, a woman may be lean and have no other obvious signs of elevated androgen levels, yet she may still have PCOS. For this reason, PCOS cannot be diagnosed by symptoms alone.

Blood tests are necessary to confirm diagnosis and treatment. Medical treatment is necessary and, together with proper diet and exercise, Type 2 Diabetes will be prevented and normal cyclical ovarian activity restored.

Recommended Pathology Tests:

- Thyroid Function
- Prolactin Levels
- Pituitary and Ovarian Hormones
- Testosterone Levels
- Fasting Blood Sugars
- Glucose Tolerance Test
- Vitamin D
- Swab, urine or blood for GTI

The woman's medical history may give clues to the possibility of PCOS.

These include:

- age at first menses – she should have been having regular cycles by the age of 15ⁱⁱⁱ
- cycle regularity (cycle should be regular and between 25 – 36 days)
- number of miscarriages
- sudden weight gain (despite no changes in diet or exercise regime)
- acne/hirsutism
- family history – both parents (diabetes, high blood pressure, high cholesterol levels, baldness)

Gynaecological disorder

Endometriosis is classified as an often painful inflammatory disorder where the endometrial tissue grows outside the uterus. It can grow on the ovaries, the fallopian tubes, or any organ in the pelvic cavity, such as the bladder. Endometrial tissue growing outside the uterus reacts to the increase in oestrogen and progesterone and other steroid hormones the same way as the tissue lining the uterus. During normal menstruation, blood flows from the uterus, down the cervix and out of the body via the vagina. Bleeding from the endometrial tissue growing outside the uterus cannot escape the body. When this endometrial tissue bleeds onto the tissues and organs surrounding it, it may cause irritation, inflammation and scarring. It is this bleeding into the pelvis that accounts for much of the pain associated with endometriosis. Medical and surgical treatments are available to reduce the symptoms and reduce any potential complications. Endometriosis regresses during pregnancy and disappears at menopause when menstruation ceases.

Any woman aged between puberty and menopause is susceptible to endometriosis, but it occurs mostly in women in their late 20's through to their early 40's. Up to 40% of women being investigated for infertility are found to have some degree of endometriosis and therefore endometriosis is considered by many to be a factor in causing the infertility.^{iv}

The symptoms of endometriosis vary widely from woman to woman. Common symptoms are:

- pain before and after menstruation
- heavy menstruation
- intermenstrual bleeding or spotting during the fertile or luteal phases
- pain over the fertile phase
- pain during intercourse
- pain with bowel movements or urination
- pelvic, abdominal, lower back, thigh and/or leg pain
- fatigue or depression, diarrhoea, constipation, bloating, nausea
- **infertility**

A woman's descriptions of these events as well as the episodes of bleeding she records will alert a teacher to the fact that this is a situation which needs medical management. Women with endometriosis often have difficulty in achieving a pregnancy. This could be due to the scarring or adhesions caused by the endometriosis. In severe cases, the fallopian tubes and ovaries adhere to the lining of the pelvis, thus being restricted in their movement, the fallopian tubes cannot collect the ovum as it is released from the ovary. Endometriosis may obstruct the fallopian tubes preventing the ovum and the sperm from uniting. Even so, many women with mild to moderate endometriosis can still conceive and carry a baby to term.

The severity of pain is not a reliable indicator of the extent of the condition. A woman can have mild endometriosis with severe pain, or advanced endometriosis with little or no pain.

In summary, as the questioner asks, the reproductive history and/or the chart, will indicate whether there is a problem. The teacher learns to interpret the chart by "thinking hormones". A Peak will be followed by menstruation in the absence of pregnancy. Changes in hormone levels can be tied to both withdrawal and breakthrough bleeding. Any bleeding not associated with the variants of the Continuum must be recommended for referral.

It is not the role of the Billings Ovulation Method® Teacher to try to diagnose the problem. If the information gained from the woman does not reflect the normal symptoms and patterns which could be expected for her current life stage, it should be suggested to the woman or couple that they should seek appropriate medical diagnosis, management and treatment.

- i Pilar Vigil, Francisco Ceric, Manuel Cortés and Hanna Klaus; usefulness of Monitoring Fertility from Menarche; *J Pediatr Adolesc Gynecol* (2006) 19: 173-179
- ii P. Vigil et al.; Evidence of Subpopulations with Different Levels of Insulin Resistance in Women with Polycystic Ovary Syndrome; *Human Reproduction* 22 (2007): 2974–2980.
- iii Van Hooff MHA, Voorhorst FJ, Kaptein MB, et al: Predictive value of menstrual cycle pattern, body mass index, hormone levels and polycystic ovaries at age 15 years for oligomenorrhoea at age 18 years; *Hum Reprod* 2004; 19:383
- iv Sarina Shrager, Julianne Falleroni, Jennifer Edgoose: Evaluation and Treatment of Endometriosis; *Am Fam Physician* 2013 Jan 15; 87(2): 107 -113



www.woombinternational.org

New Website for WOOMB International

WOOMB International has a new website which you can find at www.woombinternational.org. The Directors were delighted to take up the offer of a young couple, friends of our Billings team in the Philippines, who are now living in Singapore. They answered the plea for help in updating the website and we are so grateful to them for their generosity. Always an informative site, it is now also a very attractive and easy to navigate site which we hope you will find to be user-friendly. It is not the role of this website to give information on the Billings Ovulation Method® - that can be found at www.billings.life. The WOOMB International site is aimed at the global Billings family and giving easy access to information about Affiliates, opportunities for training as a teacher and access to authentic resource material, including all past editions of the Bulletin and other relevant papers.



When you open the home page of the site, at the top of the screen are the usual navigation buttons with drop-down menus to indicate what is available on the site. However the main panel that attracts the eye when you open the site is a series of three rotating images which beautifully capture the essence of the Billings Method™, that it is for women and couples and welcomes children. As you scroll down you next see three catch-cries to reinforce the message: This Method promotes understanding, empowerment and strong relationships.

Scroll down further and there are six images which link to what WOOMB International offers - teacher training and updating, global access, resources, sponsorship and authentic online information. And then down to images of various items of literature with a link to the online shop where these can be obtained. Finally, at the bottom of the page, are the usual, required, company details and buttons that link to our social media outlets.





The page is in the muted colours that are immediately recognisable as belonging to WOOMB International and are restful and pleasing to the eye.

Much of the inner content of the site will be familiar to those who were regular visitors to the previous site. For example, all the science, methodology and philosophy papers are available, together with the papers given as John J Billings Memorial Lectures and the citations for recipients of the John and Evelyn Billings Awards - to access the full papers you need to click on the heading of each.

One wonderful new feature is that ALL the Bulletins ever published are now available to read at the click of a button, dating right back to the 1970s. For this we have to thank not only the very generous couple in Singapore, but also Martina Glass at the Billings LIFE office in Melbourne who not only scanned every issue of the Bulletin but then assembled the individual pages in order to make them easy to read - a huge labour of diligent love.



The page giving access to all WOOMB International Affiliates is now very much more simply laid out by region and gives access to the websites and email contact for each, making it very easy to get in touch with someone in your area or anywhere in the world.

WHAT WE OFFER

<p>Training to be a Teacher</p>	<p>Updating of Teachers</p>	<p>Where you can be trained</p>
<p>Sponsor a Teacher</p>	<p>Approved Online Charting Resources</p>	<p>The Official Billings Ovulation Method® website</p>

Please visit the site and leave a comment on our Facebook page to tell us what you think, then keep coming back from time to time. You will find much to inform and inspire, which you couldn't hope to take in at first glance.



News Around the World

WOOMB International News



To celebrate International Women's Day on our WOOMB Facebook page, Alicia Pastor from Spain, asked teachers to post a photo of themselves with one of our resources – particularly the Slide Rule. The result is shown here in the shape of a heart.

New Affiliate : In early February we were delighted to affiliate WOOMB Russia with WOOMB International. Our prayers go out to all our Russian-speaking teachers in Russia, Belarus and to the Ukrainian trainees they were mentoring. We have one accredited teacher in Ukraine – a doctor and we pray for his safety at this very difficult time for his country. The real concern of our global Billings family was shown so dramatically when this war began with the escape of one of the Ukrainian trainees on a train to Poland. She was met at a railway station in Poland by our Polish trainee (working with Bernadette) who collected her and took her to his home. Please keep all of them in your prayers.

New Accreditation : Another example of the “global family cooperation” was the accreditation of a new teacher for Germany. Isabel Romero is a Spanish girl living in Germany who was trained in the TTCC by Alicia Pastor of Spain and gained accreditation from WOOMB International as the first teacher for Germany!

A further example was the request from a Hungarian woman living in Germany who wants to train as a teacher and was prepared to do the TTCC in English. Billings Europe took on the responsibility of finding a trainer. As a result, WOOMB Scotland will offer her the training and mentoring will occur through one of the Hungarian teachers. Once she is accredited, we are hopeful of having Germany join our team of Affiliates.

BOMA - USA

News recently from the Board of Directors : Sue Ek, our esteemed Director of Operations, will be transitioning out of her current role. As many of you know, Sue has been absolutely integral in the foundation and growth of our organization. For many of us, hers is the voice that brought us into the BOMA-USA family. In recognition of her contributions and what we know will be an ongoing relationship, we are conferring upon her the title of Director Emerita.

These changes will be effective on March 1. Please join us in wishing Sue the very best in her future endeavours with NFP Outreach. We know she'll be an asset to Father Daniel McCaffrey, the founder of NFP Outreach, and will promote the Billings Ovulation Method® wherever she goes. BOMA-USA is proud of our legacy in providing fertility education - that mission will continue thanks to Sue's long-lasting influence.

Hungary

Kristina Lukács has sent welcome news of the growth in the Hungarian organisation.

“I am so delighted to share with the WOOMB Directors that 21 certificates were given to new teachers on Saturday in Budapest. They all are devoted, enthusiastic, clever and reliable people who will strengthen our Hungarian Billings team. I am really proud of them.

I think the excellent results of this wonderful group proves again that WOOMB teaching materials and PPs are excellent and make teaching and learning easier. Maybe I became more experienced too!

The big challenge now is mentoring the new teachers, managing increased group count and choosing the most experienced teachers as helpers for the next training course. Thanks for your support and prayers!"



New Hungarian teachers completing their training and celebrating their accreditation.



Pakistan

The wonderful team in Pakistan, Pervez and Catherine Roderick and Nazli Amatul Wadood continue to amaze us and bring tears of joy to our eyes with all that they do. They have restarted their mission to families from their new home in the Archdiocese of Lahore where they have been welcomed by Archbishop Shaw and their parish priest.

"Our new parish priest is very supportive towards the Billings Ovulation Method® and has planned a series of programs in his large parish which consists of one main parish and 13 substations. These substations include various villages, slums and ghettos - the homes of downtrodden Christians. We will mainly work with couples of all substations but will also work with youth in the marriage preparation program."

"Initially we met with Catechists of the parish to plan the mission. The aim was to firstly work with childless couples. Later, we will go to each substation where each Catechist will arrange a group of 20 couples to be trained. There is also a plan to train all nurses, midwives, a doctor and other para-medical staff of the parish in the Billings Ovulation Method®."



Meeting with Catechists



More recently the team sent a report and photos of the training of childless couples. "The total number of couples was 26 and most of them were illiterate. So, as usual, we used the most simple language in the local Punjabi dialect. These couples are from very humble backgrounds and doing ordinary jobs in society as members of a minority group. We also had separate sessions for husbands and wives. Some couples need medical intervention for their cases and we are planning to refer them to Dr. Mariam Richards through the parish priest.

"At the end some couples shared their feedback of the training. One of the couples shared that "for the first time in our life we are attending such a valuable program from the Church's platform. This information will certainly enhance the chances to fulfil our desire for a baby." Another couple shared that "although our income is limited we have spent a lot of money on faith healers and quacks." They thanked the parish priest

for this opportunity. We have taken the contact numbers of all couples to follow their cases individually if needed.

“Shortly, we are planning to have an appointment with the Archbishop and the diocesan body to open the doors of other parishes in the Archdiocese.”



Instructing childless couples

Message from Pope Paul VI, in 1974

Bulletin Vol 1 No 1

In 1974 Drs John and Lyn Billings visited Rome and were asked while there to make a request to His Eminence James Cardinal Knox to convey to the Holy Father Paul VI a message of affection and loyalty from members of the (Billings) Family Life Centre in Australia. Following is the reply received from the Holy Father, through His Eminence Cardinal Villot, Secretary of State:

“In accordance with your wishes, I communicated to the Holy Father the message of loyalty which you conveyed on behalf of Drs J and E Billings and the priests, doctors and women teachers of the Family Life Centre in Melbourne.

His Holiness appreciates very much this expression of support. He is likewise very pleased to learn of the firm intention of the doctors and those working at the centre to adhere to the teaching contained in the Encyclical Letter *Humanae Vitae*.

To all associated in this message of fidelity the Holy Father extends a special word of encouragement that they may continue generously to devote their efforts to upholding the sacred value of human life.

While he invokes upon yourself, Doctors J and E Billings and all the other associates of the Family Life Centre abundant divine graces, His Holiness cordially imparts to all his Apostolic Blessing.”

Prayer for Peace

A reminder that we have a blog site at <https://billings-cause.blog/> where you can record your prayer intentions, asking for Drs John and Evelyn Billings to intercede at the Throne of Grace for those close to your heart. Of course you can pray without recording your prayers on the blog site and we are sure many people around the world do. The point of doing so is that we can join you in praying for your loved ones and also in order that the sanctity of the Drs Billings may in time be recognised by the Church. There is a sample prayer on the site which may be useful to you, but as you will see, many people use their own words instead.



We were recently asked for a prayer for peace in the world to be similarly addressed through the intercession of Drs John and Lyn. The prayer on the blog may be adapted for this purpose, as follows:

Loving Father, we pray for peace in the world through the intercession of your servants Dr John and Dr Lyn Billings, so that their sanctity may be recognized. May their prayers obtain peace for the peoples of Eastern Europe and everywhere so that all may live in harmony and know you as their loving God. Through Christ our Lord. Amen



The word "family" is derived from the Latin word for servant - people living together in a community looking after each other.

The Dignity, Duty and Expression of Married Love and Responsible Parenthood

From a paper by Mother Teresa of Calcutta

given to a 1978 Conference to celebrate the 10th Anniversary of *Humanae Vitae*

The best way to show our gratitude to God is to accept everything with joy. A joyful family is like the sunshine of God's love, the hope of eternal happiness, the flame of burning love.

Our many family planning centres instruct our poor about the dignity, the duty and expression of married love and responsible parenthood. Always in keeping with the Church, upholding the absolute right of God Himself. For God still loves the world, and keeps on loving the world through that unborn child. That's why the child is the greatest gift of God to a human family.

Today, when we are having so many difficulties in the world, so much disturbance, so much suffering, I think it is due to the family no longer coming together. They are so busy that they have no time. They have no time for the child. They are so poor that they are afraid to have one more child. The child must die. They are afraid that they won't be able to educate one more child. The child must die.

Therefore, I believe the greatest poverty in a nation, in a country, in a family, is that fear of the child. They are afraid of the child. So this is what we are all trying to do together, to take away that fear by helping the people to understand.

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