The Marquette Method of Natural Family Planning for Breastfeeding Women

A COMPREHENSIVE GUIDE

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Table of Contents

Introduction

Breastfeeding and NFP - 2

About this Manual and the Marquette Method of NFP - 3

What is the Value of a Marquette Method Instructor? – 4

What Does this Book Cover? – 5

PART I: HUMAN REPRODUCTION AND NATURAL FAMILY PLANNING

Chapter 1: Human Reproduction - 9

The Anatomy and Physiology of the Reproductive System – 9

Female Reproductive System – 10

The Biology of Breastfeeding and Postpartum Fertility – 14

Chapter 2: Natural Family Planning for Breastfeeding Women – 19

What is Natural Family Planning? – 20

NFP Options for Breastfeeding Mothers -20

Effectiveness Rates of NFP Methods While Breastfeeding – 25

PART II: TECHNOLOGY AND TOOLS

Chapter 3: The Technology – 31

The Clearblue Fertility Monitor and Clearblue Fertility Test Sticks – 32

The Science of Urinary Hormone Testing – 34

Instructions for Using Your Clearblue Fertility Monitor During the Breastfeeding Transition – 36

LH Test Sticks - 46

Chapter 4: Charting During the Breastfeeding Transition – 47

PART III: MARQUETTE BREASTFEEDING CYCLE ZERO PROTOCOL

Chapter 5: Introduction to the Marquette Method Cycle Zero Protocols – 53

The Marquette Method Breastfeeding Protocols – 53

Introducing the Marquette Method Cycle Zero Protocols – 54

Chapter 6: Day-by-Day Instructions for the Marquette Method Cycle Zero Breastfeeding Protocols – 57

Day-by-Day Instructions, 10-Day Breastfeeding Protocol with the Monochrome Monitor – 58

Day-by-Day Instructions, 10-Day Breastfeeding Protocol with the Touchscreen Monitors – 61

Day-by-Day Instructions, 20-Day Breastfeeding Protocol with the Monochrome Monitor – 64

Day-by-Day Instructions, 20-Day Breastfeeding Protocol with the Touchscreen Monitors – 67

Chapter 7: Charting Instructions for Cycle Zero – 71

Setting Up Your Cycle Zero Chart – 72

Monitor Recordings – 73

LH Test Stick Recordings – 75

Recording Intercourse – 76

Charting Bleeding – 77

Chapter 8: Marquette Method Instructions for Achieving and Avoiding Pregnancy in Cycle Zero – 79

Marquette Method Instructions for Achieving Pregnancy with the Cycle Zero Breastfeeding Protocols – 79 Marquette Method Instructions for Avoiding Pregnancy with the Cycle Zero Breastfeeding Protocols – 79

Chapter 9: Following Up with Your Instructor in Cycle Zero – 83

When to Contact Your Instructor – 84

PART IV: MARQUETTE BREASTFEEDING RETURN TO CYCLES PROTOCOL

Chapter 10: Introduction to the Marquette Method Breastfeeding Return to Cycles Protocol – 87

Chapter 11: Day-by-Day Instructions for the Breastfeeding Return to Cycles Protocol – 89

Cycle Day 1 (First Day of Menses) – 89

Cycle Days 2 Through 5 – 90

Cycle Day 6 – 90

Cycle Day 7 Through to First Peak Reading – 90

Peak Days – 90

Cycle Days After Peak Readings – 91

Beginning of Menses – 91

The End of the Breastfeeding Return to Cycles Protocol – 92

Chapter 12: Charting Instructions for the Breastfeeding Return to Cycles Protocol – 93

Getting Started with the Breastfeeding Return to Cycles Chart – 93

Charting Menstrual Bleeding – 94

Monitor Recordings – 95

 $Recording\ Intercourse-95$

Charting the Beginning of the Fertile Window – 96

Charting the End of the Fertile Window – 96

Chapter 13: Achieving and Avoiding Pregnancy in the Breastfeeding Return to Cycles Phase – 97

Achieving Pregnancy in the Breastfeeding Return to Cycles Phase – 97

Avoiding Pregnancy in the Breastfeeding Return to Cycles Phase – 97

Identifying the Beginning of the Fertile Window with the Breastfeeding Return to Cycles Protocol – 98

Identifying the End of the Fertile Window in the Breastfeeding Return to Cycles Phase – 99

Chapter 14: Following Up with Your Instructor in the Breastfeeding Return to Cycles Phase – 101

When to Contact Your Instructor – 102

References – 103

Introduction

¶he human body is truly amazing. After creating new life and gestating a baby in its womb, a mother's body continues to feed and nourish her baby after birth. When a woman gives birth, her body naturally begins to produce breast milk. If the woman chooses to breastfeed, her breast milk will provide her infant with all the nutrients needed for healthy growth and development. Breastfeeding provides a number of short-term and long-term benefits to the mother and child. Breastfeeding decreases an infant's risk of infection and infant death. Breast milk continues to benefit children beyond their breastfeeding years; later in life it helps decrease the likelihood of obesity, type I diabetes, and poor cardiovascular health. Breastfeeding mothers benefit too. They are less at risk for postpartum hemorrhage and postpartum depression than non-breastfeeding mothers, and, by breastfeeding, mothers decrease their lifetime risk of developing breast and ovarian cancers. Breastfeeding, which naturally delays ovulation, can help women space their pregnancies. The World Health Organization recommends mothers breastfeed their children for at least six months and continue breastfeeding for as long as possible (World Health Organization, 2009, pp. 3–8).

Marquette Method instructors, as health professionals and in light of the overwhelming evidence of the benefits of breastfeeding to mother and child, strongly support a mother's decision to breastfeed. Besides benefiting the health of

the mother and child, breastfeeding alters the hormone balance of a mother's body, which in turn can make tracking a woman's fertility during this phase complicated. Hormones are the body's internal messaging system, and hormone fluctuations cause systemic effects on the body as a whole. The human reproductive system, and women's menstrual cycles in particular, is governed by the ebb and flow of specific reproductive hormones. When a woman breastfeeds, the hormones that cause her body to produce breast milk can also suppress her fertility by delaying the development of an egg. The impact that breastfeeding has on a mother's fertility is temporary; over time the mother's body will return to a hormone balance typical of a woman who is not breastfeeding.

Natural family planning (NFP) is a method of observing a woman's natural signs of fertility and using this information either to avoid or achieve pregnancy. Most modern methods of NFP determine the beginning and end of the fertile phase of a woman's cycle by following the observable, tangible symptoms of hormone fluctuations, including cervical mucus, basal body temperature, and cervical position. Research shows that these indicators of fertility, which are relatively reliable for women in regular cycles, may become more ambiguous during the breastfeeding transition (Brown, Harrisson, & Smith, 1985; Li & Qiu, 2007). A woman tracking her fertility while breastfeeding may find it difficult to determine when she is fertile and when she is not.

The Marquette Method is different from other methods of NFP. It is a high-tech method of NFP that uses the Clearblue fertility monitor to measure urinary hormones directly, and does not rely on the interpretation of the hormonal symptoms exhibited by the body. The data col-

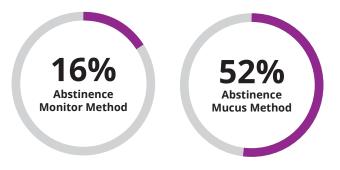
lected from daily urine tests is used to identify the fertile days within a woman's cycle. The Clearblue fertility monitor measures the woman's estrogen and luteinizing hormone levels, which eliminates the need for her to interpret the physical symptoms of fertility. The Marquette Method has separate "protocols" (sets of instructions) for women in different stages of fertility, including a specific set of protocols for breastfeeding women before and after their return to cycles.

Breastfeeding and NFP

Understanding one's fertility during the breastfeeding transition can be incredibly challenging for women relying on the "traditional" external biological indicators of fertility—cervical mucus and basal body temperature. During the breastfeeding transition, these indicators are simply not as reliable at predicting fertility as they are for women in normal cycles. During the breastfeeding transition mucus does not correlate with fertility 40% of the time (Brown et al., 1985). Accurate detection of post-ovulatory temperature shifts requires a minimum amount of continuous, uninterrupted sleep-something most breastfeeding mothers can only dream of! Even if a woman can detect a true temperature shift for her first ovulatory cycle after having a new baby, research has shown that this shift occurs, on average, 6-13 days after ovulation (Li & Qiu, 2007). In cycle zero, the luteal phase is often less than 10 days long, so the temperature shift may only confirm ovulation after menses has already started. The more traditional methods of NFP advertise a 100% perfect-use effectiveness rate during the breastfeeding transition (Howard & Stanford, 1999), but because the traditional biological indicators of fertility are so unreliable at this time, the rules are very conservative and require many days of abstinence (Tommaselli, Guida, Palomba, Barbato, & Nappi, 2000).

Because cervical mucus and basal body temperature do not always correlate well with fertility during the breastfeeding transition, NFP methods that rely on these indicators are less effective during the breastfeeding transition than during regular cycles, resulting in more unintended pregnancies. Typical-use effectiveness rates of those methods are significantly lower than their perfect-use rates during the breastfeeding transition (see page 25).

Many couples turn to the Marquette Method during breastfeeding transitions because research has shown that, especially during this phase of fertility, it is simply more effective and requires substantially less abstinence than other forms of NFP. One study looked at the potential days of abstinence required by Marquette's monitor-based method compared to a mucus-based method. The study followed a number of women from the beginning of their charting journey in the breastfeeding transition, through to the end of cycle 1 while breastfeeding. These women each tracked their mucus observations and their monitor results each day. The mean number of days from the first day of charting through to the end of cycle 1 was 147.8. The study found that the mucus observations identified a mean of 73.5 out of 147.8 days as potentially fertile. The monitor identified a mean of 25.7 out of the 147.8 days as potentially fertile. In this study, mucus



observations identified a mean of approximately 50% of the days to be days of abstinence, and the monitor results identified a mean of approximately 17% of the days to be days of abstinence (Fehring, Barron, & Schneider, 2005).

Because the Marquette Method involves directly measuring the ebb and flow of estrogen and luteinizing hormone, it provides couples with an objective measure of their fertility each day. A woman simply needs to be breastfeeding to qualify for the breastfeeding protocols; she need not fit the more stringent criteria of ecological breastfeeding (Jackson, 1988) or the Lactational Amenorrhea Method (Labbok et al., 1997). The Marquette Method's Breastfeeding Protocol has a perfect-use effectiveness rate of 98% and a typical-use effectiveness rate of 92% (Bouchard, Fehring, & Schneider, 2013).

About this Manual and the Marquette Method of NFP

The Marquette Method was developed by Dr. Richard Fehring and his team at the Marquette Institute for Natural Family Planning. Their goal has been to develop an effective, precise method of NFP backed by sound medical research. This process, and their research into human fertility, is ongoing. One purpose of this manual is to make Marquette's path-breaking, peer-reviewed research accessible to couples using the Marquette Method. The Marquette Institute of Natural Family Planning also trains physicians and Registered Nurses to become Marquette Method instructors who work directly with couples practicing the Marquette Method of NFP. Instructors stay current with the research and recommendations from the Institute to provide their clients with the most accurate and up-to-date recommendations emerging from the team's research.

I undertook my training at the Marquette Institute of Natural Family Planning with Dr. Feh-

ring and his team in 2017 and completed my training in 2018. I am a wife, a mother of three young children, and a Registered Nurse in Alberta, Canada. Through my practice, Vitae Fertility Education, I teach the Marquette Method one-on-one to women and couples. I provide live video teaching sessions to clients around the world, and in-person sessions to local clients. I am dedicated to ensuring my clients can achieve the high levels of effectiveness for which the Marquette Method is known. I have written two comprehensive user manuals to the method, one for women in regular cycles, and this one, which I wrote specifically for breastfeeding women. These manuals are closely integrated with my other training materials and are only available as part of one of my comprehensive teaching packages.

This book is not designed to replace professional Marquette Method instruction, which is why it is only available through Vitae Fertility's training packages. It was written to complement professional instruction, not replace it. Part of what makes the Marquette Method so effective is that couples have access to a trained medical professional who can personalize the method to their specific circumstances. This manual only covers aspects of the method that are relevant to all breastfeeding women. It does not address aspects of the method that apply only to women with special circumstances. My Marquette Method instruction packages include teaching sessions tailored to each couple's specific needs, chart checks ensuring couples apply the method correctly, and answers to any questions that arise in a couple's practice of the method. This manual does not provide instructions for how to navigate the Marquette Method in "what if" scenarios-the answers to such questions need to be personalized to each couple's specific circumstances.

What is the Value of a Marquette Method Instructor?

My clients have often remarked that hiring a professionally trained Marquette Method instructor was a wise investment. Many couples self-teach the Marquette Method, but their success with the method varies. Marquette's breastfeeding protocols are highly effective, but they are in a certain sense counterintuitive, because the method prescribes testing with the monitor on a daily basis, something the monitor was not designed to do. All of the Marquette Institute for Natural Family Planning's effectiveness research has been with couples who received instruction from a professionally trained Marquette Method instructor. Marquette Method instructors are well versed in the male and female reproductive systems, endocrine (hormone) systems, and the impact of general wellness on human fertility. They are specialists in helping women interpret their fertility during the breastfeeding transition and perimenopause, phases of a woman's fertile life that can confuse even the most seasoned NFP users. Instructors are trained to personalize the method to each couple's specific circumstances, preferences, and needs. They begin by assessing their client's needs, taking into account whether the couple intends to achieve or avoid a pregnancy, and gather information about special circumstances specific to the couple, such as if they are coming off of hormonal birth control or have had difficulty with other NFP methods in the past. Using this information, instructors modify their teaching and personalize their recommendations for each couple. When Marquette Method users run into problems mid-cycle, their instructor will provide specific advice on how to proceed in order to optimize the method effectiveness. In unusual situations, and for clients with complicated fertility histories, instructors can consult directly with the method developers to determine an approach tailored to the couple's individual situation.

NFP can be complicated. Some couples experience difficulty identifying their fertile window, perhaps due to missing a test day, stress, or by misunderstanding the method instructions. Marquette Method instructors are trained in the fine details of the method—how the Clearblue fertility monitor works, how the test sticks read hormone levels, how life circumstances might affect a woman's fertility, why the method rules are written the way they are, and how to navigate confusing cycles. Instructors take the guesswork out of applying the method and provide couples with prompt, accurate answers to questions that arise in every couple's practice of NFP.

The Marquette Institute for Natural Family Planning has posted the basic instructions to and a user manual for their method online, but the user manual available for free does not include the instructions for women in the breastfeeding transition, nor does it detail how to practice the method, either in regular cycles or while breastfeeding, with the newer line of touchscreen monitors now produced by Clearblue. In my Marquette Method practice I have found that while these resources are a good introduction to the method in general, many of my clients desire a deeper level of knowledge and a more comprehensive source of information on the method. They want to know why the Marquette Method works and how the method achieves such high efficacy rates, even for breastfeeding women. I wrote this specific manual to address this and to give my breastfeeding clients access to a comprehensive, authoritative source on how to practice the Marquette Method of NFP correctly during the breastfeeding transition. One of my goals for this manual is to make the science of the Marquette Method accessible to a nonspecialist audience, and, in doing so, give Vitae Fertility clients a deeper understanding of the how and why of the method.

This user manual was written for women who are in the breastfeeding transition. This includes women who are exclusively breastfeeding or partially breastfeeding. The information covered in this manual includes both how to navigate cycle zero (the time between the birth of a baby through to the first menstrual period) and how to navigate postpartum cycles 1 to 6 after the birth of a baby, as long as the woman is still breastfeeding. If the woman does not fit these criteria—if she is not breastfeeding, or she is breastfeeding but has had more than 6 menstrual cycles since the birth of her baby—she can still practice the Marquette Method, but should follow the instructions for a woman in regular cycles. If a woman has any underlying medical conditions, she should work directly with her Marquette Method instructor to determine if additional instructions are needed to accommodate her circumstances.

What Does this Book Cover?

This manual is divided into four parts. The first chapter of Part I, "Human Reproduction and Natural Family Planning," is a primer on the biology of human reproduction and on NFP in general. It begins by reviewing the biology and physiology of human reproduction in the "normal case" of women in regular cycles. Because the Marquette Method monitors women's hormone levels, specific attention is paid to the hormone fluctuations that power the female reproductive cycle. The second half of that chapter takes a deeper look at how breastfeeding affects female fertility. Chapter 2 explains how NFP works, outlines some of the similarities and differences between the Marquette Method and other methods of NFP during the breastfeeding transition, and provides an evidence-based comparison between each NFP method's effectiveness rates for the breastfeeding transition.

Part II of the manual, "Technology and Tools," provides detailed instructions all Marquette Method users need to know to be able to operate the technology of the Marquette Method—Clearblue fertility monitors, Clearblue Advanced Fertility Test Sticks, and (for some) LH test stickscorrectly. Chapter 3, "The Technology," makes frequent reference to the instruction booklets that come with each of the monitor models and details the specific ways in which the Marquette Method's use of Clearblue fertility monitors differs from the Clearblue instructions. Chapter 4, "Charting," introduces one final "tool" essential to successfully practicing any form of NFP; it details Marquette's rationale for charting and introduces its charting system.

Parts III and IV provide in-depth instructions about how to practice the Marquette Method of NFP during the breastfeeding transition. Part III is written for breastfeeding women in cycle zero, and Part IV is for women in cycles 1 through 6 who continue to breastfeed. For cycle zero, Part III begins with a chapter providing detailed and easy-to-follow day-by-day instructions for women following either the 10-Day or 20-Day Breastfeeding Protocols and are using either the monochrome or touchscreen version of the Clearblue monitor. The next chapter explains how to chart hormone data on Vitae Fertility's custom breastfeeding protocol charts. The following chapter teaches couples how to interpret their charts with the aim of either achieving or avoiding a pregnancy in cycle zero. The final chapter of Part III outlines when and why Marquette Method users in cycle zero should follow up with their instructor. Part IV follows the same chapter format as Part III, but for women in the subsequent phase of the breastfeeding transition, the breastfeeding return to cycles phase. It includes chapters on day-by-day instructions, charting, avoiding or achieving pregnancy, and following up with your instructor.