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SUCCESSFUL PERIODIC CONTINENCE

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Editor's Note: The explanation given below was presented by Dr. Keefe at a meeting of physicians interested in Pre-Cana Conference work in the Archdiocese of New York, May 31 of this year. THE LINACRE QUARTERLY includes same to inform other doctors who answer patients' questions in this regard.

No longer can it be said that the Church permits family limitation by periodic continence only because it is not successful. An effective system of recognizing potentially fertile days through temperature curve has been confirmed by more than ten years' experience by Doering (Munich), Holt (Holland), Ryan (London) and several American workers.

To avoid the serious failures which occurred with former systems when a couple would abstain at the calculated fertile time but could not recognize a variation from an expected pattern of ovulation, the cycle should be considered from three phases, each with distinct features.

1. The *post-ovulatory* phase will be described first because it is the most dependably infertile phase. While learning, it is the exclusive phase to be used as a "safe period." It begins when the daily temperatures taken orally with the accurate Ovulindex thermometer¹ have risen above a critical level for three consecutive days. For most women this is 98.0°. Only about 10 per cent of women have a critical level as much as

0.3° higher or lower than this. The temperature curve finally rises to about 98.3°. A numerical chart is simpler to use than a grid and permits records to be reviewed over the telephone when necessary. This phase lasts for about ten days and ends with the onset of menstruation.

2. The *fertile* phase, the time for absolute abstinence, is predicted from a calendar of previous ovulations with variable success. Temperatures drift downward, usually to below 97.5° but they do not identify this phase nor the exact day of ovulation. Ample allowance is made by abstinence from intercourse. Patients can recognize this phase more exactly by characteristic changes in the cervix and the cervical mucus.²

Ovulation, for all practical purposes, should be considered as occurring only once in a cycle. The approach of ovulation sometimes is irregular or interrupted. Fluctuations in its signs have unfortunately been misinterpreted and publicized by some writers as evidence of "double ovulation." Pre-ovulatory changes in the cervical mucus are only a response to a

¹ Keefe, E. F., A practical open-scale thermometer for timing human ovulation, *New York State J. Med.*, 49:2554, 1949.

² Keefe, E. F., Self-observation of the cervix to distinguish days of possible fertility, *Bull. Sloane Hospital*, 8:3, 1962, on press.

rise of the estrogen level and are not to be confused with ovulation itself.

3. The *post-menstrual infertile phase*, variable in length, begins at the end of the menses. A formula to calculate its end-day (the beginning of the possibly fertile time and of abstinence) is to take the length of the shortest menstrual cycle recently observed and subtract 19 days. For example, in the strictest application, if the shortest cycle ever observed were 25 days, ($25 - 19 = 6$), abstinence would have to begin on the sixth day after the onset of menses. Ability to interpret cervical signs permits less rigid application of this formula. "Can coitus precipitate ovulation?" It has never been shown to and there is evidence to the contrary.

After becoming experienced, women may take only a shorter

sequence of temperatures, from just before the fertile phase until it has passed. Interferences have not been as significant as might be imagined. Irregular hours of temperature-taking, activity or illness call for the omission of only a few readings, if any, in the total record.

The efficiency of this guide to periodic continence, as with the management of diabetes or obesity, depends on the care the doctor takes to instruct and supervise. Other determinants are: the couple's motivation to avoid conception, their ability to learn as shown in the management of other personal affairs, intensity of the sexual drive and cooperation between them in a mature love.

Periodic continence is not "having coitus in the 'safe time' only." It is, instead, abstinence at potentially fertile times—a renunciation, for the benefit of the family.