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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This edition of the Bulletin of WOOMB International contains two papers which were presented at the WOOMB International Conference held in Cotonou, Benin in March-April 2020. The first by Marian Corkill, Director of WOOMB International, tells of the wonderful love story that is the Billings Ovulation Method® which started with a personal love story between two Melbourne doctors and spread to encompass couples and families on every continent except Antarctica! Our friends and subscribers of many years will be very familiar with this story, but many attending the Conference in Benin were hearing it for the first time. It is a story of which we never tire because it is the reason we are all involved in the wonderful work of spreading the Good News of the Billings Ovulation Method®.

The second paper, by Sr Cornelia Udoka, a Medical Missionary of Mary from Nigeria, sets out the cultural importance of sex pre-selection in African countries and explains that mastery of the effective use of the Billings Ovulation Method® can greatly assist couples in this regard. This is a very well researched paper, citing in excess of twenty references including many of the major works written by the Drs Billings and their collaborating scientists. As John Billings might have said, this Method is for everyone whatever their cultural or religious background, and God has implanted in a woman's body what she needs to plan her family according to her beliefs and culture.

The following paper, by Gillian Barker, scientist and Director of WOOMB International, is a scholarly but entirely readable explanation of a luteinised unruptured follicle. As her mentor, Professor James Brown, taught us, this occurrence, like every other on the natural continuum of fertility, can be understood and managed using the Billings Ovulation Method®.

There is a brief tribute to Dr Robert Walley, founder and director of MaterCare International and a dear friend to the Drs Billings and WOOMB International, who died on June 22, 2020.

Then follows the next in the very popular series of Questions to Senior Teachers - in this case about the accuracy of commercially available LH testing kits in predicting ovulation. This is a question that many teachers have been asked by the women they are teaching. Whilst true, we perhaps need to be able to say more than that the Billings Ovulation Method® chart gives all the information needed to identify ovulation. At the very least we should understand what these kits are and how they purport to work.

Most of the remainder of this issue of the Bulletin contains pictures and news about how many Affiliates of WOOMB International around the world have been coping with the challenges of continuing to teach and train teachers of the Billings Ovulation Method® during the global COVID-19 pandemic. It makes for inspiring reading as people have found wonderful, inventive ways of meeting these challenges and triumphing.

This is the first edition for the new financial year and thus we remind you that your annual subscription is now due. If you are able, please pay AUD$25 via the secure online payment portal at https://www.givenow.com.au/billingslife

Please write in the comments section that your payment is for Bulletin Subscription. If you are able to also make a further donation of this amount to cover the subscription of a teacher in a developing country that would most helpful.

We continue to pray for our work and each other, especially in these difficult times. May St Michael, our Blessed Mother and Drs John and Lyn Billings intercede for us all and our families at the Throne of Grace.

Editor
This Method is Love

Marian Corkill

Presentation to the WOOMB International Conference, Cotonou Benin, March, 2020

“One remembers an African lady who came from the darkness at the end of a lecture one night to say, “This Method is Love” - and then she departed.” A Story of God’s Providence, John J Billings, April 2000

In his paper on the development of the Billings Ovulation Method®, John Billings recounted a story of an African lady who quickly identified the true value of the Method. He chose to call this paper on the development of the Billings Ovulation Method® “A Story of God’s Providence” recognizing that the life work of himself and Lyn was a part of God’s plan.

Both John and Evelyn Billings were born in 1918, went to school in Melbourne and became dux of their respective colleges. After finishing college, they both went to Melbourne University to study medicine. It was here that they met, and a great love story began. John tells us it was love at first sight. Let me read again from: A story of God’s Providence “It happened one day when looking across the dissecting room, over a row of cadavers, I saw this beautiful girl at work and immediately fell in love with her”. They married in 1943 and their early married life was interrupted by World War II. Their first baby was born while John was away at war and she was 9 months old before John first met her. However, once the war ended, John and Lyn travelled to London to continue their medical studies, John in neurology and Lyn in paediatrics.

Dr John Billings was more than the man we all knew or knew of. He was a pioneer in the specialty of neurology and played a significant role in its history in Australia. He served on the Council of the Royal Australasian College of Physicians, representing the College on the NHMRC. This very significant contribution was recognized by the establishment of the John Billings Scholarship. As a consulting neurologist to St Vincent’s Hospital in Melbourne, he was also Dean of the Hospital’s Medical School from 1973 -1983. In 1950 he was given his own clinical unit and was Head of the Department of Neurology at St Vincent’s until he retired from the hospital in 1983.

While juggling motherhood and study, Dr Lyn was able to qualify as a paediatrician a field that would require her to be both objective and compassionate. She brought both these qualities with her when helping John and Fr Catarinich put the final pieces together for the Billings Ovulation Method®. Dr Lyn also participated in research and in 1969 published a paper on 478 neonates at risk from difficult and anoxic (deprived of oxygen) births. In 1970 Dr Lyn began 13 years of part time work as a demonstrator in the Anatomy School at Melbourne University, all the while, caring for her own expanding family.

In 1953 John was approached by Rev Fr Maurice Catarinich to help him in his work of assisting couples by offering them an effective, morally acceptable method of planning their families naturally. Although John was offered advice by his peers to reject this invitation as it would not be good for his future career, he offered to assist Fr Catarinich for 3 months. We now recognise this as the longest 3 months in history! Both John and Fr Catarinich had faith that God would not leave His people without answers written into nature.

Fr Catarinich was already trying to help couples whose married relationships were suffering due to a fear of...
pregnancy, with many of these couples having a serious reason for a rest from pregnancy. John began his work by first of all meeting with the couples. It was from this that the quest that was to become a life-long commitment began. He began a search of the literature and found references to the discoveries of Ogino and Knaus: the time of ovulation was related to menstruation, a finding which led to the development of the Rhythm Method.

After reading the book by Dr Leo Latz, written in 1932 entitled *The Rhythm of Fertility and Sterility in Women*, John ensured that the women were now correctly taught what was at that time known as The Rhythm Method. John also found references in the literature to the basal body temperature rise at the time of ovulation. His research revealed that while the temperature could be useful in identifying ovulation, it was not always reliable. Body temperature needed to be taken before rising in the morning and could rise for other reasons. It gave no information of pre-ovulatory infertility and during times of prolonged infertility e.g. breastfeeding and pre-menopause it resulted in unnecessary abstinence for the couple.

John Billings’ research also revealed that in 1855 Dr WT Smith and in 1865 Dr JM Sims reported that a vaginal discharge of a fluid nature was observed at the fertile time in a cycle. In the 1930s Seguy and Vimeux noted that at about the time of ovulation, confirmed by laparotomy, the mucus in the cervix becomes permeable to sperm.

There were references to leucorrhea (white discharge) in the gynaecological text-books and that some woman had reported the presence of such a discharge in the menstrual cycle, with the added comment that it did not have any serious significance. It was even suggested by one gynaecologist that it was a psychosomatic disorder! John Billings’ approach was different. Rather than look for ways to identify fertility through laboratory research, he asked the women themselves if they ever noticed a discharge between their bleeds. He was amazed by their response – they all answered positively.

Armed with this knowledge, John Billings began working with the couples who were seeking help to avoid pregnancy. He taught them to apply the Rhythm Method but also asked them to keep a daily record of any discharge and to avoid these days if they did not wish to conceive. In addition, each woman was asked to take her temperature daily and to keep this record separate from the mucus record: this way the information could be assessed separately.

John Billings and Fr Catarinich pored over these records, of mucus and temperature striving to unlock the key to what the presence of mucus was telling them. Dr Lyn told stories of the two men on their knees in the passageway of their family home, with charts stretched from one end to the other, trying to understand and interpret the information contained within the charts.

The findings of this early clinical research showed there was definitely a relationship between the woman’s record of mucus and her fertility. It was apparent that the recording of a slippery sensation was significant and that it seemed to relate to the time of ovulation. From these early discoveries the Rules of the Ovulation Method were developed – 4 Rules were taught. All these same Rules have remained unchanged to this day. At this point the Method was called The Ovulation Method as John Billings wanted to put emphasis on the time of ovulation as being significant rather than menstruation.

Couples wishing to avoid a pregnancy were advised to abstain from intercourse or genital contact when the mucus was present and to not resume intercourse until the 4th day after the last slippery sensation. For these couples, no conceptions were reported.

For those couples now wishing to conceive, intercourse over the days of the mucus resulted in many pregnancies. There was one pregnancy achieved when the couple had intercourse on the 3rd day past Peak, a few from day 2 intercourse, more on day 1 past Peak, but the majority of pregnancies occurred on Peak Day. From these clinical studies they were able to identify: mucus was essential for sperm survival. Peak was the optimal time of fertility as it was close to the time of ovulation and was identified as the last day of the slippery sensation, even if the quantity of mucus had diminished. It was also recognised that temperature was not reliable as it could rise for reasons other than ovulation.

Continuing the story of God’s Providence, Professor James Brown, a New Zealand born scientist, came to Melbourne from Edinburgh where he had been doing research with the developers of the contraceptive pill.
John Billings met with Professor Brown in 1963 and told him of his clinical work. Professor Brown agreed to assist by doing hormonal assays and stated that he had always hoped that his laboratory techniques could be used to assist in the development of a natural method of fertility regulation. He agreed to measure both oestrogen and progesterone in women using the Ovulation Method at that time and it was the results of this work that first confirmed the validity of the Rules of the Method and that it was the rise of progesterone rather than the fall of oestrogen which was significant in identifying the time of ovulation. The progesterone effect was recognizable in the woman’s chart by the definite change to no longer slippery.

John Billings had been documenting his work in preparation for publication but decided to wait until Professor Brown was able to confirm its scientific validation. Dr Lyn Billings read the manuscript and was immediately interested in joining the team to assist in the work. In collaboration with Professor Brown, Lyn Billings was able to show that the woman’s chart reflected stable low oestrogens in the pre-ovulatory phase by an unchanging pattern of dry or discharge – so now there was a reliable marker for pre-ovulatory infertility – the Basic Infertile Pattern or BIP.

In 1964 the first edition of The Ovulation Method was published and very quickly there was interest for John and Lyn Billings to travel to share the knowledge.

With the hormonal studies conducted by Professor Brown, the clinical work was validated and by 1972 there was sufficient data available to gain acceptance by The Lancet for the first published study: Symptoms and hormonal changes accompanying ovulation. Billings EL, Billings JJ, Brown JB, Burger HG. Lancet 1972.

God’s Providence continued to be obvious when the Swedish scientist, Professor Erik Odeblad came to Australia and was introduced to John Billings’ work. Like Professor Brown, he was already a distinguished scientist who was highly respected and widely published. He had been a Rockefeller Foundation Fellow at the University of California, Berkeley and it was here that he met Professor Bloch, a Nobel Laureate for his work in Nuclear Magnetic Resonance. It was Erik Odeblad’s work in this field that later gained him the 2012 European Magnetic Resonance Award which was combined to include both Basic Science and Medical Sciences. He is recognised as one of the founders of the modern-day MRI machines.

The significance of his pioneering work for the Billings Ovulation Method® was his understanding of the different types of cervical crypts and the mucus they produced, which again validated the clinical work of the Drs Billings, but more importantly explained the significance of the patterns of descriptions the woman was identifying in her chart. His discovery of the P mucus and its lubricative quality and the significance of the Pockets of Shaw was important research which explained the importance of the slippery sensation and the definite change to no longer slippery, which had always been taught as being an indicator in identifying the timing of ovulation from John Billings clinical work.

The correlation between the rises and falls of the ovarian hormones, and the cervical response reflected in the woman’s chart, validated the importance of the identification of patterns rather than individual descriptions. Odeblad’s research into the Pockets of Shaw showed their significance in relation to progesterone, again confirming that the Billings criteria for the Peak, was scientifically accurate.

In the late 1970s it was clear that a number of new natural family planning methods were being offered which had mucus as an indicator, but variations had been made to the guidelines published by the Drs Billings so that they were not always in keeping with the scientific evidence. As a result, on the urging of WHO, John and Lyn Billings reluctantly agreed to add their name to the Ovulation Method to protect the authenticity of their Method. In 1980 the first edition of The Billings Method was published by Dr Lyn Billings and co-authored by Dr Ann Westmore. Anne O’Donovan was the publisher and it was an immediate best-seller making the Method readily available to women and couples world-wide. In 2011 it was completely
revised making it accessible to a new generation of women.

The release of this popular book meant even more requests were forthcoming for the Dr Billings to travel and teach their Method. They devoted many years of their life by accepting these invitations, travelling to most countries including multiple trips to Latin America, Africa and Eastern European countries while it was under communist rule. They were personal friends of Mother Teresa (St Teresa of Calcutta) and travelled to India on numerous occasions to train her sisters to teach the poor of India. The latter years of their lives were devoted to the spread of the Billings Ovulation Method® in China where it was widely accepted and became a Method of choice approved by the Government.

John and Lyn met and knew three Popes during their many trips to Rome. Pope Paul VI met with them after the release of *Humanae Vitae* and encouraged them to continue their work. Pope John Paul II met with them regularly and was particularly interested in their work in China. Both John and Lyn were invited to be members of Vatican committees with Lyn being appointed by Pope John Paul II as a member of the Pontifical Council for Life. Pope Benedict XVI met them before John's death and a personal letter of condolence from Pope Benedict was read at John Billings' funeral Mass.

While John and Lyn were recognised world-wide for their work on the Billings Ovulation Method® they believed their greatest work and the subject of incredible blessings was their family. They had nine children and many grandchildren and great grandchildren.

Their love of children and the gift of the baby was evident in all that they did. They believed that by helping couples to understand their fertility, fear of an unwanted pregnancy would disappear. As a result, couples would realise their role as co-creators with God and would in fact be more open to the possibility of another baby.

By their example, they showed that the Billings Ovulation Method® was a co-operative Method, reflecting the goodness of marriage where couples need to co-operate, share and do all they can for the one they love.

John and Lyn’s life work resulted in the Billings Ovulation Method® being taught in most countries of the world. WOOMB International was formed, originally in California, USA and later in Australia when John and Lyn handed a mandate to the Directors of WOOMB to continue their work by ensuring that the authentic Billings Ovulation Method® was being taught. A program of updating teachers was developed with Teacher Training curricula being written. Currently WOOMB International has 43 Affiliated organisations – all ensuring that within their country the authentic Billings Ovulation Method® is taught and teachers are trained according to WOOMB International Approved curricula.

So as John looked at a beautiful young woman, across the room smiling with her friends, and thought immediately “I would love to spend my life with that woman if she could come to love me” this love story began. Two separate entities united to become one, and with God’s guidance and direction, they brought together a formidable group to find and spread the truth. “We stand on the Shoulders of Giants”. It is because of wonderful people, chosen by God, that we are all here today. They all had common gifts of a scientific mind, compassion, humility and faith.

As John explained in his paper *A Story of God’s Providence*: “After two short presentations to introduce the Method to this African audience, the woman had perceived the truth that in helping married couples to live as God had intended by His Creation, we were striving to promote a Kingdom of the Heart, that is Christ’s Kingdom of Love”. This woman who had just heard an explanation of the Method, understood that what was being taught was far more than a method to control fertility – It was part of God’s plan – a Method that would help couples to truly love.

We started with a great love story. The story of John and Lyn Billings who expressed so openly their love for each other, their family, humanity and especially for God. They put their faith in Love and ask us to do the same. Their legacy to us is LOVE. Our gift to their memory and to the Creator from whom this Method comes, is to teach with love.
A Review of the Billings Ovulation Method® as the Foundation to Natural Sex Pre-selection

Cornelia Udoka

Presentation to the WOOMB International Conference, Cotonou Benin, March, 2020

1.0 Introduction

Sex pre-selection is very important especially in African context due to reasons of balancing the gender in families or for stabilizing marriages. The success or failure in pre-selecting the sex of the baby depends on mastering the Billings Ovulation Method®. Using a semi-structured interview, this paper illustrates the importance of using Billings Method™ effectively in order to achieve the desired sex of the baby.

The outline of the presentation is as follows:-

- Justification of sex pre-selection of a baby
- Review of previous work on sex pre-selection
- Billings Ovulation Method® as the key to sex pre-selection
- Factors that affect sex pre-selection
- Research method to illustrate that knowledge of Billings Ovulation Method® is the determinant of sex pre-selection.
- Findings and Discussion on the qualitative interviews
- Conclusions and recommendations

2.0 Justification of Sex Pre-selection

Why is sex pre-selection such an important issue in families particularly in African context? The sex ratio at birth for the entire World shows 101 male to 100 female. (CIA Fact Books, 2018). While the average sex ratio of male to female in Africa Continent is 1.03 to1.04. If statistics range is so close why do people talk about sex pre-selection? It is noted that some practice sex pre-selection to balance gender distribution in families (Dawson and Trounson, 1996). Others include legal, social and economic reasons. In some parts of Nigeria, sex pre-selection is used for stabilizing marriages when there is strain in the family as a result of no male child (McSweeney, 2011). It is against this background that sex pre-selection is more common in African Countries than in other Continents.

2.1 Review of Previous work on sex pre-selection

Some of the previous studies in the area of sex pre-selection include the work of Shettles and Rorvik, (2006) which indicates that the positioning during sexual intercourse together with timing of ovulation can increase chances of successful pre-conceptual sex selection. They assert that a baby boy can be conceived, when intercourse takes place just before ovulation and a baby girl can be achieved, when intercourse takes place 2.5 to 3 days prior to ovulation day. The authors are of the opinion that deep penetration gives the male sperm better chance of achieving male baby, while the female bearing sperm can thrive even outside the vagina and can still cause conception for a baby girl. Their concept of deep and shallow penetration to achieve the desired sex of the baby is contrary to the Genital Contact Advise in Billings Method™ which mentions that on fertile days, pregnancy can occur once there is any genital contact between couple (Barker et al, 2017, Billings, 2018). McSweeney, (2011) using 100 participants conducted a research to demonstrate
that timing of sexual intercourse in relation to ovulation can result in the achievement of either a baby girl or a baby boy. The study which is based on the Billings Ovulation Method® demonstrates that a baby girl can be achieved before the Peak while a Baby boy can be achieved after the Peak. The pre-selection of a boy according to the author can take place either on the morning of the second day after the Peak, evening of the first day after the Peak or on the predicted Peak day itself. The problem with the later she suggests, can be either a boy or a girl. In such circumstances, she advises that intercourse must be repeated in the morning of the first day after the Peak. Nobody can be certain it is the Peak on the actual day and the woman will sometimes be mistaken and the second day may turn out to be the Peak. Therefore intercourse should always take place on the next day as well.

For the conception of a baby girl, the author states that sexual intercourse should start from the beginning of the fertile mucus, with gradual progression in each cycle near the Peak if pregnancy does not happen in the earlier days of the fertile mucus. Thereafter, there should be no intercourse until the fourth day after Peak. In other words, sexual intercourse starts at the onset of the changing developing pattern and ends two to three days before the Peak for baby girl pre-selection.

Although Shettles and Rorvik, (2006) did not use the word Peak in their context of sex pre-selection, it is implied by using the words ‘close to ovulation’. Peak is connected because Peak is the maker of ovulation (McSweeney, 2011). This presentation therefore asserts that Billings Ovulation Method® is not just the foundation to sex pre-selection but that the success or failure in achieving the desired sex of the baby depends on the accurate identification of the Peak.

A qualitative method was chosen to enable the participants to use their own words to describe their knowledge of Billings Method™. In-depth interview of twenty women selected randomly throughout Nigeria was carried out during the course of this study. Records were obtained from the Instructors documentation. The women who were interviewed would have visited the Instructors asking for help to pre-select the sex of their baby. Most of them had only girls and wanted to pre-select boys to balance or stabilise the family while a few pre-selected girls.

2.2  Billings Ovulation Method®

Before we continue, we need to review the Billings Ovulation Method®. It is based on the knowledge that the changing hormonal pattern throughout the menstrual cycle affects the volume and the texture of mucus that is produced at the cervix (Odeblad, 1989 and Billings, 2018). There is a report demonstrating the relationship between hormonal changes and cervical mucus (Billings et al, 1972). In this study carried out with a group of women, the Peak mucus according to the women occurs fourteen hours before ovulation. Brown confirms that women's own awareness of their cervical mucus, can be more accurate for fertility than the measurement of the hormonal assay (Billings and Westmore, 1980).

As noted above, the pre-selection of a baby girl happens before Peak while the selection of a baby boy occurs after Peak. (Billings E., and Billings J., 1997 and McSweeney, 2011). Hence observation of Peak is of primary importance to sex pre-selection.

2.3  Peak

According to studies carried out by Professor Brown (1989) and confirmed by Odeblad,(1989). Peak is the last day of definite slipperiness at the vulva. The changing developing pattern which occurs around Peak, corresponds to the rising oestrogen levels in the body. (Odeblad, 1989, Brown, 2000 and Billings, 2018). Peak is recognized in retrospect and it is the presence of the P mucus at this time that gives the lubricating sensation at the vulva (Odeblad, 1994). There are three important characteristics that confirms Peak:

• A changing developing pattern of variable length of mucus.
• Ending in definite slipperiness
• Having a distinct change from slipperiness to no longer slippery. (Brown, 2000)

Ovulation follows immediately after the Peak. Ovulation is the egg release from the ovary. There is only one ovulation day in a cycle. Even when it is multiple ovulation, all take place within the same day. (Billings,1976).
It occurs at Peak or within the next 24 to 48 hours after Peak. During the ovulation, the Luteinizing Hormone (LH) from the Pituitary gland stimulates the ovary to release the ovum which is swept into the fallopian tube. (Wilson, 1980)

There are some natural ways of confirming ovulation.

1. Peak must be recognized before ovulation can take place

2. The puffiness and the tenderness of the vulva, which has been confirmed by Odeblad, (1989).

3. Prior and during the ovulation, the lymphatic drainage of the ovary, which contains the ovulating follicle causes the enlargement of the lymph gland on the groin on the same side that ovulation is occurring. However, swelling of the lymph node according to Billings is helpful in 75% cases. (Odeblad 1994, Billings E. and Billings J., 1997)

2.4 Factors that affects sex pre-selection

At this juncture, it is important to explore why it is possible to achieve a baby girl before Peak and a baby boy after Peak.

The sperm within a fertile mucus can survive 3 to 5 days (Billings, 2018). However, Aitken and Curry, (2011) assert that sperm suffer from a time-dependent loss of motility due to changes such as temperature and PH after ejaculation. Half of sperm contains X-chromosomes and half contains Y chromosomes (Billings, 1976). It is noted that Y-chromosomes bearing sperm swim faster than X-chromosomes bearing sperm (Shetttles and Rorvik, 2006). However it has a shorter life span due to its inability to survive acidic and oxidative stress environment (Cui 1997). Oyeyipo et al,(2017) in their studies demonstrate that X-chromosomes bearing sperm was able to survive the different concentration of hydrogen peroxide because it has better protective structure. Additionally it is about 3% denser than Y chromosomes bearing sperm in its chromatin content. Y chromosomes bearing sperm on the other hand had best motility at PH of 8.5 and 9 and less active at lower PH. This study suggests that high oestrogen which occurs prior to ovulation, yields lower PH which is more favourable to X-chromosomes bearing sperm and unsuitable to Y- chromosomes bearing sperm.

It is this ability to endure the environmental changes and stress that causes the X-chromosome bearing sperm to stay longer and wait for the arrival of the ovum which survives for about 12 hours (24 hours at most) (Billings 2011). The Y-chromosomes bearing sperm which cannot withstand stress has to be ready to receive the ovum within a shorter duration or the ovum should be there shortly before its arrival. Hence conception of a baby girl occurs before the Peak while a baby boy is post Peak (McSweeney, 2016)

3.0 Research Methodology to illustrate that Knowledge of Billings Ovulation Method is the determinant of sex pre-selection

Twenty clients were selected throughout Nigeria using a random method. A semi-structured interview was designed and a KAP model was used in administering the interview. Participants were tested on K meaning knowledge of their Billings Ovulation Method®, A-representing the clients’ attitude and P-how they actually apply the knowledge of the Billings Method™ in their marriage. These clients were selected from the register of attendance of Instructors throughout Nigeria. Each would have gone to Love and Life Natural Family Planning Instructor on their own to seek help on how to pre-select the sex of the baby. The Instructors were certified by Pro-Family Life Association of Nigeria on the Billings Method.™ It is recommended that the Instructor teach the client for a period of about two months, with accompaniment on charting for about three cycles before couples are allowed to try sex pre-selection.

3.1 Findings and Discussions of Qualitative Interview

Using the KAP assessment, 18 participants out of the 20 had full understanding of the Billings Method.™ They used the following words to describe their knowledge:

“Billings is all about knowing my fertility and how to manage it”. “I have to be aware of the presence of the fertile mucus to know when I am fertile and infertile”. “With the presence of the mucus, I can tell when I ovulate and I
am able to identify Peak which is the last day of definite slipperiness”. All the participants mentioned ‘I need to observe my body and record all the details of the different mucus on a daily basis.’

How do you identify your Peak?: 18 of them identified their Peak by the changing pattern of mucus: ‘When I feel the sensation changing until the slipperiness is obvious and then slipperiness stops, then I know that my Peak has come.’

The result from the 2 questions is consistent with the study carried out by World Health Organisation that over 90% of the women can identify their fertility phase and Peak within one month of their cycle. (WHO, 1981)

Question 3 focused on the sex of the baby they desired prior to their visit to the Instructor. From the 20 participants, 16 desired to pre-select baby boys while 4 wanted baby girls. 15 out of 16 were successful in pre-selecting boys while 1 did not succeed. This showed 94% success and 6% failure. Three out of four who wanted baby girls were successful while 1 failed. Indicating 75% and 25% success and failure respectively. This ties in with McSweeney’s, (2016) which shows that it is more difficult to pre-select a baby girl because the couple are working on predicted ovulation as opposed to pre-selection of a baby boy which occurs after the Peak. The table below shows the timing of the sexual intercourse in relation to Peak:

Table 1: Timing of sexual Intercourse in relation to Peak

<table>
<thead>
<tr>
<th>Timing of the sexual Intercourse</th>
<th>Conception Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-selection of baby girl</td>
<td></td>
</tr>
<tr>
<td>2 days before predicted Peak</td>
<td>3</td>
</tr>
<tr>
<td>3 days to Peak</td>
<td>1</td>
</tr>
<tr>
<td>Pre-selection of baby boy</td>
<td></td>
</tr>
<tr>
<td>Day 1 Post Peak</td>
<td>9</td>
</tr>
<tr>
<td>Day 2 Post Peak</td>
<td>5</td>
</tr>
<tr>
<td>Peak day and 1st day after Peak</td>
<td>2</td>
</tr>
</tbody>
</table>

3.2 The Process of Pre-Selecting the Sex of the Baby

To pre-select a boy or a girl, McSweeney, (2016) recommends that the couple would study their body signs for at least three cycles. For women who are breastfeeding, it is suggested by the same author that they should not pre-select, until the baby is weaned for at least 4 months. This is to enable the couple to know their Peak very well before they can pre-select the desired sex of the baby. Example given in the pre-selection were drawn from the 20 participants that were interviewed during the course of writing this paper.

3.2.1 Case Study 1: Pre-selection of baby boy

Case study A: They are married for about 8 years and have 2 girls. So they were looking for a baby boy. Both are teachers of Billings Method™ in their parishes and well versed in the use of the Method. The wife said, “I recognize my Peak when the mucus start changing, then it becomes stringy and I watch out for the last day of the slipperiness. When the mucus becomes very clear I know the Peak is about to come. The following day if I am dry or have a sticky discharge other than slipperiness, then I know that the previous day was my Peak.”

In pre-selecting, they used the morning of day 2 post peak for one cycle and no pregnancy occurred. Then they used day one post peak for 4 cycle and no conception and finally they used the predicted Peak day as well as the morning of the first day after the Peak and they achieved a baby boy. This case is similar to the recommendation given by McSweeney, (2016) for the pre-selection of a boy.

Case study B: Also pre-selecting a baby boy. Couple have 4 girls and wanted a baby boy. They were attending classes, but the Teacher had not given them the go ahead to try the pre-selection as they had not yet mastered the Method well enough. They were trying to use the Peak symptoms as well as a perceived pain
during ovulation without paying enough attention to the sensation of the mucus. They relied more on the associated pain than on the sensation and observation. Thus, they had another lovely baby girl.

3.2.2 Preselection of a baby girl

Case Study C: The couple have 2 children. First child is a boy and they pre-selected the baby girl which is the 2nd child.

She narrates "I charted for three cycle till I was very sure of my Peak. On the cycle we pre-selected, we had intercourse on the first day of my slippery sensation which was 3 days to my Peak and we succeeded".

Case study D: Pre-selection of a baby girl: The Couple have 3 boys and no girl. They wanted a baby girl for the 2nd child but it did not work out. They tried the pre-selection of a baby girl the second time but ended up with another beautiful baby boy. What went wrong? She had not mastered the method well and she admitted during the interview that she was in a hurry.

4.0 Conclusions and recommendations

Looking at the outcome of research, it becomes vital that good understanding of Billings Ovulation Method® and accuracy in identifying the “Peak” is required to achieve success in sex pre-selection. Confident recognition of Peak according to McSweeney (2011), is of paramount important in sex pre-selection

In case study B, they were very much in a hurry as they did not wait to understand the Billings Method™ well enough before pre-selecting. For this reason, they were not able to identify the Peak properly. Thus they did not succeed. The same applies to case study D who failed to achieve the baby girl twice. It is noted that the pre-selection of a baby girl is very difficult because one is depending on prediction of ovulation. Having failed the first time, she did not take time to master her cycle before pre-selecting the second time. On asking her further question, she said: “I am now more used to the Method than I was at the time I was trying to pre-select a baby girl. Having known my Peak, I will be more accurate if I want to try the pre-selection again”.

Noting from McSweeney’s (2011) findings ‘five did not have a child of the predicted sex, despite following the prescribed instructions’. This paper raises a question on those five cases. If they adhered to the recommendations, why did they not succeed? The quantitative approach alone used in the study, did not provide the opportunity to hear the description of the women’s mucus. The limitation was the absence of personal discussion with those five cases to find out how they identified their Peak as practice may differ from the knowledge taught in class. From the experience gained during the in-depth interview of the Participants, it is possible that they may not have identified their Peak properly.

Surprisingly, none of the 20 cases studied observed swollen vulva or node during their ovulation or Peak. However about three talked about associated pains on the right or left of the lower abdomen around the time of Peak. It is therefore recommended that further studies be carried out to determine if this pain has connection with Peak and ovulation. Cases of very short cycle can also pose challenges in sex pre-selection because the Peak may occur on the last day of menses or soon after that.

As a result, this paper concludes that good knowledge and understanding of Billings Ovulation Method® as well as accurate identification of the Peak is important for sex pre-selection to be successful.

REFERENCES


Web:

A Luteinised Unruptured Follicle (LUF) is the luteinisation of the dominant follicle without the release of an oocyte. This is an anovulatory function that Professor Brown has defined as one of the Variants of Ovarian Activity. In Types of ovarian activity in women and their significance: the continuum (a reinterpretation of early findings) Professor Brown defines each of the variants of the cycle by the level of pregnanediol reached.

<table>
<thead>
<tr>
<th>Variant</th>
<th>Pregnanediol (mg/24h)</th>
<th>Pregnanediol (µmol/24h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anovulation</td>
<td>&lt;1.6</td>
<td>&lt;4.5</td>
</tr>
<tr>
<td>LUF</td>
<td>1.6 – 2.0</td>
<td>4.5 – 8</td>
</tr>
<tr>
<td>Deficient Luteal Phase</td>
<td>2.0 – 3.0</td>
<td>8 – 13.5</td>
</tr>
<tr>
<td>Fertile Ovulatory Cycle</td>
<td>&gt;3.0</td>
<td>&gt;13.5</td>
</tr>
</tbody>
</table>

Of the millions of primordial follicles in the ovary that a female child is born with, only about 400 will actually achieve ovulation. At any given time there are many follicles in varying stages of development from primordial to primary and secondary stages, to a fully-fledged pre-ovulatory follicle.

Such an intricate process as ovulation would not be complete without a fine-tuned system. This involves a large number of compounds, endocrine, autocrine and paracrine factors. During the Billings Ovulation Method® Teacher Training Course, we look at the roles of Gonadotrophin Releasing Hormone (GnRH), Follicle Stimulating Hormone (FSH), Luteinising Hormone (LH), Oestradiol and Progesterone. For ovulation to occur, the correct synchronisation in the timing of release and quantity of these hormones is required.

This is a diagram of a mature follicle; the outside is surrounded by Theca cells, then a basement membrane. Inside that membrane are the granulosa cells, as well as the antrum or cavity that is filled with fluid. Then we have the oocyte that will become the ovum. Surrounding the ovum and the zona pellucida is the corona radiata that is released with the oocyte at the time of ovulation.

The size of the follicle is determined by the number of granulosa cells and the volume of fluid in the cavity. The granulosa cells help to make the oestrogen, so the bigger the follicle the more granulosa cells and the more oestrogen.

Before ovulation can occur, there needs to be changes in the follicle and it is the beginning of the LH surge that initiates these changes. The beginning of the LH surge causes luteinisation of the granulosa cells, which involves cell enlargement, they cannot divide again and develop the enzyme machinery for progesterone synthesis. Hence, we see a small rise in progesterone before ovulation. These luteinised granulosa cells will eventually form the layer of the corpus luteum that is the main producer of progesterone.

One of the next steps includes the granulosa cells that immediately surround the oocyte, differentiating to form the cumulus oocyte expansion, the cells that surround the oocyte at the time of its release.
Cells in the human body have 23 pairs of chromosomes, or 46 in total. During the development of the follicle, the oocyte has gone through partial division of the chromosomes and in response to the LH surge this process is completed and now the oocyte has but 23 single chromosomes.\(^5\)

Before the oocyte encased in the cumulus expansion can be released, the follicular basement membrane needs to disintegrate.

Only after this preparation, and even more complex processes that have not been described, can the oocyte finally be released from the follicle.

Once the oocyte has been released, the luteinised granulosa cells and theca cells intermingle and complete the luteinisation process by forming the corpus luteum.

As indicated by Professor Brown, not every LH surge results in an ovulation. As the young woman is maturing, as the fertility of the mature woman is waning down, during the return to fertility of the breastfeeding woman, as well as during times of stress, Luteinised Unruptured Follicles have been recorded. In fact, in 1966 this phenomenon was discussed in a paper by Townsend et al, which included Professor Brown as one of the authors.

A Luteinised Unruptured Follicle has undergone luteinisation, but the ovum is still entrapped. The luteinisation of the granulosa cells results in a small rise in progesterone. Dissolution of the follicular basement membrane has not occurred; the luteinised granulosa cells and the theca cells are still separated and therefore a corpus luteum cannot form. In the absence of ovulation there is no rapid rise in progesterone.

Once a follicle begins its rapid growth phase it has only two outcomes. Either it progresses to ovulation or it fails and dies in the process of atresia.\(^6\) It cannot return to the original pool. A Luteinised Unruptured Follicle has failed in its attempt at ovulation and therefore it will atrete. The next episode of ovarian activity will involve the selection of a new dominant follicle.


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**Vale Dr Robert Walley**

On 22nd June 2020, Dr Rob Walley, founder and director of MaterCare International passed to his eternal reward after a battle with cancer. He was surrounded by his family and went with the prayers of his legion of friends and supporters. Dr Walley founded MaterCare International, “an organization of Catholic health professionals dedicated to the care of mothers and babies” in 1986. It is now represented on all continents.

Rob was a good friend of the Drs Billings and WOOMB International and was instrumental in getting our organization into Timor Leste and Kenya. He visited Australia on several occasions and was a speaker at Conferences of the Ovulation Method Research and Reference Centre of Australia. He was honoured with an Honorary Doctor of Philosophy (pictured) by the John Paul II Institute in Melbourne at the first National Fertility Conference of Australia in 2014. He is survived by his wife Susan, their seven children and fourteen grandchildren. May he rest in peace.
I keep hearing about kits that offer measurement of LH. How accurate are they at predicting ovulation?

Let’s start by looking at the role of LH in fertility.

In *Studies on Human Reproduction, Ovarian Activity and Fertility and the Billings Ovulation Method*, Professor James Brown explains the amazing interplay between the pituitary hormones - Follicle Stimulating Hormone (FSH) and Luteinising Hormone (LH), and the ovarian hormones - oestrogen and progesterone - all controlled by the hypothalamus through the production of Gonadotrophin Releasing Hormone (GnRH).

He discusses the role of FSH in regulating the growth and development of the follicle and how the acute rise in LH initiates ovulation of the developed follicle as well as the development of the corpus luteum. Ovulation occurs approximately 36 hours after the beginning of the rise in LH.

In the discussion on page 12 under LH Surge, Professor Brown writes “Nevertheless, ovulation does not necessarily occur in the ovary following an LH surge from the pituitary, ………”

For most of her fertile life, a woman will experience fertile ovulatory cycles. This means that all the hormones are working in perfect balance and the LH surge will initiate ovulation. For the woman using the Billings Ovulation Method®, she will also identify a Peak symptom and know when the couple fertility is optimum and when it is over for each cycle.

However, particularly while she is breastfeeding, as she approaches menopause or during times of stress, she will experience infertile variants of the ovulatory cycle. On page 17, under the heading Cycle Variants: the Continuum, Professor Brown looks at all the cycle variants, including the luteinised unruptured follicle.

A luteinised unruptured follicle (LUF) is one form of anovular ovarian activity. “Some LH is released but not in sufficient amount to cause rupture (ovulation) of the boosted follicle but sufficient to cause a small amount of progesterone to be produced for a short period of time” (page 18). A LUF may be followed by a bleed which is not menstruation, or alternatively, by other episodes of ovarian activity and attempted ovulation which may culminate in the ovulation of a new dominant follicle. Remember, there will not be a Peak with a LUF as ovulation does not occur at that time, and the woman using the Billings Ovulation Method® would continue to follow the Early Day Rules.

So now let’s look at the LH kits, particularly in relation to their use by women who may be experiencing some suppression of fertility.

Rapid one step urinary LH kits, have been commercially available since the 1980’s. Commonly they have been used by woman who were wanting to achieve pregnancy, aiding them to predict the day of ovulation. These over the counter devices are still used by infertility clinics as a more convenient and less invasive way of measuring multiple days of LH compared to serum LH by venepuncture. LH kits have also been promoted to be an adjunct to Fertility Awareness Methods (FAMs).

More recently kits have been developed to measure both oestrogen and LH to aid in identifying not just ovulation but the different phases of the cycle.

There are many factors that affect how accurately an over the counter LH kit can predict ovulation. There is the timing of the test in relation to ovulation, the quality of the kit and the set threshold level, as well as biological factors such as luteinised unruptured follicles (LUFs) and the variability of LH secretion in individual women.

The LH kits work by reporting a positive LH result once it is above a designated threshold level. The positive LH result is designed to indicate that ovulation will occur within the next defined number of hours. There is no consensus by the manufacturers as to what this threshold level should be, therefore there is a wide variation amongst the kits, ranging from 20 to 50 mIU/mL. What may be positive on one kit may be negative on another. The manufacturers are not compelled to disclose the threshold value of their kit.
This lack of uniformity is, in part, due to the range of normal concentrations in women within each of the various phases of the cycle. In a study by Ghazeeri et al looking at eleven regularly menstruating women, the reported peak urinary LH values ranged from 13.5mIU/mL to 73mIU/mL.

The reported time between a positive detection and ovulation also varies between the kits ranging from 24 to 48h.

Many studies have been conducted, reporting on the validity and the predictive value of various LH kits. Understandably there are varying results, the threshold level set by the manufacturer is the main factor. If it is too low, then there is an increase in the number of false positive results and if the threshold is set too high then there will be an increase in the number of false negatives.

A false negative or a false positive will influence the activity of the couple relying on the kit to achieve or avoid pregnancy: for the couple seeking to avoid pregnancy, a false positive test may result in an unplanned pregnancy. As a predictive aid for the woman hoping to achieve pregnancy, ovulation may not even be imminent.

To use an LH kit as an adjunct to the Billings Ovulation Method® as suggested by Leiva et al is not appropriate. A false positive or a false negative could cause the woman to question her observations, leaving the couple confused. This confusion then leads to self-doubt. Her Billings Ovulation Method® chart will give the couple a better day to day picture of their fertility. The Drs Billings, Professor Brown and Professor Odeblad spent many, many hours looking at all the life stages of thousands and thousands of women. Always the conclusion was the same. As Professor Brown writes on page 22 “It is seen that the Rules of the BOM cope effectively with all the types of ovarian activity yet discovered.”

Timing of the test is paramount in determining when ovulation may occur. Johnson et al showed that a positive result can still occur post ovulatory. If we look at Figure 1, page 14 of Studies on Human Reproduction, Ovarian Activity and Fertility and the Billings Ovulation Method by Professor Brown, he shows how the LH rises over approximately 36 hours and declines over about the same time, so a positive result could occur on either side of the peak LH.

Leiva et al concluded LH testing should begin earlier in the cycle (day 7) showing a change from negative to positive results giving a higher predictive value by capturing the beginning of the LH surge rather than
the LH peak. A negative LH result does not correlate directly to the pre-ovulatory infertile phase of the cycle. Once again, if we look at the diagram on page 14 you can see the LH remains low while the oestrogen is rising, and the woman has recorded a change from her Basic Infertile Pattern.

LH has a pivotal role in the fertile ovulatory cycle, it is necessary for ovulation to occur. However, not every LH surge results in an ovulation. Professor Brown explained this to us in a very simple way. Just because a mother tells her son to go and clean his room, this does not mean the child actually does it. The mother needs to go and check. Just as the pituitary, through the LH, tells the ovary to ovulate, it does not mean that the ovary will do it. It is the ovarian hormones that tell us what the ovary is doing, and the cervix responds to the ovarian hormones. Hence it is the chart that tells us what the ovary is doing or has done.


News Around the World - Online teaching and training

Our wonderful global Billings Ovulation Method® family of teachers is certainly resourceful. Teaching the Billings Ovulation Method® has always been very much a face to face experience where the teacher and couple develop a relationship of trust. Over recent years small steps have been taken to offer teaching and training online but face to face has always been the preference. The coronavirus pandemic drastically changed that. No longer were our teachers able to share their knowledge by meeting couples or offering group sessions. However, sharing this good news is a passion for so many people throughout the world and they have found innovative ways to continue to teach and to train and update teachers so that the quality of the service offered has not suffered. Below is a sample of some of the innovative programs that have been offered.

One the of WOOMB Directors, Kerry Bourke has given us a reflection of how we can offer a service of excellence to couples through Fertility Pinpoint™.

COVID-19 Restrictions? It’s business as usual with Fertility Pinpoint™

I have found that the COVID-19 restrictions that apply to office work, social distancing, and even 2 week's isolation after returning from overseas travel has had no effect on my ability to continue teaching my women and couples the Billings Ovulation Method®. This is solely due to the wonders of the internet and our wonderful Fertility Pinpoint™ charting system! It is particularly fortunate at this time, as many of my women are breastfeeding and some are just starting to chart and need a lot of support as their BIP is established. The messaging system that is part of the Fertility Pinpoint™ chart is a great way to give that quick support whenever my couples need it. It is also a great way to ask the couples for a brief testimony about the Billings Method™.

Philippines

Raymond Ganar has continued to offer training sessions online. Recently he presented a 2 hour session on the Billings Ovulation Method™ organized by the Asian Institute for Marriage and Family. It is one of the prominent organizations in the country, and Raymond is their consultant for Natural Family Planning, exclusively the Billings Ovulation Method™.
Trinidad and Tobago

This small but energetic group has never been slow in responding to all opportunities. Led by Pauline McCarthy they have embraced ZOOM, holding a General Meeting in April online and several smaller meetings for BOMA-TT Members/Teachers after that. Pauline reports: ‘Most of our BOMA-TT teachers are currently involved in the pilot-project Marriage Preparation Programme called Joy-Filled Marriage (by Ascension Press) for our Archdiocese which focusses greatly on Saint Pope John Paul II's Theology of the Body. We look forward to seeing new clients from this Programme in the future. We have also held monthly Webinars for which new clients have been emerging. Word-of-mouth clients are presenting themselves, we believe, due to the extra time they now have at home. It has evidently given them time to think about the future and how to attain their goals even in the midst of uncertainty all around.’

Pakistan

From 20th April, Catherine and Pervez Roderick have been offering a Training of Trainers Course via ZOOM which is ongoing until July. This training is based on the program presented to experienced teachers in Cotonou in March, by the WOOMB Directors.

Most of the participants are already trained teachers of BOM and from different dioceses of Pakistan. The training is given three times a week for 2 hours. Using WOOMB approved PowerPoints they are progressively going through the course giving the teachers advanced knowledge and chart interpretations.

Hungary

The Hungarian Billings Ovulation Method® teachers have been meeting via ZOOM every month since March. The participants share their experiences in teaching and ask questions of the experienced teachers so it is really useful and encouraging for them. The 2 men in the photo are Fr Istvan Czier, the priest from Romania and Dr. Arnold Kostka, the gynaecologist from Ukraine. A further meeting was planned for June.
Mexico

The new charting App Grafica Billings developed in Mexico for use in Spanish speaking countries has been trialled in Mexico with the approval of WOOMB International and will soon be available for Android and iOS. This charting app has given excellent results, since more people have been able to locate certified teachers directly from the application. Teachers can also monitor the woman’s charting through the application, to identify if the woman or the couple are charting daily and correctly. Certified teachers can also be located in the Teacher’s Directory on the website: www.woombmexico.com.

If the application is not available, then WhatsApp, e-mail, or even a landline phone are used. This person-to-person modality has had the benefit that those interested to learn the Method obtain an immediate response and do not have to wait for scheduled course start dates. Simultaneously, there are certified instructors who are offering online courses through different platforms to meetings online, e.g. Zoom, Skype.

Benin

Following the WOOMB Conference in Cotonou, most countries of Africa went into lockdown. As soon as lockdown restrictions were lifted the Billings Ovulation Method® teachers went into action.

WOOMB Benin had a meeting of their teachers and the enthusiasm generated in Cotonou was put into action with plans to spread the teaching throughout Benin. They have already been working in schools as well as teaching couples while following social distancing requirements. They even had masks made in Billings colours to match their T-shirts! After teaching a group of illiterate girls in a women’s centre, 130 kms from Cotonou, they were thanked with songs and dances by the very happy girls.

Burkina Faso

Bernadette Younis from Burkina Faso also wasted no time in getting out to teach the Method as these photos show with Bernadette also putting on an information session in a Church which was attended by 116 participants and followed by a Mass.
Ecuador

Margarita Cajas from Ecuador reports:

The teaching of the Billings Method has not stopped for an instant during the pandemic, moreover, the number of users we are managing has increased.

Three weeks ago I gave an informative talk in a chat for Catholic women, most of them young mothers, and from this virtual chat there are 20 women interested in learning. This Saturday the theoretical training begins, but all of them have already started to chart.

Billings Center in Barcelona (Spain)

"Billings Ovulation Method® for dummies"

40 people registered and 25 attended

It was a webinar dedicated to clarify doubts and review concepts to users of the Billings Ovulation Method®.

"How to achieve pregnancy with Billings Ovulation Method®?"

20 people registered and 12 attended

It was a webinar dedicated to achieving pregnancy, the Billings Ovulation Method® Rules for pregnancy were reviewed as well as the scientific evidence and the topic of selecting the sex of the baby using the Billings Ovulation Method®.

WOOMB España

Billings Ovulation Method® Teacher Training. The last sessions and the final exam were carried out through the ZOOM platform. All the students attended, online charts were made and doubts were resolved.

20 new instructors finished their training, now they begin their supervised practice. 12 were doctors, nurses and midwives.
Argentina - Webinar "BOM teaching blind women"

102 registrations and 65 attended

Presented by Silvia Echegoyen and Samantha Osterloh from Billings Argentina, they explained to us this beautiful project developed in Buenos Aires. There was great interest in the colloquium and a WOOMB Mexico instructor participated with a couple of blind BOM users.

Billings Europe

Webinar "How to teach the Billings Ovulation Method® online?"

We held this webinar to show how to teach Billings users online. We shared experiences of the different details surrounding teaching to the couples through the internet: multimedia platforms, official online charts, etc ...

It was really a very productive meeting where the advice of Lyn Billings always resonated (Keep it simple!!)

On Saturday, 27th June, another online meeting was held by Billings Europe to discuss the effects of stress on the woman's cycle. This group is collecting data of cycles both before, during and after COVID 19 to show how cycles are affected by stress and how women, following the Billings Ovulation Method® are able to manage their fertility. They are hoping to have this study published.

MOBiN Nicaragua

The Billings Affiliate in Nicaragua organised a Webinar presented by Alica Pastor from Spain.

Webinar "Preselection of sex with Billings Ovulation Method®", - 68 people attended.

A webinar with a very interesting topic that attracted the attention of many people and BOM users MOBiN is an active Affiliate organization offering the Billings Ovulation Method® in Nicaragua.

Red Billings Argentina

Motivated by this special time of lockdown, the Argentinian Affiliate took the initiative to use the virtual CISCO WEBEX platform, to offer training and keep motivation of Billings Ovulation Method® teachers, students and clients of Argentina. They also participated in initiatives organized by other WOOMB affiliates reported elsewhere. A summary of some of these events is as follows:

“The BOM and the life of prayer” motivated by the call of Brazil to dedicate the first Saturday of each month
to pray for Billings Ovulation Method® teachers and users globally. “Accreditation – a valuable requirement” policy and methodology discussion. “First Interview – Importance of the Clinical History”; “Teaching the BOM to blind people”; “Billings Ovulation Method® - a story of God’s providence” offered by Gustavo Machado to MOBiN Nicaragua; “Marital chastity – little by little” by Fray Dismas Kline from MOBiN. As well monitoring of couples through WhatsApp, excel, skype and Fertility; BOM teacher training of some trainees through the BOMTTCC is also ongoing.

Egypt

Our Egyptian Billings family did not stop her mission over this difficult time, and has adjusted to a new rhythm of life due to COVID /Pandemic to cope with restrictions and with lockdown. We continued our teaching since March to teach and train, maximizing the use of landlines phone, social media, and internet. This lockdown was seen as a precious opportunity, and Prof. Farag took the initiative to start elaborating a special awareness teaching course for Medical Staff involving some medical staff of the accredited teachers. The webinar meetings started in April and is ongoing. A similar course is to be launched in Alexandria upon request of the Director of African Center for Women’s Healthcare (ACWH) for MOH physicians & nurses. Dr Sandra is to be the coordinator together with Dr Marie Claire, Dr Sara and Dr Abanoub.

Ukraine

Dr Arnold Kostka, the only accredited Billings Ovulation Method® teacher in Ukraine reports: After accreditation, the first thing I did was to present to the bishops of our diocese the possibility of educating spouses and preparing for the marriage of couples, and I received a blessing from our bishops for this. In March, I was engaged in the translation from English and Hungarian into Ukrainian of the materials necessary for working with couples.

Then we went to strict quarantine, however I managed to hold one online meeting in April with couples who are preparing for their wedding.
Australia

Australian teachers came together on ZOOM to discuss how to effectively teach the Billings Ovulation Method® in lockdown and with social distancing restrictions. This was a wonderful opportunity to bring a number of teachers from all over Australia together to offer them support and give them practical assistance in taking on these new challenges. COVID has opened the doors to offering more video conferencing to teachers who are not close geographically and it is planned to offer upskilling sessions on the Billings Ovulation Method® and teaching skills through this medium in the future.

South Africa

Dr O.J.Ibeziako, is a medical practitioner, and Family Physician by specialization, an accredited Billings Ovulation Method® (BOM) as well as TeenStar program teacher, working in isolation. She reports:

In spite of the active campaign for artificial contraceptive methods by government, medical personnel, pharmaceuticals in South Africa, it is consoling to know that many young people are searching for a safe, healthy and natural option for motherhood. Presently, I am teaching 8 young people (five university students and two young professionals) the Billings Ovulation Method®. With the restrictions from lockdown in this COVID era, virtual training has made it possible to teach and follow up individually each one of them.

Following the first BOM we have had fortnightly individual follows ups as well as group virtual teaching sessions to clarify and re-emphasis important information. Some of them have completed charting their third cycle confidently. This re-affirms the evidence from the China report, that women are confident about charting by the end of their third cycle. I will follow them up monthly from now.

Repeatedly, it is in all awe and amazement that these young people have come to know and wonder why this truth about their inner beauty had to be learnt so late in life. My hope and dream is that some of them might be convinced to get trained as Billings Ovulation Method® teachers in the near future.

Indonesia

While we work under pressure from lack of funds, we continue to establish communication with various parties to support each other so that our services can continue. In February we gathered in Jakarta where we shared experiences and looked for solutions to revive BOM service activities in Indonesia. We also contacted KWI (Indonesian Church Guardian Conference), asking for support to jointly try to make NFP-BOM the preferred method for families in Indonesia.
KWI welcomed this initiative and immediately planned a Billings Ovulation Method\textsuperscript{®} Teacher Training last April 2020. KWI invited prospective BOM teachers from all dioceses in Indonesia. Sadly this activity was postponed due to COVID. We continue to offer Billings Ovulation Method\textsuperscript{®} resources and write a regular article in KANA Family Magazine. All Parish Marriage Education preparation in Indonesia includes information on the Billings Method\textsuperscript{™}.

Singapore

When the local church suspended the use of room for us to see our couples during Singapore's "circuit breaker" (nation's lockdown) from 7 April, our teachers had to adapt by using digital means to teach the Billings Ovulation Method\textsuperscript{®}. Hence, some 9 teachers from 6 centres begun instructing from their homes using SKYPE, MICROSOFT TEAMS or ZOOM. It wasn't difficult, in fact it was a breeze to be teaching in the comforts of our homes and as many young couples are already familiar with these medias. Some of us already used social media platform to reach out to the busy couples who often times travel frequently whether for work or leisure and are unable to attend our classes in person. Therefore, interacting with them via online was not an issue.

Interestingly, the feedback was more relaxed and more questions were asked during these classes. Even follow ups were done using Whatsapp and the 3 mediums mentioned. Each session lasted for one to one and a half hours. COVID-19 taught the teachers to learn new skills and keep up with technology. Praise the Lord.

Brazil

In the middle of March this year, we were surprised by the worsening of the COVID-19 pandemic in Brazil, a fact that changed our activity agendas. A worrying and challenging situation, but we remained motivated to continue assisting couples to teach the Method, through various tools. We noticed that we had a great opportunity to reach all families that, in the past, did not have the opportunity to have reliable information about the authentic Billings Ovulation Method\textsuperscript{®} and we have rediscovered new ways to reach new users. Online platforms have made it possible to hold meetings of instructors' study groups, meetings of Regional Coordinators and the National Directorate. Recognizing that we can use social media has helped us a lot, increasing the unity between the instructors despite social isolation.
We note that the demand for Billings Ovulation Method® has increased. The instructors have felt part of a large family, are interested and willing to learn more, concerned with maintaining their loyalty to the authentic Method®. Every week, a group of 565 instructors get together to participate in classes with varied subjects related to MOB and are already thinking about maintaining this communication channel, even after the pandemic has ended. Participation in the study groups has helped to keep the flame burning and what was fear has become a possibility. Giving individual assistance by various tools that were previously unknown and the challenge of learning to use them has also awakened creativity and hidden skills.

Canada

In Alberta, Canada we were already offering online webinars for the Teacher Training Correspondence Course before COVID, so the pandemic didn’t actually change anything with that. Students are given the Correspondence Course Sessions as usual, but once a month we meet on Zoom to elaborate on and discuss the material in much the same way as at live workshop. We find that the monthly webinars help keep the group moving through the material in a timely fashion and affords an opportunity for the trainees to learn from one another’s questions.

Some of us were also doing a lot of online teaching before COVID as well, so the lockdown has been more or less “business as usual.” The only noticeable difference has been an increase in the number of independent clients reaching out for support with charts that seem to be affected by stress. Some of our teachers who were not well acquainted with online teaching before COVID have learned Zoom and other video conference platforms quite quickly, as it has been necessary for many other activities during lockdown. Hopefully they will feel confident to continue offering online instruction and follow up even after life returns to normal, there is such a great demand for it this kind of service.