

## Basic Infertile Pattern (BIP) – pre-ovulatory, low oestrogen

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Following menstruation the cervix is occluded with a thick, dense plug of G mucus which prevents the passage of sperm cells into the cervix and which also protects the body from infection. The sperm cells which are kept out in the vagina very quickly become incapable of fertilizing the ovum and are destroyed by the scavenger cells.

The ovaries are quiescent at this stage – oestrogen and progesterone levels are low. FSH has not yet risen to the threshold level. There is nothing leaving the cervix and the vulva feels dry. Nothing is felt and nothing is seen. The recording of this observation of a **BIP of Dryness** is made with a plain green stamp or the symbol |.

However, for some women, there are no days of ‘dry nothing’ following menstruation. They experience what we call a **BIP of Discharge** – an unchanging pattern, which does not change in sensation or appearance, day after day and cycle after cycle, in those early days after menstruation. Or, in situations where ovulation is delayed, women may experience a **Combined BIP** of dry days interspersed with days of unchanging discharge, that may continue for days, weeks, or even months (in the case of a breastfeeding mother or peri-menopausal woman). In such cases, the BIP of discharge is charted with a plain yellow stamp or the symbol =.

Everything that comes from the vagina is a discharge – blood, mucus, lochia, BIP of discharge (which is from the vaginal cells – the vagina has no glands and does not produce mucus), seminal fluid, arousal transudate, infective discharge.

**BIP of Discharge**

Since the slight discharge, with a dry sensation, which forms the BIP in an average length cycle, is probably all from the lower end of the G plug, it is usually called mucus. It is indeed a G mucus discharge. The BIP which is prolonged, as in delayed ovulation, is due to a liquefying of vaginal cells in response to a slightly raised oestrogen level and a vaginal cellular growth. The cells are cast off from the wall, break up and form this discharge. Therefore we talk about a BIP of discharge. It is not mucus, but until Eric Odeblad's research we did not know what its origin was. In early publications it was called mucus, which we found out later on was not so. We knew that it was not pathological and, if it was unchanging, the woman was infertile, and we knew that it reflected a low, unchanging oestrogen level, or an unresponsive cervix. This was all very fascinating! Clarifying the terminology became very important once we had the scientific explanation.

The rules of the BOM have been formulated for maximum security to fit all circumstances. The hormonal evaluations and field trials have verified them.

In a cycle of 35 days or less only one BIP can be identified. The 35 day cycle has been selected to formulate the rule because it is just outside the average length cycle of 28-30 days.

In a 28 day cycle, with ovulation on day 14 approximately, and with a normal luteal phase of 14 days approximately, with an average length mucus symptom of 6 days, there would be an average 5 days of bleeding and 3 days of BIP. Three days is too short a time to assess an unchanging pattern of discharge after dryness before the point of change which leads into the possibly fertile phase. If there are no dry days and the discharge is continuous following menstruation, it is necessary to study three cycles and the point of change, to be sure that this discharge is unchanging, and that therefore the Early Day Rules can be applied.

**Combined BIP**

Any cycle of 35 days or over gives enough time to assess a BIP of discharge and the point of change. If there is any uncertainty, another cycle or two

will give the required time and experience for surety. In a BIP of two weeks or more without bleeding, an unchanging pattern of discharge signifies a BIP of discharge and reflects low oestrogens. This discharge may be interrupted by dry days (combined BIP). There is time for minor fluctuations in oestrogen levels to cause this phenomenon.

It is very helpful for a teacher to understand the behaviour of the ovarian hormones and the cervical mucus responses. The scientific charts of the BOM contain all the information necessary to be able to interpret the behaviour of the patterns of discharge which the woman will chart. (Charts available from Billings LIFE – contact details on back cover.)

In chart 11, p 23 of *Teaching the Billings Ovulation Method Part 2*, we have an example of the **rapidly changing pattern of BIP**. This repetitive pattern of minor variations is a discharge which never progresses to the changing characteristics of the fertile phase, nor does it include bleeding, which would be indicative of an endometrial response to raised oestrogens. The total perspective is that of a record which is exhibiting no significant change at all, and is therefore demonstrating infertility.

“Without bleeding” usually signifies that oestrogen levels are low. However, some women respond more readily than others to oestrogen and the endometrium, being more sensitive, will bleed at a lower level. Some women will not bleed even though the oestrogen levels have been very high and a breakthrough or withdrawal bleed could have been anticipated.

We know categorically that ovulation will always be followed by menstruation if pregnancy has not occurred.

The BIP is judged by the UNCHANGING PATTERN. After two weeks the BIP can be charted, including all the minor changes, and the Early Day Rules applied. After a few more days, as there is no bleeding, it can be concluded positively that there has been no ovulation associated with the first change to a discharge with possibly fertile characteristics “wet creamy”. If bleeding does occur, since there is no Peak, one cannot presume that ovulation has occurred, therefore the Early Day Rules will continue to be applied to the BIP as determined, counting three after the bleed.

### Discharge during Luteal Phase

The discharge after the peak, during days 1, 2, 3, is mucus. It is dried as it passes through the vagina, due to the function of the Pockets of Shaw, in response to the progesterone rise. Odeblad's diagram of the mucus proportions shows that as the progesterone rises, the P, S and L mucus are still present but declining. Channels are still present in the cervix for the sperm to get through during these three days. By the end of the third day the cervix is plugged with G mucus so that there may be a discharge of G mucus and probably there will be some vaginal cellular contribution. (The oestrogen level is raised as well as progesterone.) Just before menstruation, some women will describe symptoms with fertile characteristics, due to the level of progesterone falling before the oestrogen level falls. However the woman is assured that she is still infertile, because she knows that ovulation occurred at the time of the Peak, and she is expecting menstruation in a day or so.



Christ has no body now but yours,  
 No hands, no feet on earth but yours.  
 Yours are the eyes through which  
 He looks compassion on this world.  
 Yours are the feet with which  
 He walks to do good.  
 Yours are the hands with which  
 He blesses all the world.  
 Yours are the hands. Yours are the feet,  
 Yours are the eyes, You are His body.  
 Christ has no body now but yours.

*St Teresa of Avila*