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Boodschap van de congresorganisator

Bijna honderd jaar geleden zette de Nederlandse arts Dr. J.N.J. Smulders de eerste stappen naar een sympto-thermale methode voor natuurlijke gezinsplanning. Om toen praktische en didactische redenen vereenvoudigde hij die in een zuivere kalendermethode, maar de kennis werd gelukkig bewaard. Op ons vorig congres in 2008 in Antwerpen, mochten we zijn kleindochter, de Nederlandse vroedvrouw Beatrijs Smulders verwelkomen. Zij benadrukte de prachtige schat van de menselijke voortplanting, dankzij dewelke we hier ook vandaag aanwezig kunnen zijn.

De ontwikkeling van kunstmatige anticonceptiva en vooral dan in de Jaren 1960-70 van de hormonale pil, verdrong aanvankelijk de natuurlijke methoden – vaak herleid tot de oude kalenderberekeningen. Tegelijk was de hoge betrouwbaarheid van de pil een stimulans om op zoek te gaan naar een even, zo mogelijk meer betrouwbaar natuurlijk alternatief. Dankzij jarenlange subsidies van de Duitse overheid, kon de Arbeidsgruppe NFP, voortbouwend op eerder internationaal wetenschappelijk onderzoek, een didactisch goed onderbouwde methodiek ontwikkelen, vandaag geregistreerd onder de naam Sensiplan®.

Ondertussen staat de wereld niet stil en zijn de tijden veranderd. In Europa is de publieke opinie zich steeds meer bewust van de sympto-thermale methode Sensiplan. Vrouwen en koppels hebben een groeiende interesse om hun natuurlijke vruchtbaarheid terug in eigen handen te nemen. Methodes van vruchtbaarheidsbewustzijn (FAM) worden steeds meer ook gezien als een deel van echte emancipatie, zowel door de vrouw als door de man, die als partner ook zijn verantwoordelijkheid kan opnemen. Naast de strikt medische aspecten – met name het vermijden van ongewenste bijwerkingen – is er dus ook een psychosociale behoefte aan meer specifieke informatie over vruchtbaarheid en het beheer ervan.

Anderzijds maakt de dalende vruchtbaarheid dat Sensiplan als FAM ook aan belang wint bij kinderwens. Nieuwe perspectieven met betrekking tot hun vruchtbare jaren kunnen koppels helpen om te streven naar een meer holistische benadering in het autonome besluitvormingsproces van gezinsplanning.

Vandaag erkent ook de Wereldgezondheidsorganisatie (WHO) de hoge betrouwbaarheid van Sensiplan. Deze methodiek werd onlangs opgenomen in de nieuwe richtlijnen van de Duitse, Oostenrijkse en Zwitserse gynaecologen als niet hormonale gezinsplanningmethode. Daarnaast maakt deze methode ook steeds meer deel uit van het arsenaal aan hulpmiddelen van de reproductieve gezondheidszorg bij onvervulde kinderwens.

We zijn dan ook verheugd dat we op dit congres enkele pioniers van de natuurlijke methoden mogen verwelkomen, evenals de Vlaamse gynaecoloog Dr. André Devos, die als eerste de sympto-thermale methode in België heeft ingevoerd in de vroege jaren 1980. We hopen ook dat de samenwerking met de universiteiten in diverse disciplines verder ontwikkeld kan worden, zodat België ook internationaal terug aan de top kan staan inzake natuurlijke fertiliteit. Moge dit congres – naast een aanmoediging voor onze talrijke FAM-consulenten – een eerste en beslissende stap zijn in een gunstige ontwikkeling die moet uitmonden in een evidente terugbetaling van de consultaties, zoals dat voor kunstmatige contraceptiva enerzijds en kunstmatige bevruchtingstechnieken anderzijds nu reeds het geval is.

Meer dan ooit willen we de natuur opnieuw leren respecteren, terug naar de basis, back to basics.

Een welgemeende dank en welkom aan u allen hier aanwezig.

Message from the congress organizer

Almost a hundred years ago, the Dutch physician Dr J.N.J. Smulders took the first steps towards a sympto-thermal method for natural family planning. For then practical and didactic reasons, he simplified it into a pure calendar method, but the knowledge was fortunately preserved. At our previous congress in 2008 in Antwerp, we were able to welcome his granddaughter, Dutch midwife Beatrijs Smulders. She highlighted the wonderful treasure of human reproduction, thanks to which we can also be here today.

The development of artificial contraceptives and especially then in the Years 1960-70 of the hormonal pill, initially supplanted natural methods – often reduced to the old calendar calculations. At the same time, the high reliability of the pill was an incentive to look for an equally, if possible more reliable natural alternative. Thanks to years of subsidies from the German government, the Arbeitsgruppe NFP, building on earlier international scientific research, was able to develop a didactically sound methodology, today registered under the name Sensiplan®.

Meanwhile, times have changed. In Europe, there is a growing public awareness of the sympto-thermal method Sensiplan. Women and couples have a growing interest in taking their natural fertility back into their own hands. Fertility Awareness based Methods (FAM) are increasingly also seen as a part of real emancipation, both by the woman and by the man, who as a partner can also take responsibility. In addition to the strictly medical aspects – especially the avoidance of unwanted side effects – there is thus also a psycho-social need for more specific information about fertility and its management. On the other hand, declining fertility means that Sensiplan as a FAM is also gaining importance in the case of childbearing. New perspectives regarding their fertile years can help couples strive for a more holistic approach in the autonomous decision-making process of family planning.

Today, the World Health Organisation (WHO) also recognises the high reliability of Sensiplan. This methodology was recently included in the new guidelines of German, Austrian and Swiss gynaecologists as a non-hormonal family planning method. In addition, this method is also increasingly part of the reproductive health care arsenal of tools in cases of unfulfilled child desire.

We are therefore pleased to welcome to this congress some pioneers of natural methods, as well as Flemish gynaecologist Dr André Devos, who was the first to introduce the sympto-thermal method in Belgium in the early 1980ies. We also hope that the cooperation with universities in various disciplines can be further developed, so that Belgium can once again be at the top internationally in natural fertility. May this congress – in addition to encouraging our many FAM-teachers – be a first and decisive step in a favourable development that should result in an obvious reimbursement of consultations, as is already the case for artificial contraceptives on the one hand and artificial insemination techniques on the other.

More than ever, we want to learn to respect nature again, back to basics.

A sincere thank you and welcome to all of you here.

Organisatiecomité / Organizing committee

Prof. Dr. Timothy Devos, Katholieke Universiteit Leuven (KU Leuven)
Dr. Stefan De Smedt, AZ Sint-Maarten, Mechelen
Marina Robben, NFP-Vlaanderen
Pierre Hernalsteen, NFP-Vlaanderen

Internationaal wetenschappelijk adviescomité International scientific advisory committee

Prof. Dr. Dirk Timmerman, Katholieke Universiteit, Leuven, Belgium
Prof. Dr. Joseph Stanford, University of Utah, Salt Lake City, United States
Prof. Dr. Richard Fehring, Marquette University, Milwaukee, United States
Prof. Dr. Anne Pexsters, Katholieke Universiteit, Leuven, Belgium
Prof. Dr. René Ecochard, Université Claude Bernard, Lyon, France
Prof. Dr. Yves Jacquemyn, Universiteit Antwerpen, Antwerpen, Belgium
Dr. Petra Frank-Herrmann, Ruprecht-Karls-Universität, Heidelberg, Germany
Prof. Dr. Christian Gnoth, Universität zu Köln, Köln, Germany
Dr. Tania Freundl-Schütt, Heinrich-Heine-Universität, Düsseldorf, Germany

Ondersteunende organisaties en sponsors Supporting organizations and sponsors

NFP-Vlaanderen vzw
'Sektion Natürliche Fertilität' 'Deutsche Gesellschaft für Gynäkologische Endokrinologie und Fortpflanzungsmedizin e.V.'
Dienst gynaecologie KULeuven- Gasthuisberg
Dienst gynaecologie UZAntwerpen
Artsenvereniging St.-Lucas
Acco uitgeverij



Programma / Program

- 8.30 Welkom / Welcome
- 9.00 Officiële opening / Official opening
- 9.30 **Endocrinologie en vruchtbaarheidsbewustzijn**
Endocrinology and Fertility Awareness
Prof. Dr. Christian Gnath (Cologne)
- 9.45 **Behandeling van infertiliteit en FAM**
Treatment of infertility and FAM
Prof. Dr. Joseph Stanford (Salt Lake City)
- 10.00 **FAM/NFP voor Europese landen**
FAM/NFP for European Countries
Dr. Petra Frank-Herrmann (Heidelberg)
- 10.15 **Getuigenissen**
Testimonies
Rebecca Verhofstede (vroedvrouw/midwife), Lynn Van Royen (actrice/actress)
- 10.30 Pause / Coffee break
- 11.00 Session 1
Betrouwbaarheid Fertility Awareness-based Methoden
Effectiveness of Fertility Awareness-based Methods
- 12.10 General Discussion:
Controversen in FAM-onderzoek / Waar gaat FAM-onderzoek naartoe?
Controversies in FAM research / Where is FAM research heading at?
- 12.30 Lunch

Parallelsessies

Parallell sessions

	Auditorium	Conference room 1
14.00	Session 2 Fysiologische aspecten en speciale kwesties Physiologic aspects and special issues	Session 3 Psychosociale en praktische aspecten van FAM Psycho-social and practical aspects of FAM
15.30	Pauze / Coffee break	
16.00	Session 4 Inleiding in Sensiplan Introduction to Sensiplan	Session 5 Ontmoeting van (jonge) wetenschappers Meeting (Young) Scientists

- 17.00 **Ronde tafelgesprek / Round Table**
Deelnemers / Participants: Timothy Devos (Belgium), Tanja Freundl-Schütt (Germany), Nathalie Grégoire-Charette (Canada), Roeliene van Steenvoorn (Netherlands), Rebecca Verhofstede (Belgium)
Moderator: Pierre Hernalsteen
- 17.40 **Besluit FAM / Conclusion FAM**
Pierre Hernalsteen
- 17.50 **Eindbesluit / Final conclusion**
Stefaan Oplinus (voorzitter / president NFP-Vlaanderen vzw)
- 18.00 Slot van de dag / End of the day

Sessie 1: Betrouwbaarheid van Fertility Awareness-based Methoden Session 1: Effectiveness of Fertility Awareness-based Methods

Voorzitters / Chair: Prof. Dr. Joseph Stanford, Dr. Chantal Kortmann

Maria-Nefeli Malliou-Becher

Cyclus apps en nieuwe parameters om het fertile venster te bepalen Cycle apps and new parameters to determine the fertile window

Introduction

Cycle apps "track" the female cycle, recording various cycle parameters and displaying the fertile window. They are not only used as menstrual calendars but also for avoiding pregnancy, despite disclaimers to the contrary. The apps differ based on their underlying scientific quality.

1. Prediction Apps:

These apps predict the fertile window using average data from previous cycles (e.g., cycle lengths or previous temperature rises), but they are often too inaccurate.

2. NFP Apps:

This category includes apps based on evidence-based and effective natural family planning (NFP) methods, which determine the fertile window in the current cycle. These are typically certain variants of the symptothermal method (refer to the recommendations of the "Sektion Natürliche Fertilität" (SNF) of the "Deutsche Gesellschaft für Gynäkologische Endokrinologie und Fertilitätsmedizin" (DGGEF) and the current S2k AWMF guideline on non-hormonal contraception. The application requires symptom monitoring by the user.

3. Apps with New Measurement Parameters:

These apps are connected to measuring systems that analyze hormones in urine or saliva, or other parameters, such as CO₂ content in exhaled air, nocturnal pulse rate, or peripheral body temperature (not to be confused with core body temperature). These developments are predominantly experimental.

The few apps that have been approved for pregnancy avoidance under the Medical Devices Act either lack sufficient studies or are of poor scientific quality. CME certifications do not guarantee adequate effectiveness.

Outlook

Apps in Category 1 will likely not be suitable for avoiding pregnancy in the future.

Category 3 apps either currently lack studies or have not yet demonstrated sufficient reliability in cycle assessment. There is still a considerable need for research in this area. However, developments based on suitable new parameters could become interesting in the future.

The cycle trackers currently used in smartwatches fall into categories 1 or 3. Only Category 2 apps can currently be used for avoiding pregnancy, provided they effectively determine the fertile window using a recognized NFP method and the user has adequate prior knowledge.

Michael D. Manhart, Marguerite Duane

Een vergelijking van door de app gedefinieerde vruchtbare dagen van twee apps voor het volgen van de vruchtbaarheid met behulp van identieke cyclusgegevens

A comparison of app-defined fertile days from two fertility tracking apps using identical cycle data

Introduction

The Natural Cycles app employs daily basal body temperature (BBT) to define the fertile window via a proprietary algorithm and is clinically established effective in preventing pregnancy. We sought to i) compare the app-defined fertile window of Natural Cycles to that of CycleProGO, an app that uses BBT and cervical mucus (Symptothermal method) to define the fertile window and ii) compare the app-defined fertile windows to the estimated physiologic fertile window.

Methods

Daily BBT were entered into Natural Cycles from 20 randomly selected regularly cycling women with at least 12 complete cycles from the CycleProGo database. We defined a regularly cycling woman as less than 40 years old and with cycle lengths between 20 and 40 days. The proportion of cycles with equivalent (+/-1 cycle day) fertile-window starts and fertile-window ends was determined. The app - defined fertile windows were then compared to the estimated physiologic fertile window using Peak mucus to estimate ovulation.

Results

The women of the randomly selected accounts had a mean age of 29.5 yrs. (range 23-38) and average cycle length was 28.3 days (SD=3.14). On average, BBT was recorded on 92% of cycle days (range 79%-99.7%); 186 cycles had sufficient mucus observations recorded to generate a Peak mucus day.

Fifty seven percent of cycles (136/238) had equivalent fertile-window starts and 36% (72/181) had equivalent fertilewindow end days. The mean overall fertile-window length from Natural Cycles was 12.8 days compared to 15.1 days for CycleProGo ($p<0.001$). The Natural Cycles algorithm declared 12%-30% of cycles with a fertile-window start and 13%-38% of cycles with a fertile-window end within the estimated physiologic fertile window. The CycleProGo algorithm declared 4%-14% of cycles.

Conclusion

Natural Cycles designated a higher proportion of cycles days as infertile within the estimated physiologic fertile window than CycleProGo. That Natural Cycles, and to a lesser extent CycleProGo, failed to declare all cycle days as fertile that are likely within the physiologic fertile window suggests the use of BBT alone as an algorithm input is less than ideal to define the fertile window. Further, since the days of highest probability of conception are the two days immediately prior to ovulation and the Natural Cycles algorithm declared the fertilewindow ended on or before these most fertile days in 13% to 38% of cycles in this data set, a BBT-only algorithm may be less than optimal for women with a serious need to avoid pregnancy. Additional studies with other markers of ovulation and the fertile window would give additional insight into the clinical implications of app-defined fertile window differences.

Veronika Makarova, Petra Frank-Herrmann, Maria-Nefeli Malliou-Becher

KorrTra – een correlatieonderzoek naar de basale lichaamstemperatuur **KorrTra – a correlational study on basal body temperature**

Introduction

Over the past few years, there has been a surge in the development of medical apps. A lot of these apps are designed to help women track their fertility and menstrual cycle and can be used to avoid or achieve pregnancy. These apps offer a convenient way to track fertility, but only some of them use evidence-based natural family planning methods such as "Sensiplan" and offer certified medical devices. "trackle" is a class IIb certified medical device, which allows continuous nocturnal intravaginal basal temperature measurement. However, there are no scientific studies on this product yet. This study aims to investigate whether continuous nocturnal intravaginal basal temperature measurement by "trackle" could be an alternative to common waking basal body temperature measurement used in "Sensiplan".

Methods

This study was designed as a monocentric study. In the recruitment phase, a questionnaire with both closed and open-ended questions which assessed the eligibility of the participants for the study was devised and disseminated through LimeSurvey to Sensiplan users. Participants were eligible for the study if they were between 18 and 40 years old and have received "Sensiplan" counseling prior to enrollment. The exclusive criteria were the usage of hormonal contraceptives or other sex hormones, hormonal intrauterine device, pregnancy, or amenorrhea. Furthermore, an entry questionnaire was administered to the participants who had been recruited previously. Each participant ($n=50$) was trained by certified Sensiplan-Counselors and received a "trackle" device, so both methods can be effectively use for 2 to 6 months in parallel. Ethics approval was obtained from the Heidelberg University's ethics committee.

Summary of Data

After considering the inclusion and exclusion criteria, 51 women ($n=51$), age 18 to 40 (with a median age of 28) have been included in the study so far. Evaluation of 32 cycles of 16 women, during which both trackle and Sensiplan recordings are available (16 "trackle" temperature curves and 16 "Sensiplan" charts) showed that a temperature rise was observed in all cycles using both "trackle" and "Sensiplan" methods. Furthermore, in 50% of the cycles, the end of the fertile phase occurred on the same day, while the remaining 50% showed a deviation of +/- 2 days.

Conclusion

The preliminary data indicates that nocturnal measurement of the basal body temperature using a vaginal sensor can be used as a substitute for the morning basal body temperature measurement within the framework of the symptothermal method. However, ongoing research with more data is needed to reveal significant results.

Corieke van der Bas

Kwaliteit van FAM-betrouwbaarheidsstudies Quality of FAM effectiveness studies

Introduction

The article is a systematic review on the effectiveness of FAM, and has a high impact on how fertility awareness-based methods (FAM) are looked at and is the leading systematic review at this moment for discussions and guideline development.

Materials and Methods

I will summarize the article and show the results regarding quality of the studies for different FAMs and outcomes (effectiveness) for different FAMs. We will specifically study how the quality criteria were developed and what they mean.

Results and Conclusion

the quality criteria will be reviewed in this lecture and we will explore how the Sensiplan effectiveness study scores on it.

Conclusion

I will give take home questions / messages (recommendations) on how to further strengthen future effectiveness research for Sensiplan in an international context in order to get full acknowledgement as a reliable and effective method of family planning.

Tanja Freundl-Schütt

Richtlijnen voor niet-hormonale gezinsplanningsmethoden Guidelines for non-hormonal Family Planning Methods

The first official medical guideline on the topic of 'Non-hormonal contraception' was published in Germany in January 2024. The aim of this guideline is to provide a consensus-based overview of non-hormonal contraception by evaluating the relevant literature. The guideline includes methods of natural family planning, lactational amenorrhoea, barrier methods, coitus interruptus, intrauterine devices and sterilisation. The guideline was published and coordinated by the German Society for Gynaecology and Obstetrics (DGGG), Austrian Society for Gynaecology and Obstetrics (OEGG) and Swiss Society for Gynaecology and Obstetrics (SGGG). Representative members from different medical professions developed this S2k-guideline on behalf of the guideline commission of the DGGG, OEGGG and SGGG using a structured consensus process.

The guideline provides recommendations on indications, safety of use, benefits and limitations of the various methods. The focus of this presentation will be on statements and recommendations for Natural family planning methods.

Maria-Nefeli Malliou-Becher, Pia Maria Ruf

De variatie van ovulatie tijd en menstratiecyclus-kenmerken – een analyse van een prospectief cohortonderzoek op lange termijn The variation of ovulation time and menstrual cycle characteristics – an analysis of a prospective long-term cohort study

Background/Objective

The assumption of a regular cycle with ovulation occurring in the middle of the cycle (\pm 1-2 days) in healthy women is still widespread. However, studies have emphasized the variation in time of ovulation and other cycle characteristics. Nonetheless, these studies are often based on smaller databases and short observation periods or do not allow for long-term observation of women, especially when using complex evaluation methods such as the determination of hormone parameters or daily sonographic folliculometry for evaluation. The present data analysis evaluates the German NFP database (Natural Family Planning) of the University of Heidelberg, which contains data from a worldwide unique prospective long-term cohort study on the characteristics of the spontaneous menstrual cycle and the symptothermal method Sensiplan. The aim of this analysis is to examine the variation in cycle length and the range of variation in ovulation timing between and within individuals.

Method

Data were collected from 1,923 women with a total of 43,999 menstrual cycles between January 1985 and July 2019. Participants in the study were between 18 and 44 years old at the study's onset, refrained from taking any sex hormones, and exhibited varying cycle lengths. Exclusions were made for special circumstances such as the postpartum period,

breastfeeding, the initial three months after discontinuing hormonal contraception and amenorrhea at the start of the study. Participants agreed to maintain cycle records for at least one year using the Sensiplan symptothermal method. Upon meeting the inclusion criteria, the main group consisted of 1,051 women with 12,612 cycles, while the conception group comprised 420 women with 420 conception cycles. The time of ovulation was determined based on changes in cervical mucus and the rise in basal body temperature, with the duration of the menstrual cycle calculated from the first day of menstruation to the day before the subsequent menstruation.

Outcome

The 28-day cycle occurred in 13.3 % of cycles. 7.4 % of cycles were shorter than 25 days and 8.8 % of cycles were longer than 35 days. Cycles with a maximum variation of three days were observed in only 5.4% of all women within a year. Cycle lengths varied by more than one week between the shortest and the longest cycle within a year in 53.3% of the participants, while 41.4% of the women exhibited a variation of 4 to 7 days. Furthermore, 50% of all ovulations in the spontaneous cycle occurred between the 14th and 19th day of the cycle. The time of ovulation varied by more than one week within a year in 54.8 % of women, with only in 3.5% experiencing fluctuations of a maximum of three days. The timing of conception in the conception group displayed a similarly broad distribution as the ovulation times in the normal collective. Additionally, the cycle length decreased with increasing age. Age also influences the timing of ovulation, with older women exhibiting more stable ovulation patterns compared to younger women.

Conclusion

This prospective long-term cohort study, comprising data from 1,923 women with a total of 43,999 menstrual cycles, shows the considerable intra-individual and age-dependent variation in cycle length and ovulation timing and underlines the fact that the generally accepted idea of a "regular" menstrual cycle with ovulation in the middle of the cycle is less prevalent than previously assumed.

Algemene discussie: Controversen in FAM-onderzoek / Waar gaat FAM-onderzoek naartoe?

General Discussion: Controversies in FAM research / Where is FAM research heading at?

Moderatoren / Moderators: Dr. Petra Frank-Herrmann, Dr. Tanja Freundl-Schütt

Sessie 2: Fysiologische aspecten en speciale kwesties Session 2: Physiologic aspects and special issues

Voorzitters / Chair: Prof. Dr. Anne Pexsters, Prof. Dr. Christian Gnoth

Raphael Windlin

Alleen perfect baarmoederhalsslijm leidt tot zwangerschap, toch? Only perfect cervical mucus leads to pregnancy, right?

Introduction

A woman is not able to conceive at any time during her cycle. Various cycle-dependent characteristics can be observed in the menstrual cycle, which can be used to define the fertile window. Symptothermal methods, such as Sensiplan, make use of these observations when planning a pregnancy or for contraception. The effectiveness and method safety of Sensiplan have been proven in many scientific studies.

The German cycle database on natural family planning at the University of Heidelberg contains information on cycle characteristics in the spontaneous cycle of users of natural family planning (NFP) who use Sensiplan. The database provides a globally unique amount of information on conception cycles.

It was investigated whether the rules of the Sensiplan method for determining the fertile window and the assumptions regarding the maximum fertilization capacity of the sperm were confirmed and whether most pregnancies occurred during intercourse close to clinical ovulation with an optimal cervical mucus pattern.

Materials and Methods

A descriptive evaluation of cycle characteristics from 493 cycle sheets of spontaneous pregnancies was performed. The cervical mucus symptom was classified based on sensation and appearance externally on the vulva. The glassy, transparent, spinnable cervical mucus was labeled as high-fertility (S+) cervical mucus.

Outcome

The cervical mucus quality at the last sexual intercourse before the first higher basal body temperature measurement corresponded to 42.8 % highly fertile cervical mucus and 39.5 % to another cervical mucus quality. In 92.7 % of cases, highly fertile cervical mucus was observed during the conception cycle. The onset of visible cervical mucus is most frequently observed on the 7th and 8th day of the cycle and culminates in the peak of cervical mucus in 64.5% of cases between the 12th and 18th day of the cycle.

Almost all presumed conceptions occurred within the 7 days prior to the first higher measurement and there was no corroborating evidence of prolonged sperm survival.

In the narrower fertile window, 20.9 % of the women had intercourse only once and 60.2 % had intercourse several times.

Conclusion

The rules of the Sensiplan symptothermal method for defining the fertile window in the spontaneous cycle are confirmed. The assumption of a maximum sperm survival time of 5 days is confirmed. In addition to the frequency, the timing of intercourse in the fertile window is also important. Sexual intercourse on days with highly fertile (S+) cervical mucus is more likely to lead to pregnancy, but a high proportion of conceptions also occur during sexual intercourse on cycle days with suboptimal cervical mucus. Women who wish to have children are advised to monitor their cervical mucus symptoms. The results of this analysis can be used in the future to enrich the counseling of fertility patients and users of natural family planning.

Monika Dowejko, Imose Tua

**Epigenetische veranderingen in de eierstokken beïnvloed door op
hormonen gebaseerde anticonceptiva (HC)
Ovarian epigenetic changes influenced by hormone-based
contraceptives (HBC)**

Introduction

Women taking synthetic oestrogen alone or with progesterone are at greater risk of heart attack due to blood clot formation and suffer from decreased libido and mood swings that can even lead to depression. The list of the side effects of hormone-based contraceptives (HBC) is still expanding and is a reason why 61% of women discontinue their use, seek alternative methods of contraception and turn to modern fertility awareness-based methods (FABMs) of family planning. It has been hypothesized and partially proven using animal models, that the follicles of the female taking HBC can undergo epigenetics changes that can impact health of her future babies. Not many users of the HBC know that HBC adverse effects also stem to the next generation. This review aimed to explore the potential link between HBC usage and autism spectrum disorders (ASDs).

Methods

Using PubMed, literature searches were conducted on clinical and experimental studies of hormonal contraceptives and autism. The following search terms were used to obtain articles published in English-language and peer-reviewed: hormone-based contraceptives, synthetic oestrogen, synthetic progesterone, oral contraceptives, pill, ethinyl oestradiol, progestin, methylation, epigenetics, side effects, Autism Spectrum Disorders. 61 articles were retrieved from which 7 articles met the inclusion criteria.

Outcome

A report demonstrated 20- to 30-fold increase in the prevalence of ASD compared to the first epidemiologic studies conducted in 1960s. The increased usage of HBC was thought to be one of the main drivers of this increase in addition to many other environmental factors. The potential mechanisms suggested by one study included direct effect of synthetic oestrogen and/or progesterone during prenatal life by continuation of HBC in early pregnancy or exposure to synthetic hormones through consumption of contaminated food or from polluted environment. Another study suggested an indirect mechanism related to the duration of taking the HBC. This study showed that taking oral contraceptive for longer than 3 years showed a statistically significant risk for children subsequently developing ASD. There were two possible explanations to this. One study suggested that prolonged usage of some HBCs leads to low levels of vitamin B12 and folate during foetus development, which could be contributing factor for ASD. Three studies suggested that changes in epigenetic mechanism in oocytes lead to reduced expression of ER β and other genes in various tissues, including brain, which result in presentation of ASD in the offspring.

Conclusion

There is an emerging body of evidence in the literature of the causal link between the increase in the prevalence of ASD and rise in HBC usage. There is a need for more epidemiological studies to confirm this association and experimental research to determine the exact mechanism by which HBC increase the risk of ASD in offspring.

Aivazova Arevik, Imose Itua

De impact van algemeen voorgeschreven medicijnen op de vrouwelijke vruchtbaarheid: documentanalyse van gewone standaarden

The impact of widely prescribed medications on female fertility: document analysis of regulatory standards

Introduction

Medication safety is paramount in women's reproductive health. Despite this, medication instructions often lack information on ovulation and fertility impact, even when the drug's mechanism suggests potential interference.

Materials and Methods

Document analysis on registered drugs based on international regulatory requirements was conducted on 65 commonly prescribed drug documents registered and published on official websites. Included in the document analysis were the Food and Drug Administration, European Medicines Agency, Medicines and Healthcare Products Regulatory Agency, Rote Liste, and Russian State Register of Medicines.

Outcome

Several commonly prescribed medications were found to contain contraindication information on their medication instruction. Amongst these were Nonsteroidal anti-inflammatory drugs (NSAIDs), noted to disrupt ovulation due to prostaglandin inhibition, antidepressants such as SSRIs and SNRIs which were noted to affect ovulation and fertility through allopregnanolone level alterations and Cimetidine noted to be an H2 histamine receptor antagonist noted to have impact on fertility. For the NSAIDs, mention of the drug's impact on fertility was found in 52% of the medical usage instructions. For the antidepressants, suppression of ovulation was mentioned in only 8% of the leaflets. Cimetidine lacked any mention of fertility suppression in 80% of the texts.

Conclusion

Medication instructions inconsistently addressed fertility impact, highlighting a need for regulatory bodies to standardize information inclusion. This also highlighted a need for medication instructions to have fertility impact information as well as have a designated section for fertility details. With fertility awareness methods gaining popularity and more women tracking fertility biomarkers, there's a demand for a public database to verify pharmaceutical effects on fertility.

Stefan De Smedt

FAM als eerste stap voor koppels met fertiliteitsproblemen

FAM as a first step for couples with fertility problems

Introduction

An unfulfilled child wish is due to unexplained or mild male subfertility in more than half of the consulting subfertile couples. Since many of these couples can still conceive naturally within 1 year without treatment, expectant management (6-12 months) is proposed. However, in practice it often proves to be difficult to adhere to this approach, resulting in a quick shift to expensive assisted re-productive therapy (ART).

Method/Procedure

Recent fertility awareness methods (FAMs) train couples to distinguish fertile from infertile days of the menstrual cycle, allowing them to target sexual intercourse on the most fertile days. By incorporating FAMs into expectant management, the latter is made more effective, increasing the chances of pregnancy. Furthermore, the health risks associated with ART are reduced.

The symptothermal method is a combination of the temperature-based and cervical mucus secretion method. By applying this FAM and having fertility-focused intercourse, 92% of the women had become pregnant after 1 year, compared to 82% in studies without FAMs. For a subfertile subgroup, the cumulative spontaneous pregnancy rate after 8 months was less (38%), but still significantly above the spontaneous pregnancy rate without fertility awareness training (21.6%). Via educational materials and a network of trained teachers, FAMs are proposed.

Conclusion

In order to fulfil this role properly, FAMs need to be recognised as the first step in fertility care in Belgium. Integrating FAMs can cause a judicious reduction in healthcare costs by reducing the number of multiple pregnancies and selecting only couples who genuinely need ART.

Laura Bogaerts

Mijn fakkel in de donkere nacht, over een positieve menstruatiebeleving en Sensiplan

My torch in the dark night, about a positive menstrual experience and Sensiplan

Introduction

Though millions of women around the world menstruate daily, the question of their menstruation is rarely posed (Brantelid et al., 2014). More research has been conducted on the influence of menarche on this experience, which concluded that a negative first menstrual experience leads to a negative perception later in life. (McPherson et al., 2014). In addition, literature does not differentiate between women who are on hormonal birth control and who are not on hormonal birth control. This study was designed in hopes of providing an answer on whether there can be positive experiences with menstruation and whether this perception can change throughout the years. Therefore, the study takes a broad look at the menstrual experience of the participants, with a focus on their current experience, a look back at their menarche and their experience during the use of hormonal birth control.

Aim of the Study

This qualitative study into the menstruation experience of Flemish women with a natural menstrual cycle specifically seeks to answer two research questions: the manner in which young women experience their current cycle as well as the meaning each individual assigns to their menstruation.

Material and Methods

Young women between the ages of 21 and 36 were recruited through flyers on social media to participate in a semi-structured interview which could be conducted both online and in person. The data analysis was done according to Braun and Clarke's (2006) roadmap. Regarding current menstrual experience four themes emerged whose combination forms women's experience: the physical, emotional and spiritual experience as well as the individual meaning a woman gives her menstruation. The latter needs to be separated from the meaning our society assigns to menstruation. When asked about menarche, most women consider this event as neutral or negative. In few cases, this is considered positive. Furthermore, all women except one described negative experiences with hormonal birth control and wish to swear off these methods forever.

Results

The discussion compares the current results in the context of existing research into the menstrual experience. This study shows that contrary to literature, most participants currently experience their menstruation in a positive manner despite a neutral or even negative experience with their menarche. Furthermore, it appears that menstruation-related symptoms are not necessarily synonymous to a negative perception. This means that the menstrual experience can be subject to change. This change was described as positive by the participants.

Conclusion

It should be noted that this research was conducted by female researchers which could lead to bias as well as the fact that participants were recruited by social media channels that focus on opening the conversation around menstruation. Future research could focus on the positive menstrual experience and the aspects which facilitate this as well as the current menstrual experience of women who do take hormonal birth control. Ultimately, this group could serve as a comparison for the women with a natural cycle.

Sessie 3: Psycho-sociale en praktische aspecten van FAM

Session 3: Psycho-social and practical aspects of FAM

Voorzitters / Chair: Prof. Dr. René Ecochard, Prof. Dr. Timothy Devos

Michael D. Manhart

Het onderwijzen van NFP aan paren als vereiste voor de voorbereiding op het huwelijk is effectief en kan via verschillende leermethoden worden gegeven; bewijsmateriaal uit een enquête na de les, afgenomen in de periode 2016-2022

Teaching NFP to couples as a requirement for marriage prep is effective and can be delivered via different learning modes; evidence from a post-class survey administered 2016-2022

Introduction and Aim of the Research

In the United States many Catholic couples learn NFP when engaged as a part of marriage preparation; frequently this is mandatory. Couple to Couple League (CCL) has employed a post-class survey administered to students to understand the short-term impact of our classes. We summarize here student feedback collected between January 2016 and June 2022.

Conclusion

To date, studies carried out show that the changes produced in cervical mucus at a biochemical level exist and are measurable. Our work in the future will try to find a clinical application that makes it possible to measure the window of combined fertility with higher precision.

Felix A. Küchler

Basistraining vruchtbaarheidbewustzijn in Afrika – Het programma “Maternité Désirée – Desired Motherhood” in Benin

Basic fertility awareness training in Africa – The “Maternité Désirée – Desired Motherhood” program in Benin

Introduction

At independence (1960) there were around 4 million inhabitants on 120'000 km², today (2023) the population is estimated at 12 million, fertility rate: 5 children per women; yearly increase: 3,5%. Uptake of medicalized contraception stagnates at 10% since decades. There clearly is an unmet need for family planning: 32% of women living in union (married or...), while natural resources (land, water, wood etc.) are increasingly scarce.

Activities of Desired Motherhood

- local female trainers respond to demands coming from village communities
- 4 half-days basic training of women in groups: menstrual cycle, fertility signs (mainly cervical mucus; measuring the temperature and charting would be too complicated); dialog among spouses
- 3 home-visits: individual, preferably during fertile window in order to ascertain correct self-observation of cervical mucus
- local male trainers meet husbands for half a day. the cycle, only 5 to 7 days per month are fertile; dialogue with spouse
- training of trainers; twice a year: continuous training
- supervision, monitoring, evaluation; fundraising, reporting.

Results

Between 2014 and 2023 9000 women and 7000 men were trained. There is a high demand and enthusiastic feedback. A team of 20 trainers is active.

The senior team consists of 2 female supervisors and 1 manager (from Benin), 2 trainers of trainers and coordinators (from Switzerland).

Four local NGOs have integrated "Desired Motherhood" in their activities. This means that around 600 000.- Euro were fundraised and spent.

Imose Itua, Monika Dowejko

Factoren die de waargenomen toename van het gebruik van FAM's beïnvloeden: een case study-analyse

Factors influencing the perceived increase in use of FAMs: a case study analysis

Background

The Women's Health Strategy for England 2022 recognises the need for women to have access to reliable contraception, yet many women meet barriers in accessing the method of choice due to siloed commissioning. Women hope to receive professional medical advice regarding family planning options from their general practitioner. However, most physicians have limited knowledge of the different family planning options outside of commonly cited modern contraceptives such as the Pill, intrauterine devices and condom. The lack of professional advice leads to feelings of unmet needs for many women and triggers an impulse for independent research in the area of Fertility awareness based methods (FAMs). FAMs are becoming increasingly popular and present a clear advantage over modern contraceptive methods for some women for whom modern contraception is inadequate. Some assumed reasons for the perceived increase in FAM include and are not limited to cultural, religious and lifestyle choices. This study aims to examine data on the perceived increase in trend of women accessing FAM and learning to teach FAM using one method of FAM as a case study. It also aims to explore the reasons for the increase in trend of access of FAM as well as usage of the method.

Methods

Mixed methods will be used to analyse secondary data spanning from 2019 to 2023 on the number of course enquiries, teacher requests and number of teachers enrolled and trained by the Natural Family Planning Teacher Association (NFPTA) UK which teaches the symptothermal method of FAM. Descriptive statistics will be presented to show the trend in course enquiries and the numbers of teachers training to teach clients on use of natural contraception. Qualitative analysis will be conducted on reasons why people want to learn to teach FAM, using NVIVO 12 and themes presented. Recommendations will be made based on findings.

Outcome

Initial indications show an increase in numbers of course enquiries and the number of teachers trained between 2019 and 2023. In July 2023, of the 17 students who enrolled on the course, 7 were from the UK. What is more interesting is that there is a huge waiting list of teachers wanting to be trained in 2023. The reasons cited for wanting to be trained has ranged from fear of side effects of modern contraceptives as women get moved from one contraceptive type to another, unknown infertility, wanting to learn about own fertility, culture, religion and health issues.

Conclusion

These findings may support the argument for the need for fertility awareness-based methods to be considered for delivery within the nursing, midwifery and medical curriculum since indications are that modern contraceptives are not fully meeting the needs of women who want contraception and there is a shift in mind set of women towards natural contraception at least here in the UK.

Florence Pasche-Guignard, Oibrillant Damus

Wie zijn de consulenten en pleitbezorgers van FAM en andere gezondheids- en welzijnspraktijken voor vrouwen in Quebec?

Who are the educators and advocates of FAM and other health and wellness practices for women in Quebec?

Introduction

Who are the educators and advocates of FAM and other health and wellness practices for women in Quebec? Sociocultural perspectives on their profiles, motivations and values.

Aim of the Study

This paper presents the Quebec component of a comparative study focusing on educators and promoters of fertility management practices alternative to biomedical approaches, in the contexts of Quebec and Haiti. In certain settings, methods like FAM and other health and wellness practices targeting women are often misconstrued or misrepresented by mainstream media, the general public, and even medical professionals. Some of the FAM or "natural family planning" originated within religious circles, particularly within observant Catholic communities. Today, despite some associations persisting between FAM and religion, often casting them in a negative light alongside other criticisms, these practices have evolved, and so have the discourses around them.

Material and Methods

This ongoing research adopts a perspective in the humanities and social sciences, utilizing mixed qualitative methods to delineate the profiles of key figures in this field, specifically FAM educators and advocates of health and wellness practices related to women's fertility and menstrual cycles. In addition to media contents and discourse analysis (of books, other printed materials, websites, social media publications, etc.), this study focuses on data from semi-structured interviews conducted with teachers and key actors in promoting FAM and other health and wellness practices for women. We aim to ascertain their demographic information (age, number of children, relationship status, etc.), life trajectories (including spiritual and religious dimensions, if applicable), educational backgrounds in FAM, their methods of transmission, and the values associated with their practices. Data will be coded and analyzed with the software LiGRE.

Results

This pilot project, involving a limited number of interviews (n=4-6 in each context), may pave the way for further research into the discourses of various stakeholders, such as women and couples learning these practices, experienced users, male partners, medical practitioners, health and wellness professionals, representatives of women's or feminist associations, etc., within other understudied francophone contexts like Switzerland, France, Belgium, and several African countries. For inclusion in the present study, interviewees must have been actively and publicly offering services in teaching fertility awareness and related practices outside of biomedical institutions, primarily or exclusively in Quebec, for over two years.

Conclusion

Determining the profiles, motivations, and value systems of educators, advocates, and transmitters of FAM will contribute to a deeper understanding of socio-cultural discourses surrounding these practices. This study, in particular, may help unravel persistent discourses around FAM that inaccurately associate them with strict religious observance, despite their secularization or adoption by groups with very diverse values and worldviews.

Michael D. Manhart

De associatie van methoden voor gezinsplanning met de kans op echtscheiding onder vrouwen in de nationale enquête naar gezinsuitbreiding 2015–2019

The association of family planning methods with the odds of divorce among women in the 2015–2019 National Survey of Family Growth

Background/Objective

Lifelong marriage has economic and social benefits for couples and their children. Several factors have been shown to influence the likelihood of a lasting marriage including age at marriage, educational levels attained, and income levels. Rarely explored has been the possible influence of family planning methods on the likelihood of divorce. We sought to determine the influence of the most common methods of contraception and natural methods of family planning (NFP) on the odds of divorce among women of reproductive age.

Method/Procedure

The influence of use of family planning methods and other factors on risk of divorce was examined in 5,403 ever-married women from the National Survey of Family Growth (2015–2019).

The NSFG data sets use a nationally representative, randomly selected sample of U.S. women. Underrepresented subpopulations, such as Hispanics, are adjusted by oversampling these groups. Interviews were conducted in person and take approximately 80 min to complete. Sensitive questions (e.g., about the use of abortion) are asked through a self-paced, computer-assisted interview program. Chi-square and relative risk odds ratios (ORs) of divorce were calculated for the family planning predictor variables (ever-use vs. never-use). Logistic regression analysis examined the influence of family planning methods relative to other known influencers of divorce (income, education level, etc.).

Results

Chi-square analysis revealed significant ($p < .01$ – $p < .001$) ORs for ever-use of the hormonal pill (OR = 1.54), female and male sterilization (ORs = 1.78 and 2.02, respectively), male condoms (OR = 1.67), and natural methods of family planning (OR = 0.66, 0.53). Logistic regression indicated ever-use of contraception was associated with increased odds of divorce, from 30% to 200%, whereas ever-use of NFP was associated with 31% lower odds. Poverty level and education levels did not meaningfully influence divorce odds.

Conclusions

In conclusion, ever-married women who have ever used NFP have lower odds of divorce, whereas those who have ever used most the common contraceptives have higher odds of divorce. In comparison to well established risk factors for divorce, use of common contraceptives may have a heretofore unrecognized destabilizing influence on marital relationships,

while use of methods that integrate periodic abstinence may be stabilizing. Further research is needed to understand how and why choices in family planning affect stability of marriage.

Petra Klann-Heinen, Ursula Sottong

Sensiplan-advies in veranderende tijden – uitdagingen en kansen Sensiplan consulting in changing times – challenges and opportunities

Introduction

Sensiplan, a symptothermal method of natural family planning, is named as the only effective natural method in the current "Guideline on non-hormonal contraceptives" of the *Deutsche Gesellschaft für Gynäkologie und Geburtshilfe (DGGG)* (*German Society for Obstetrics and Gynecology*).

Sensiplan was developed under scientific supervision at a time when face-to-face counselling by qualified Sensiplan counsellors was the service of choice. As early studies had already shown, it is precisely this qualified counselling system for supporting women and couples in different living situations and the provision of standardized materials that guarantee the efficacy associated with Sensiplan.

Since its foundation, Arbeitsgruppe NFP has trained 1,247 Sensiplan advisors according to a standardized curriculum. There are currently 408 active counsellors, 66 are taking a break for various reasons and 77 are in training. Between 20 and 30% of the women and couples they advise are in a post-hormonal-contraceptive situation, 10 to 15% are wanting to achieve a pregnancy and around 45% are in a normal menstrual cycle situation. Additional women learn about Sensiplan while breastfeeding, during the premenopause, etc.

In recent years, more and more Apps and E-learning systems have come onto the market - all of which have not yet been scientifically tested - which have shifted the focus of the counselling work requested to an increasingly medical area: queries about specific cycle situations, use of Sensiplan during chronic illnesses, etc.

For the next few years, this means that the selection and training of future Sensiplan counsellors and the further training of existing counsellors must be carried out in close coordination between educationalists and physicians and according to new criteria. Aspects of systemic counselling should also be incorporated.

In addition to a presentation of the requests for counselling over the years and the aspects of counsellor training to date, the preliminary considerations for dealing with the new counselling requirements are presented.

Hanna Liu, Winnie Trekker, Pierre Hernalsteen

Hoe vrouwen en koppels in Vlaanderen voor Sensiplan kiezen The way women and couples choose Sensiplan in Flanders

Background/Objective

A growing number of women and couples are looking for an alternative to hormonal contraception or want to conceive naturally. Because only artificial methods are currently reimbursed by the social security (Riziv/Inami) in Belgium, interested persons have to organize a search to find a reliable alternative. Sensiplan – and its predecessor NFP according to the German Arbeitsgruppe NFP – has been available in Flanders for forty years. This study examines why interested women want to switch to Sensiplan and through which channels they can reach a Sensiplan teacher.

Methods

During the intake, a number of individual details are recorded and also asked about the motivation on the one hand and the way by which the interested persons ended up with a Sensiplan teacher on the other. The online questionnaire will be administered in a period between January 1, 2023 and May 31, 2024 and evaluated in June 2024.

Outcome

The numerical results will be known and analyzed in the course of 2024, so that valid conclusions can be drawn. This data will be presented.

Conclusion

This study can help Sensiplan teachers to inform interested persons through the most appropriate channels, pending the government taking its responsibility in this matter.

Ingrida Vuosaityté

Succesvolle resultaten van gezinsplanning met behulp van het Creighton Model FertilityCare-systeem in verschillende uitdagende omstandigheden

Successful family planning outcomes using the Creighton Model FertilityCare System in various challenging circumstances

Background/Objective

Between 2014 and 2023, 823 women/couples were trained in the Creighton Model FertilityCare System (CrMS). Presentation of interesting cases.

Method/Procedure

The following cases will be presented:

- Learning NFP (CrMS) in the presence of a IUD and CrMS application in case of failure to remove IUD;
- PCOS cases. CrMS users: conception on days 151 and 79 of the cycle and successful pregnancy;

Conclusion

In any life situation, a woman can understand the change in her reproductive hormones (estrogen and progesterone) during her cycle by observing changes in cervical mucus. Even if she has the IUD at the moment or the woman has PCOS diagnosis, very irregular and long cycles, she can start to learn fertility awareness. Also this information can be useful in assessing women's health. It can help with choosing the right time to carry out the prescribed treatment protocol or choosing the right time for a blood test. With the help of a chart, an early pregnancy can be recognized. When the health history and the hormonal situation are taken into account (in a given situation - incomplete IUD removal and long cycles with PCOS) responsive action can be taken to achieve couples family planning and health goals.

Sessie 4: Inleiding in Sensiplan

Session 4: Introduction to Sensiplan

Petra Klann-Heinen, Dr. Ursula Sottong

This session provides a concise overview of the Sensiplan rules for doctors and paramedics. This way they become familiar with the standardized working method and can more easily respond to questions from patients who use Sensiplan. At the same time, they can also make knowledgeable recommendations to patients for the use of this method.

Sessie 5: Ontmoeting van (jonge) wetenschappers

Session 5: Meeting (Young) Scientists

Voorzitters / Chair: Dr. Petra Frank-Herrmann, Pierre Hernalsteen

In this session there will be the opportunity for young scientists to share ideas and experiences with senior researchers on relevant research items, scientific questions in the broad field of medicine, psychology, sexology and other disciplines. The aim of this session is to stimulate new national and international research through networking, so that FAMs can be better used for family planning, both for pursuing and avoiding pregnancy, but also more broadly in women's health care.

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