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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A very successful WOOMB International Conference, followed by Teacher Training Programs, held from 5-11th March in Cotonou, Benin, was organised by our Benin Affiliate, led by Dr Olivier and Mrs Laure Salmon. Approximately 200 people from 20 countries were represented. It was wonderful to see so many delegates from African countries, both French speaking and English speaking, as well as representatives from a number of Affiliates outside of Africa.

The day before the Conference officially started, a Menarche to Menopause Seminar was presented in French by a French midwife, Marion Vallet, supported by Dr Caroline Terrenoire. It was a well-attended and successful seminar.

The organising committee had successfully encouraged interest by the Cotonou media in the Conference and the opening ceremony saw a bank of cameras recording all the details. The Conference began with prayers by the Archbishop of Cotonou, Msgr Roger Houngbedji OP, followed by speeches by the Adjunct Director of the Ministry for Health, and the General Secretary of the Department of Social Affairs and Finance. Mrs Marie Marshell gave an opening address on behalf of WOOMB International, and the Conference was officially opened by the President of WOOMB Benin, Mrs Laure Salmon. The Bishop of Porto Nova, Msgr Aristide Gonsallo, the representative of the ProNuncio for Benin and the esteemed Marabout representing other religions, were also official guests at this opening ceremony.

In addition to the speeches there was a cultural presentation and the performance of a song about the Billings Ovulation Method® which had been written to commemorate this Conference and sung in French and English by the songwriter herself, Cormelia. Her DVD is hugely popular, raising awareness about the Billings Method in the local populations.

The John Billings Memorial Lecture, The Ethics of the Billings Ovulation Method® in African Life and Culture was presented by Father Théophile Akoha. This excellent paper appears in this issue of the Bulletin. Two of the WOOMB Directors presented papers: Marian Corkill on the development of the Billings Ovulation Method® and the contributions by John and Lyn Billings as well as Professors Brown and Odeblad, whilst Gillian Barker presented an overview of the Science under the title This Method is the Truth. The first day finished with representatives of WOOMB International Affiliates who attended the Conference giving an overview of their activities. A summary of these presentations appears in News of the World in this Bulletin. Once more this session was impressive – the work that so many are doing with little support is nothing short of amazing.

The second day of the Conference was also excellent and some of our teachers working with those who are illiterate were given the opportunity to share their experiences. We learned of the work being done in Pakistan from Pervez Roderick and his team, Emily Iradukunda described her work in Uganda and while Raymond Ganar from The Philippines was unable to be present, his paper was read by Gerard Renard. One of the memorable presentations on the Billings Ovulation Method®, was given by a group of adolescent school-girls as they would offer this information to their peers and to their parents. Benin is doing a lot of work in schools and they are obviously getting the message across to these young women who are publicly saying that this is information all women should have and that they will wait until marriage for intercourse.

A Gala Dinner was held that evening during which the Directors presented John and Evelyn Billings Awards to two couples, Gerard and Marie Renard and Drs Caroline and Francois Terренoir for their dedication to preserving the authentic Billings Ovulation Method® in France and French speaking countries.

The following day we had a tourist excursion, travelling some distance from Cotonou to Ouidah – the area where the slaves were shipped out to the Americas. Mass was concelebrated by the Archbishop of Cotonou and the Bishop of Porto Novo at the Shrine dedicated to Our Lady at Allada. After a special luncheon, our tour continued, ending at the coast which was the port for the transportation of enslaved Africans, now
remembered as “The Gate of No Return”. Benin is also known as the country where voodoo began. This
tourist day was also International Women's Day and it was impressive to see this celebrated by the women
of Africa. Sitting in chairs on the beach, with the Memorial to those enslaved Africans as backdrop, we were
treated to presentations given by three groups of school-girls, skits of situations depicting how they would
share their knowledge of the Billings Ovulation Method®.

Over the next three days, four concurrent Teacher Training Courses were presented. Two English Courses
were led by the four WOOMB International Directors and the two French Courses were led by Trainers from
France, Caroline Terrenoir and Marie Pierre Gariel and Marion Vallet and France de Lambert. All trainers
reported on the eagerness of their participants and the desire to ensure that the authentic Billings Ovulation
Method® is spread, particularly in Africa.

There was so much enthusiasm for the Method as it generated interest in coming together as a united group
to work towards a regional group - WOOMB Africa. At a meeting of delegates, time was spent discussing in
country groups what they considered would be helpful. Each appointed a representative who then gave an
overview of the thoughts. It was clear that there was a strong desire for an umbrella group, WOOMB Africa,
in which there would be two sections – one for Francophone Africa and one for Anglophone Africa. These
representatives then met at a further meeting and a working party was formed with Dr Ozo Ibeziako, a South
African doctor, elected as the coordinator of the English speaking countries and Mr Bello from Benin as the
coordinator of French speaking countries.

There was great enthusiasm for those countries that are not currently affiliated with WOOMB International
to work towards this goal, first by ensuring they have accredited teachers, trained in the authentic Billings
Ovulation Method® and then apply for affiliation. The Directors of WOOMB International and WOOMB France
Billings LIFE will work with these delegates, offering further training so that they can gain accreditation as
Billings Ovulation Method® teachers and then form an organisation which can apply for Affiliation. We pray
the dream of having an umbrella group, WOOMB Africa, will become a reality.

There was an incredible passion for the Billings Ovulation Method® from all speakers and delegates. They
clearly see this Method as a treasure for Africa.

These are difficult times. It was not until after the Conference was completed that the pandemic was called.
We are grateful that the Conference timing was not a week later, as it is unlikely it would have been able to
go ahead. We are all safely home with stories to tell of the difficulties encountered on our return but feel
incredibly privileged to have been part of this endeavour to renew the Billings Ovulation Method® in Africa.
Please pray to Drs John and Lyn Billings to intercede so that the dreams begun in Cotonou will bear fruit.
WOOMB International Conference Cotonou, Benin, 6th March 2020

Welcome Address

My dear friends, it is a great joy to be here together and on behalf of the Directors of WOOMB International Ltd and the organising Committee of our affiliated organisation, WOOMB Benin, we are proud and honoured to welcome our distinguished guests to this WOOMB International Conference.

An International WOOMB Conference is a precious occasion to share the legacy we received from Drs John and Evelyn Billings and we know these days we will spend together will be a source of ongoing joy and delight: long after we have gone our separate ways, those deep friendships and memories will sustain all of us as we continue our mission to families. We will be strengthened by this knowledge of unity in the service to families, to the couples and their children.

By exploring together this message of Life and Love, we realise we are indeed an international Billings family. We acknowledge and thank those generous benefactors all over the world who are part of our Billings family who, by their generosity, have helped to bring many of you to this table.

But offering to organise a WOOMB Conference requires faith and perseverance and we know that this Conference has been years in the planning and exhausting in its preparation. To the organising committee of WOOMB Benin, led by Dr Olivier and Mrs Laure Salmon, we offer our heartfelt thanks for their “Yes” – “Yes” to help fulfil our dream to bring this Good News of the Billings Ovulation Method® to couples all over the world and especially on this occasion, to the countries of Africa. The theme of our gathering is very appropriately, “The Billings Ovulation Method®, Good news for Africa.”

We especially acknowledge the assistance received by WOOMB Benin from WOOMB France. Thank you to all the WOOMB France team here today and to those who helped and supported the journey of our Beninese family to this wonderful culmination.

We gather here during Lent. A time when we prepare for the suffering, death and resurrection of our Saviour who came to fulfil the prophecies of the Old Testament, to bring us the Good News of Salvation and forge a new relationship between God and all the peoples of the world.

We are gifted to be able to share in the creation of that relationship when we see the face of God in those before us, to hear their words, to see their needs, and to reach out our hands to raise them up. We are His eyes, His ears and His hands.

Welcome.
The theme for our reflection mainly concerns delay and therefore of regulation. Our problem is whether, for that purpose, the use of the Billings Method guarantees the ethics of fertility, ensures the culture of life and respects African culture. As the questions are asked, they self-open a three-stage development framework. But we will try to explore it.
The Billings Ovulation Method® and Ensuring the Ethics of Fertility

From the Greek term “ethikos” which means “moral” and the word “ethos” which means manners, ethics is the adoption of behavior that responds to morality and therefore to the natural order or orientation of people and things. From this perspective, it can be said that the man (homo) has his ethics as the masculine and the feminine have specifically theirs. You can’t be a man (homo) and act like an animal. You can’t be male and act like a female or feminine and act masculine. As Joseph De Finances asserts, acting follows being (agere sequitur esse) (1999, p. 67). The same applies to all other natural provisions. They have their ordering that must be followed. In this context, can we say that the Billings Method follows the natural logic of fertility planning? The answer can only be positive when we know that it is a way of doing things (modus facendo) that questions nature in order to perceive the signals they give in order to determine a fulfilling choice for oneself and for the future of children. By a natural disposition, the female body is marked by a fertile period and an infertile period. This is called the “ovarian cycle”. This is true, even if it is not free of surprises by oscillating between normal cycle, long cycle and short cycle. But surprise can be overcome when one takes the time for a more in-depth knowledge of one’s person to better determine one’s fertile or infertile period. This is to say that, regardless of the irregularity, it is always possible to determine the fertile period to temporarily avoid fertilization and thus regulate the birth of the child. Here, ethics, and therefore the norm or morality, is to follow nature to make the behavioral choice of abstinence when you are not ready to receive a child. It is by doing this that we really are in the ethics of fertility. The Billings Method is the guarantee of this because it illuminates the horizon, not only for self-knowledge, but also for a conscious and responsible choice. It guarantees ethics by taking into account the global vision of men, making a personalized approach to the issue, promoting the dignity of women and facilitating an inter-personality made up of dialogue and decision-making. It also guarantees ethics by ensuring the intentionality and freedom of fertilization. Finally, it guarantees ethics by avoiding the temptation of abortion in cases where misinterpretation of the fertility period results in an unplanned pregnancy. This is a surprise linked to the impotence of human beings and the weakness of nature. It is inherent in all earthly reality. To have ethical behavior also means integrating this surprise into the dynamics of choice so as not to be led to take actions of which nature disapproves. In other words, even if, notwithstanding, an unplanned pregnancy occurred, the ethics would consist in welcoming the child since nature wanted him as such, and if the child himself was asked whether he wanted to live, he would answer in the affirmative. Pope Paul VI insists on this openness to life in these words:

“In fact, as experience shows, every marital encounter does not give rise to a new life. God wisely established natural laws and natural rhythms of fertility, which already space by themselves the succession of births. But the Church, reminding men to the observance of natural law, interpreted by her constant doctrine, teaches that every marital act must remain open to the transmission of life” (1968, n°11).

It is by doing this that one enters the culture of life, dear to nature and to the Billings Method.

The Billings Ovulation Method® and the Culture of Life

The Billings Method is “pro-life”. It is harmless. It promotes the life of the child and the mother. And, more generally, it defends the dignity of women.

- It promotes the life of the child in the sense that it does not allow the use of tools of destruction as in artificial methods of contraception. You can dare to state - in itself, contraception is the insertion of an imbalance in the hormonal inheritance of the woman. Even worse, pure contraception is no longer common. Contraception has gradually become a “contragestion”. Abortive-related products have indeed taken their place. These include the IUD, pill RU486 and the morning-after pill. The IUD contains a substance that makes the uterine medium acidic and does not allow implantation of the fertilized egg for gestation (Cf. Akoha, 2017, 34-35). It produces continuous abortions in the woman wearing it. Pill RU486 and the morning-after pill induce abortion. The morning-after pill has even gained such an audience that, in some countries, it is now available to young girls, regardless of their parents’ consent. In France, for example, it is liberalised. A law regulates its practice: article D.5134-1 of the Public Health Code. It states:

“I. (...) Everyone has the right to be informed about all contraceptive methods and to choose one freely. This information is the responsibility of every health professional within the framework of his or her competences and in accordance with the professional rules applicable to him or her. Only emergency or inability to inform
can dispense with this.

The consent of the holders of parental authority or, where applicable, the legal representative is not required for prescribing, issuing or administering contraceptives to minors. Medicinal products intended for emergency contraception which are not subject to compulsory medical prescription shall be dispensed free of charge under the conditions laid down by decree.” This code is claimed in the context of the protection of sexual and reproductive rights. Professor Henry Joyeux, who bitterly refutes them, defines them as “rights to sexual activity, gender identity, sexual orientation, eroticism, pleasure, intimacy and reproduction.” It is in the name of these personal rights that the life of the child is sacrificed. The Billings Method makes it possible not to enter into this perspective of the culture of death.

• In addition to the child’s life, the Billings Method saves the mother’s life. It does not promote contraceptive and contragestive products whose use is impacting women’s health. On this issue, the investigations have been published. We can report here those of the English doctor Ellen Grant and Professor Henry Joyeux. In his book entitled “contraceptive pill”, the latter pointed out that in 1975 there were 7000 new cases of cancer per year in France due to the use of pills. In 2013, 60,000 cases were reported. He added that, in general, birth control pills cause hypertension, stroke, pulmonary embolism, thrombosis, stress and depression, hemorrhage, alteration of the uterus and loss of libido (Cf. Merry, 2013, p. 75). Ellen Grant concludes by saying that “the upheaval of natural balances always involves a price to be paid” (1988, p. 7). All this gives evidence, if it is still needed, that the choice of the Billings Method is a health choice, a better option that leads to respect for the dignity of the woman.

• The Billings Method defends this dignity when it prevents the woman from being manipulated, being subjected to the libidinal voracity of man, and a pure instrument of pleasure, available and malleable at all times. Pope Paul VI notes this shocking incidence of reproductive contraceptives when he says:

“One may fear (...) that a man, by becoming accustomed to the use of contraceptive practices, will eventually lose respect for a woman and, without worrying about her physical and psychological balance, will come to consider her as a mere instrument of selfish enjoyment, rather than as his respected and beloved companion” (1968, No. 17).

Unlike artificial methods, the Billings Method ensures this balance when it refers to the observance of the fertile periods during which women may experience respite and not be subject to male sexual appetite. Given the non-harmfulness of this method, its personalist dimension, its dialogical peculiarity, its anthropological adequacy and its life-giving perspective, it can be said that it fits the ideal of African culture.

The Billings Ovulation Method® in the orbit of African culture


• Like the Billings Method, the African loves and saves life. John Paul II testifies to this when he states: “In African culture and tradition, the role of the family is universally regarded as fundamental. Open to this sense of family, love and respect for life, the African loves children, who are welcomed joyfully as a gift from God. The sons and daughters of Africa love life” (John Paul II, 1994, n°43). There are many prohibitions and obligations that frame this ideal in order to make it operational, especially in the context of protecting the life of the little one. According to this culture, one should not eliminate this life because it is a human being, a representative of the ancestors, a social agent and above all a gift from God whose destiny, on earth, is all traced. However, the woman may not be in the situation required to accommodate her child. We delay the arrival by a very specific method.

• As with the Billings Method, nature is the basis. The Billings Method and the other natural methods, namely beads and symptom-thermal, are only the refinements of understanding nature. Sometimes rings or magic potions are used.

• However, there are conversions necessary for the African to fully enter the ethics of the Billings Method. The subjugation of women must cease, while respect for their dignity, equality of rank with men and the assurance of their social rights should be promoted. These conversions are necessary to make her a partner
in dialogue with the male in the precise management of her fertility. This requires not only male awareness, but also the enactment of binding laws with their disclosure and application on the ground.

Conclusion

In conclusion, let us remember that, unlike artificial methods of contraception, the Billings Method has an ethic that obeys the nature of fertility, respect for women and the promotion of life. This is essentially what reveals its anchorage in African culture and demands that it be promoted. There is an important stake here if the African family is not to be trampled on, in their own land (John Paul II, 1994, No. 84).

This Method is the Truth

Gillian Barker

Thank you for giving me this opportunity to talk to you today. The title of my talk is This Method is the Truth. But how do I know this is the truth?

It is because of the science, which I learnt not only listening to Drs John and Lyn Billings, Professor James Brown and Professor Erik Odeblad speak at different conferences but also from what I have read in medical and scientific journals. From my years working alongside Professor Brown, seeing how the charts of women using the Billings Ovulation Method matched the hormone data we derived from their urine specimens, I came to know the Billings Ovulation Method® through the science. I want to share this with you today so you can also see this is the Truth.

Many years ago, three wall charts were produced to help us train teachers. Signs at the Vulva by Drs John and Lyn Billings, Physiology of a Cycle by Professor Brown and The Cervix by Professor Odeblad. Each based on the author’s own area of expertise. Each of these wall charts has an incredible amount of science behind it and I would like to take the time to look at this information.

Firstly, let us look at what Professor Brown has taught us about the physiology of the cycle.

Let me start by saying that you are not to worry about the medical terminology, things like hypothalamus, gonadotrophin, listen instead to the story.

Starting with the hypothalamus, which is found in the brain, it produces a hormone called GnRH, that sends a message to the pituitary, also in the brain just below the hypothalamus, telling the pituitary to produce FSH and LH. These in turn send the message to the ovary to grow follicles and when one is mature to cause it to ovulate. As the follicles grow they produce oestradiol, when the mature follicle ruptures - we call that ovulation - it produces progesterone. These ovarian hormones, oestrogen and progesterone, feed back to the hypothalamus so it can tell the pituitary what to do next.
For an ovulatory cycle to proceed, everything must happen in a very organized, somewhat regimented, order.

The time taken for the total fertile process is always approximately 21 days. This includes the rapid growth phase and development of the follicle, ovulation, and the formation and demise of the corpus luteum. The time between the end of menstruation and the beginning of the fertile phase is the variable time in the cycle. It can vary from cycle to cycle. During these days very little oestradiol is being produced and the woman will experience several days of infertility after the end of the bleed. It might be three days, it might be seven days, or perhaps only one day. In a short cycle there may be no days of infertility after the bleed, the woman may even be fertile during her bleed.

Based on his many trials and many hundreds of thousands hormone assays, Professor Brown published the Continuum of Ovarian Activity. For most her fertile life a woman will experience fertile ovulatory cycles, however during different life stages she will experience infertile variants of the ovulatory cycle. These can occur as the young girl’s fertility is winding up, as the mature woman approaches menopause and her fertility is winding down, during breastfeeding or weaning of her baby and even during times of stress. The hormone patterns differ from the fertile ovulatory cycle. Women who are post hormonal contraception can also experience these variants.

Professor Brown also documented the Four Absolutes for Fertility.

1. Fertility is associated with rapid changes in hormone production, anything static must be infertile.
2. Once ovulation has occurred, the well-ordered sequence of events prevents any further ovulations from occurring, there can only be one ovulation day in a cycle.
3. A continuing pregnancy is proof of ovulation. The post ovulatory rise in progesterone output that produces the Peak symptom is the next best proof of ovulation.
4. Bleeding always follows ovulation, unless there has been a conception. This clearly separates post ovulatory infertility from pre-ovulatory infertility.

Now let us look at the incredible work of Professor Odeblad on the structure and function of the cervix.

Not only did he discover four main types of mucus produced by the cervix, he was also able to document their characteristics and functions. He mapped the location of the different crypts in the cervix and when throughout the cycle the different types of mucus are produced.

The four main types of mucus are:

G mucus, found in the lower crypts, is very cellular and closes the cervix for most of the cycle, ensuring infertility at these times. It also forms part of the immune system which protects the woman's reproductive system from infection.

L mucus, produced throughout the entire length of the cervix, forms crystals at 90º to the main stem. It supports the P and S mucus, it attracts the low-quality sperm which are then eliminated, as well as locking the sperm in the S crypts while they wait for the ovum to be released.

S mucus, produced by crypts found in the upper half of the cervix, forms crystals of parallel needles. It supplies the channels for the transportation of the sperm into the S crypts, as well as nourishment for the high-quality sperm.
And the 4th type is P mucus, produced in crypts at the very uppermost part of the cervix. P mucus forms crystals at 60º to the main stem. It liquifies the G mucus plug at the beginning of the fertile phase. It also liquifies the L mucus, unlocking the S crypts releasing the sperm so they can make their way to the egg. This liquifying of the L and S mucus produces a slippery sensation, often without any visible mucus, which is felt by the woman at the vulva. P mucus also gives the sperm the final boost towards the uterus and the waiting egg.

Professor Odeblad also showed how the proportion of crypts changes as the woman ages. The young fertile woman has a predominance of S crypts which lessen as she ages. The G mucus crypts will increase with age, tending to replace the L and S crypts. Some S crypts are replaced with L crypts. This is why as a woman ages her cervical and vaginal responses diminish.

If a woman has a pregnancy, then the S crypts do not decline so quickly, which also has an impact on the L and G crypts.

Professor Odeblad also studied women who had been on hormonal contraception which causes a decline in number of active S crypts, as well as a dramatic increase in the number of L and particularly of G crypts.

Professor Odeblad also analysed the percentage of the different types of mucus throughout the ovulatory cycle. Please note they are in different colours from the Wall Chart, The Cervix – G is in black, L in red, S in yellow, P in green and you will note that there is also F mucus, which has not been discussed because at this stage its function is unknown.

He looked at 32 normal cycles in which ovulation occurred sometime between days 14 and 16.

The G mucus starts high and then decreases. As it is falling you can see the levels of L and S are rising. The P mucus has a small rise, this corresponds to the beginning of fertility when the G mucus plug is dissolved, then there is a second rise close to the time of ovulation. As the L and S mucus are decreasing, so the G mucus is increasing and remains high for the rest of the cycle.
Professor Odeblad also taught us about the vulva. The vulva has two folds of skin that protect the opening of the vagina. Like your fingers, the skin of the vulva has receptors that give it the ability to distinguish sensation. He explained that the vulva is much more sensitive than your fingers and can detect even small amounts of mucus, as well as being able to detect differences in sensation, for example sticky, moist, wet, slippery.

Professor Odeblad’s research into the Pockets of Shaw explained why, with the rise of progesterone just prior to ovulation, the woman reported a definite change to no longer slippery and could identify her Peak day as the last day of any slippery sensation.

During the infertile phases of the cycle the vaginal epithelium is thinner allowing for any discharge to enter the Pockets of Shaw before leaving the vagina. However, over the fertile phase the vaginal epithelium thickens, preventing entry of discharge to the Pockets of Shaw and as a result reabsorption does not occur.

Finally, let us look at the work of the Drs Billings and the Billings Ovulation Method® chart, starting with the normal fertile menstrual cycle.

In looking at the charts of women, Dr Billings was quickly able to recognize the different phases of the cycle. Menstruation, pre-ovulatory infertility, which was named the Basic Infertile Pattern, fertility, the Peak, so called because it was apparent that this was the peak of fertility, and lastly the luteal phase which includes the post-ovulatory infertile phase.

I would now like to discuss each of these phases, showing how the science has helped us have a deeper understanding and why the Rules are correct.
Menstruation - represented by the red stamp or ●. Commonly lasts for 4 - 5 days, but the range can be much wider.

According to Professor Brown, the ovaries are not very active, thus only small amounts of oestrogen and progesterone are circulating in the blood stream.

While Prof Odeblad tells us that the cervix is open to allow for the flow of blood. As the bleed lessens the cervix closes with a plug of G mucus.

Basic Infertile Pattern (BIP) - represented by the green/yellow stamps or the symbols | or =. The phase between menstruation and the beginning of fertility.

On this chart you will see both green and yellow stamps during these days. However, one woman can only have one type of Basic Infertile Pattern in an average length cycle of less than 35 days. She will either be dry – feel nothing and see nothing, which is charted with the green stamp or the |. Or she will have an unchanging pattern of discharge that feels and looks the same day after day. She will have the same BIP cycle after cycle. This would be charted with the yellow stamp or =.

Professor Brown: Ovaries are still not very active, small and constant amounts of oestrogen and progesterone are circulating in the blood stream “…. anything static must be infertile”. This time can vary in length from cycle to cycle.

Professor Odeblad: Cervix is blocked by a thick plug of mucus preventing the entry of sperm. The sperm rapidly lose their fertilising capacity and are quickly destroyed.

In the normal fertile cycle of less than 35 days where does the Basic Infertile Pattern of discharge come from? Professor Odeblad explained that this is a normal occurrence for some women, there is no pathological condition, it is due to small fragments breaking off the bottom of the G mucus plug. These cells are quickly replaced, and the cervix remains blocked.

Fertility - represented by the white stamps or O and the yellow or green stamps with a baby and 123 (= or | and 123). The phase begins on the first day of change and includes ovulation and life of the ovum.

Professor Brown: Several follicles begin growing rapidly producing oestrogen. Oestrogen activates the cervix which produces mucus. A dominant follicle now emerges and goes on to ovulate. Any change in amount, colour, consistency or wetness from the Basic Infertile Pattern indicates some activity in the ovaries and the possibility that the woman is fertile.

Professor Odeblad: Cervix is open producing mucus with physical and chemical properties which enables it to protect and nourish sperm cells, and to guide them from the vagina to the ovum. The fertile phase has distinguishing features – it changes from day to day, progressing towards a slippery sensation. Most often the woman will see mucus that is cloudy or clear with strings of mucus.

Professor Brown: At this stage the oestrogen levels are rising rapidly, reaching their highest level and then falling just prior to ovulation.

Professor Odeblad: Remember the graph from earlier that showed the different volumes of mucus produced during the cycle? The cervix is producing P, L and S mucus in varying volumes throughout the fertile phase. He was also able to show that the P Mucus liquefies L & S leaving a slippery sensation often without visible mucus.

Some important observations were made about the Peak. At this time the vulva is slippery and swollen with a heightened sensitivity. There may be little or no mucus visible. Increased activity by the lymph nodes also known as glands, can cause the vulva to feel soft and swollen. .

The Peak is recognised in retrospect when the sensation changes to no longer lubricative.

Professor Brown: a surge in LH by the pituitary causes the release of the ovum - ovulation. The ruptured follicle transforms into the corpus luteum which produces progesterone.
Professor Odeblad: the rise in progesterone reactivates the Pockets of Shaw now reabsorbing moisture from any discharge that passes through the vagina.

The Peak identifies ovulation in this cycle

Professor Brown was able to show through comparing the Billings Ovulation Method® chart and the hormone data, if the criteria for a Peak is strictly adhered to, then every Peak = Ovulation. His work also showed there can only be one ovulation day in a cycle.

The science confirms that there are three criteria which must be met in order for a Peak to be marked on the chart, before the Peak Rule can be applied. There must be:

1. A changing, developing pattern, of a variable number of days
2. Leading to a slippery sensation
3. Followed by a definite change to no longer lubricative

**The Peak and Ovulation** – marked with X on last day of slippery sensation and followed by the counting days represented by the yellow or green stamps with a baby and 123 (= or | and 123).

*The woman is potentially fertile for 3 days after the Peak. This was shown though the clinical trials, but the work of the scientists was able to show why.*

Professor Brown: in the majority of cycles ovulation occurs on Peak day. However, in a lesser number of cycles ovulation can occur on day 1 or day 2 past Peak.

Professor Odeblad: the cervix is open, G mucus plug begins to form however channels of P, L and S mucus still exist, allowing for sperm transportation.

The ovum may survive for up to 24 hours.

**Post-ovulatory infertility** - from the beginning of the fourth day past Peak until the end of the cycle, the woman is infertile.

Professor Brown: the ovum is no longer viable; ovulation cannot occur again in this cycle. Menstruation will occur 11 – 16 days after Peak, unless conception has occurred.

Professor Odeblad: the cervix is blocked with a thick plug of G mucus which is impenetrable to sperm. Sperm will die very quickly.

Through clinical observations, the Billings Ovulation Method® was first developed by Dr John Billings in 1953 and the Rules were finalised when Dr Lyn Billings joined the team in the 1960's.

Subsequent and continuing scientific validation has not required any changes to these Rules. The many trials that have been conducted, have confirmed the Rules, there was never any consideration that they be revised.

The BIP confirms the infertility of the pre-ovulatory phase of the cycle, the identification of Peak identifies optimum couple fertility for pregnancy achievement and application of the Peak Rule confirms the infertility of the post-ovulatory phase of the cycle.

**Rules for the avoidance of pregnancy:**

- **Early Day Rule 1:** Avoid intercourse on days of heavy menstrual bleeding
- **Early Day Rule 2:** Intercourse is available on alternate evenings of the Basic Infertile Pattern
- **Early Day Rule 3:** Avoid intercourse on days of discharge which interrupt the BIP
- **Peak Rule:** Intercourse is available at any time from the beginning of the fourth day after the Peak until the next menstruation.

**Rules for the achievement of pregnancy:** Follow the Early Day Rules. This enables the changes to the fertile
pattern of mucus to be observed. Then postpone intercourse until the slippery sensation occurs. These days are the most fertile, therefore intercourse should occur while the slippery sensation is obvious and for one of two days following the Peak.

The science has confirmed that these Rules are correct and must not be altered. They must be taught in their entirety.

**Early Day Rule 1** applies to the days of menstruation. Intercourse is to be avoided during days of heavy menstrual bleeding.

Professor Brown has shown through the hormonal assays that ovulation can occur as early as day 5.

Professor Odeblad has shown that the cervix is open during the time of the bleed and if the cycle is short then the cervix in response to elevated oestrogen levels is producing mucus that can nurture and support sperm. The heavy menstrual bleeding will make it hard for the woman to know if there is any mucus present.

**Early Day Rule 2** allows for intercourse to occur on alternate evenings of Basic Infertile Pattern days.

There are two facets of this Rule – ‘alternate’ and ‘evenings’.

Professor Brown has shown that this is the variable time of the cycle - the number of Basic Infertile Pattern days can vary from cycle to cycle and from woman to woman, this is why it is important to NOT count days but rather observe every day.

Professor Odeblad has shown that the cervix is closed with the G mucus plug during the Basic Infertile Pattern, the sperm cannot enter the cervix and they will die very quickly. He has also shown that the woman needs to be upright and moving about for mucus to be perceived at the vulva. By observing throughout the day the woman will be able to confirm the presence of her BIP and therefore the pre-ovulatory infertile phase.

Seminal fluid on the day following intercourse can obscure the beginning of the fertile phase so it is recommended that the couple waits until the following day when the BIP may again be confirmed. Twenty-four hours is sufficient time for residual seminal fluid to disappear.

**Early Day Rule 3** is applied in every cycle whenever there is an interruption to the BIP.

Professor Brown has confirmed that any change in oestrogen levels can result in a change in sensation or visual sign. Waiting over this change will allow the woman to observe whether she identifies a Peak. In this case the Peak Rule applies. However, if a Peak is not identified and the BIP returns, the couple waits for 3 days of the BIP before resuming intercourse, following Early Day Rule 2. Bleeding or spotting without the previous identification of a Peak is also recognised as an interruption to the BIP.

Professor Odeblad has explained the changes that occur within the cervix over the woman’s life. It is possible for a woman to ovulate without the recognition of a Peak. This is something that we might see in the perimenopausal woman. It also something we would see when the cervix has been damaged either surgically or even chemically by such things as hormonal contraception.

**Peak Rule** is applied when the interruption to the BIP results in the identification of a Peak. Peak is identified following a changing, developing pattern leading to a slippery sensation, followed by a definite change to no longer slippery. For the couple wanting to conceive, this slippery sensation indicates optimum couple fertility and intercourse is recommended.

Both Professor Brown and Professor Odeblad showed why intercourse over the three days past the Peak can result in pregnancy. Ovulation can occur on the day of the Peak or within the following 48 hours. Even though the slippery sensation may have disappeared, due to the action of the Pockets of Shaw, there is still L, S and P mucus present aiding sperm survival and migration.

By the beginning of the 4th day past Peak the ovum has been released and has died and the cervix is again occluded. The luteal phase is now infertile and intercourse is available on any day at any time.
Does any of this information change the foundations or the fundamental truth of the Billings Ovulation Method®? No.

I would just like to leave you with some “wisdoms” from our esteemed Professors.

Professor Brown, from the conclusion of the paper “Types of ovarian activity in women and their significance: the continuum (a reinterpretation of early findings); Human Reproduction Update, August 2, 2010

- Many volunteers taking part in some of these studies were BOM users
- The studies show that the Billings Ovulation Method® correctly identifies fertility and infertility in all stages of The Continuum, the infertile types being recognized by absence of the characteristic mucus symptoms of the fertile ovulatory cycle
- The 4 Billings Ovulation Method Rules® cope with all the Cycle Variants offering maximum security for the couple

This from Professor Odeblad’s writings on the “Capacity for the Vulva to Perceive”; Billings Atlas of the Ovulation Method Fifth Edition 1989, page 91. Professor Odeblad spent a lot of his time researching the physical properties of cervical mucus and yet recognized the importance of the sensation at the vulva.

The Billings Ovulation Method® teacher will help the woman to detect even small quantities of mucus by emphasizing the fact that the sensation experienced at the vulva by the presence or absence of mucus, and by the physical characteristics of any mucus present, is more important than the visual observation.

Dr Evelyn Billings “Do not worry if your mucus pattern is not the same as other women’s, it may be present for a shorter or longer time, and there may be more or less of it. You will find that your pattern is as individual as you are.” (The Billings Method, 2008, p.22). The Drs Billings, through the clinical trials, recognized that it was not the individual descriptions that helped a woman recognize her fertility but the patterns. All the woman needed to do was pay attention to what her body was telling her and the mystery of her fertility and infertility would unfold.

In a missive from our Spiritual Leader, Rev Fr Joseph Hattie OMI wrote:

“We humans are prone to pride, and the devil uses that to divide and conquer, by encouraging some people to think that they can add to or subtract from the truth of the Billings Ovulation Method® to make it better, safer, etc. It will not go away. The devil wants to stop the work. We will frustrate him by remaining humble and continuing to walk in the truth, while speaking it with clarity and charity.”

The clinical trials and the scientific verification show the Billings Ovulation Method® is the truth and everyone deserves to know the truth.

Our wonderful founders and scientists have shown us through their scientific minds, their compassion, their humility and their faith that we should tell the truth and only the truth – that is the Billings Ovulation Method® without variation.

This Method is the Truth.

John and Evelyn Billings Award

The Directors of WOOMB International are delighted to announce new recipients of the John and Evelyn Billings Award at this WOOMB International Billings Ovulation Method® Conference in Cotonou, Benin.

In choosing recipients for this award the Directors wish to recognise those who have shown by their actions that they have the passion to be active participants in the spread of the authentic Billings Ovulation Method® to every woman on earth. In pursing this passion there will always be setbacks, and worthy recipients do not let setbacks stop them from continuing to spread the “Good News” of the Billings Ovulation Method®.
The Directors of WOOMB International congratulate the recipients of the John and Evelyn Billings Award – Gérard and Marie Renard and Caroline and François Terrenoir.

The fact that we are honouring two couples seems very appropriate in our organisation in which many of us were privileged to witness the mutual love and support of the life shared between Lyn and John Billings. We all pray for their elevation together to sainthood.

Gérard and Marie and Caroline and François have been catalysts for change in the spread of authentic teaching of the Billings Ovulation Method® in their home country, France, and the wonderful success of spreading the message to other French speaking countries of Africa, which we witness here at this gathering, is testament to their dedication to truth. These two couples have been part of “Team France” for many years but we will share a small part of their separate journeys.

Because of his involvement in translation of material on the original WOOMB website, Gérard became aware that the French interpretations of the guidelines of the Method were inaccurate. His quest began.

Caroline and François came to Australia to attend a WOOMB conference and Teacher Training Program in 2007 and concluded that the existing French materials needed to be corrected. So began their involvement.

This journey has not been without pain, as these two couples, with the assistance of other brave supporters, some here today, found they needed to embark on a new course and form a new Billings Ovulation Method® affiliate which would embrace the authentic teaching and training of teachers. The spread of this truth is shown in Teacher Training Programs they developed and continue to present throughout France and even here in Benin.

Although François is unable to be with us today, we are equally indebted to him for the ongoing work and support in making impossible dreams become realities. We acknowledge the accompanying heartache and sorrow that steering such a brave new course entailed for each person.

In presenting this prestigious Award, we honour their commitment to the realization of a dream so wonderfully fulfilled – last year we celebrated the tenth anniversary of the formation of WOOMB France, Billings LIFE.

All those years ago, there was a little saying. “The train has left the station.” We know they continue on their journeys.
Question to Senior Teachers

When a teacher has a question the first source is to go back to the authentic literature then it should be raised with a Senior Teacher or the Education Committee of the Affiliate. If there is no Education Committee or the question has not been resolved, all questions should be directed to the Directors of WOOMB International. We are happy to answer such queries at seniorteacher@thebillingsovulationmethod.org

Internet groups or social media groups such as FaceBook or WhatsApp can raise questions and many people can give opinions. However, the Billings Ovulation Method® is based on scientific facts, not opinions. Social media and group chats, blogs etc are great for sharing ideas about promotion or your activities but are not suitable for answering questions which arise from the teaching of the Billings Ovulation Method®. The Directors cannot monitor all the various outlets on the internet which purport to be talking about the Billings Ovulation Method® and very quickly errors in the teaching of the Billings Ovulation Method® can occur.

In this edition of the Bulletin we have two questions we would like to share:

Question 1:

*We want to spread the Method to those in our community who have not had the opportunity to learn to read and write. How can we get these women to keep a chart? What system of charting will we teach them?*

All over the world there are people who are illiterate. This does not relate to their intelligence, but rather it is because they have never had the opportunity to be educated.

Throughout the history of the Billings Ovulation Method® women have come up with ingenious ways of keeping their charts when they have not had access to paper and pen. The front cover of *Teaching the Billings Ovulation Method Part 2* gives an excellent example of this with the chart kept on a piece of vine with the individual days tied with twig, leaves and the beautiful flower representing the Peak. The Directors have also seen other examples of charts such as an ash chart on the hearth of a fire place, and charts made by blind people who add different sized buttons. All are effective for that particular couple to keep their record of their couple fertility.

However, where the woman can keep a chart, there are only two approved ways of charting – the official Billings Ovulation Method® stamps or symbols, using paper or digital charting. Where the stamps are available these must not be altered and must always reflect the authentic teaching. The same for the symbols – if stamps are not available, or the couple choose to use symbols, the official Billings Ovulation Method® symbols are to be used. No extra symbols are required or necessary.

Although the woman who cannot write can often be taught the symbols and will learn to be able to copy them, the difficulty in teaching her is that she is unable to write her description. Again, she may use ingenious ways of being able to describe the differences in what she senses and sees, but it is not up to the teacher to tell her how to do this. Most of these women are very tuned into nature already – like the blind women, they seem to have been given the gift of heightened awareness and can identify even subtle changes. **Follow-up interviews are of vital importance** particularly in the early learning phase, whilst the daily observations she made are clear in her memory and her chart can be interpreted. She can be asked to explain how she felt with the teacher always remembering the importance of patterns, - “Can you describe what you felt or saw?” “Were there any days that were the same?” “Is this day different from this one?” Rather than concentrating on the detail of the description, first identify what is unchanging and what is changing. Explain the criteria for a Peak clearly. “Were there days that were changing rapidly – each day with a different sensation and/or visual observation?” “Did these changes become wetter or have a slippery sensation?” Was the criteria for a Peak present:

1. Changing, developing pattern of variable length
2. Leading to a slippery sensation
3. Definite change to no longer slippery?
The woman will soon learn what is normal and what is different if she is taught to recognise patterns which are unchanging, and the changing pattern that satisfies all the criteria for a Peak. Do not underestimate her intelligence just because she is poor or cannot read and write. Help her to tune into the signs her body gives her, in the same way you teach any other woman. You may have to use simpler language or simple visual resources but this is an example for all of us, when thinking about how we impart the knowledge.

Don’t overburden the woman with too much information or by giving her extra tasks – e.g. colouring in the blocks of the chart or using different coloured pens for recording. If she uses symbols one pen or pencil is all she will need to keep her paper chart.

The key for a successful teacher is to keep it simple! Explain the Method briefly and concisely. Tailor your instruction at the level you can see she is understanding. Encourage her husband to assist her with her charting. Most of all, stop talking and LISTEN to her – she knows her body and will soon learn to understand her patterns of fertility and infertility with the Billings Ovulation Method® so that she can confidently apply this knowledge throughout her reproductive life.

Question 2:

How much information should we give the couple when we teach them? I have heard some teachers say that the couple should come to an information session – perhaps half a day seminar or even longer, and others say “just teach with the Slide Rule”. Which is correct?

The key to remember is that we all have a limit as to how much we will absorb when we are hearing information for the first time. In addition, there are a number of learning models we have to consider as we do not all learn in the same way – some learn from hearing, others listening, while others need visual clues. Other adults do not really absorb the information until they have put it into practice. Most of us will use a portion of all these ways in our learning, but there will be a dominant learning technique for each individual. We have to consider this when teaching couples and to be especially aware that it may be a different way from the way you, the teacher, learns.

The Slide Rule is an essential resource for all teachers, and we would ask that every Billings Ovulation Method® teacher throughout the world uses this resource in their teaching. Dr Lyn Billings always said if you have the Slide Rule you can teach the Method in 5 minutes. So, practice using your Slide Rule to teach the phases of the cycle, the different lengths of the cycle and the Rules of the Method to both achieve and avoid a pregnancy.

What do we mean by “teaching”? We need to consider what is being offered to the new couples. Is it teaching or information? Perhaps they have been invited to participate in an information session with a number of other couples. In this case, the presentation may last from 30 minutes to two or three hours during which the phases and different lengths of the cycle are explained as well as the Rules. Various teaching tools may be used, especially the Slide Rule, but also perhaps PowerPoint presentations to cover the science, how a woman makes her observations and keeps a daily record. These sessions may also workshop the application of the Method in various stages of reproductive life. However, at this stage, none of the information is personal or geared to the needs of the individuals.

It only becomes a teaching session when the couple return for a personal chart review appointment in two weeks, after they have followed the advice to abstain from all genital to genital contact and keep a chart using three symbols only: for dry, for bleeding and for any discharge that is not bleeding. This is when the History Card can be completed, and the teaching begins as the woman comes to understand and interpret her own patterns of fertility and infertility.

Alternatively, if the first session is a private meeting with the woman, however that may occur through Fertility Pinpoint; internet or telephone counselling or face-to-face, the instruction will be shorter. After completing a History Card, the phases and different lengths of the cycle are explained, always using the Slide Rule and always explaining all the Rules of the Method to achieve or to avoid pregnancy. She will be instructed in how to make daily observations and keep a daily record of her observations. A normal
fertile cycle is demonstrated, perhaps using the other information she will be given, like *Teaching the Billings Ovulation Method Part 1* or *Understanding Couple Fertility*.

When teaching couples, the teacher must first of all simply describe a normal cycle and then focus on the needs of this particular couple. If they are engaged and about to be married, they need to understand the phases of the cycle and the Rules for each of these phases. Don’t assume they will want to postpone pregnancy – some will be keen to achieve as soon as they are married.

If she is a breastfeeding mother, then the emphasis will be on helping her to identify her infertility but explain how she will recognise her return to fertility. If she is a pre-menopausal lady, she will probably be experiencing cycle irregularity, and this may be the reason she has sought your help. Explain to her how the cycle lengths will vary and the changes she is likely to experience as her fertility diminishes. The post contraceptive couple will also need help as the woman will not only experience the changes to fertility but the couple will also have to change their lifestyle to accept abstinence from sexual intercourse, if it is the desire to avoid a pregnancy. For all couples, it is essential that all the Rules are taught at the first meeting. Dr Lyn Billings was insistent on this practice for all teachers. For the couple who come to achieve a pregnancy, they also need to understand the Rules to postpone pregnancy so that they have this information after they have a baby and can see value in continuing with the Method.

Whatever her situation, the instruction is always the same: abstain from all genital to genital contact for two weeks, keep a chart of daily observations, using the three symbols, and come back in two weeks for a follow-up interview.

As a trained Billings Ovulation Method® teacher you have been given and absorbed an enormous amount of knowledge both about the methodology and the science. The couples you teach do not need all this information. We must keep our teaching instruction simple and focussed on what this couple requires to manage their fertility.

The key learning resource for any couple will be their own personal chart. It is for this reason that the follow-up interview is an essential component of the service we offer couples. It is the woman’s chart which becomes the teaching tool – the couple will learn to recognise the different phases of the cycles and how to apply the Rules as the teacher helps them to interpret the chart as it develops over the first weeks and months. It is not a teaching service if all we offer is information sessions. The Billings Ovulation Method® teacher is comprehensively trained and is accredited to help the couple to embrace their fertility by learning to understand their unique couple fertility. Some couples will learn very quickly – this is often dependent on their life stage. Others will need more help and the best way we can do that is to make an appointment for a chart review, firstly every two weeks, then monthly and then perhaps 3 monthly until they gain autonomy. This can be done face to face, by telephone or online – email, charting resources such as www.fertilitypinpoint.com and video calling. Encourage the couple to take responsibility for keeping these appointments by making set times and informing them that they will not gain full benefit from the Method unless they keep these appointments until they gain confidence.

If your couples do not return for follow-up you have to ask yourself some questions as to why this might be happening:

Have I given them so much information that they felt it was too hard?

Were they not aware this is part of the service I was offering them?

Did I make an appointment for the next follow-up?

Did I explain that the follow-up charting interview would give them confidence in using the Method?

Perhaps they have absorbed the information well the first time and consider they do not need this help, but it is more likely that they did not understand that the initial instruction in the Method was only the beginning. The breastfeeding mother will need help when she returns to fertility, whenever that might be. It is wise to keep in touch with her regularly for all of her breastfeeding experience but particularly as her fertility returns and she negotiates the variants of the Continuum. The pre-menopausal woman may be frightened of a pregnancy and be avoiding sexual relations with her husband out of fear. She needs regular
contact to gain confidence with her increasing infertility. The post contraceptive woman may have erratic patterns that need the expertise of a teacher. If she does not get this assistance in chart interpretation, she is likely to give up and go back to using contraceptives. The woman who is experiencing erratic cycles may require a medical referral but will need the support of her teacher as she goes through tests and perhaps receives treatment.

We have an extremely privileged role to play in helping all couples learn to recognise and appreciate their patterns of fertility and infertility. It can be a daunting experience to do it alone. The help of an experienced teacher can make this a joyful experience as they learn to recognise the wonders of their maleness and femaleness and the ability to procreate new life in love.

Enjoy the privilege of helping couples through the Billings Ovulation Method® and teach with love.

News Around the World

WOOMB Affiliates Reports to WOOMB International Conference in Cotonou, Benin

As has been the tradition of all WOOMB International Conferences, time is allocated for those representatives of Affiliates present at the Conference to offer a brief report. This is a brief summary of the wonderful reports that were presented. All showed how much work is done by so few with little or no financial support. We are always amazed at the passion and breadth of outreach our Affiliates offer within their country. We salute all of you!

Australia

Kerry Bourke reported on the activities of the Australian Affiliate, Ovulation Method Research and Reference Centre of Australia Ltd (OMR&RCA) which included a National Teachers Weekend held in Mulgoa, near Sydney. Most of the Australian teachers and 4 New Zealand teachers came to this weekend with many staying on for two further days of training in the Advanced Course. She also reported on the numerous showings throughout Australia of the movie “Sexual Revolution – 50 Years since Humanae Vitae” which showed archive footage of Drs John and Lyn Billings, Professors Brown and Odeblad and St Teresa of Calcutta.

Canada

Teacher Training and Re-certification have been the priorities for the affiliate associations of WOOMB Canada with teacher training sessions in British Columbia, Alberta, Ontario, and Quebec. The Alberta association has had success offering teacher training sessions by online webinar to complement the Teacher Training Correspondence Course. Young women can learn in the comfort of their own homes, thus proving more
convenience for them, while saving the association the costs associated with a traditional training weekend, such as accommodation, food, room rental and transportation. Extension Training is run as a traditional weekend workshop, a time to meet fellow learners, network with more seasoned teachers, and build our community of Billings’ teachers.

Malaysia

[Image of a group photo of Malaysian Billings Ovulation Method® teachers at the Annual General Meeting of the Natural Fertility Association of Malaysia.]

At this meeting Dr Lek-Lim Chan stood down as President and his role was taken by Dr Calvin Dinash. Lek-Lim remains as Chair of the Education Committee.

At the July 2019 Catholic Bishops Conference, WOOMB Malaysia has been moved to be under the Episcopal Commission for Health, in view of the fact that the Billings Ovulation Method® is fast becoming a tool for reproductive health monitoring and helping couples conceive when faced with difficulty. The Malaysian teachers continue to present the Billings Ovulation Method® at Pre-Marriage Courses which are their main source of couples for teaching.

Philippines

[Image of Rally Ganar, a Billings teacher, presenting in Manila and conducting a consultation.]

WOOMB Philippines continues to offer regular Teacher Training Course (pre-pandemic), often having more than one course each month. Travel is difficult within the Philippines and the team go to the areas of need, rather than conducting all courses in Manila. Teacher Training Courses are offered to parishes, dioceses and medical centres. A Teacher Training Course was held at the Asian Institute of Marriage and Family. Experienced Billings teachers came together for an update training in Manila in February and Rally Ganar was invited to present the Billings Ovulation Method to the office of the President of Manila in December 2019. They continue to offer consultations to women and couples at their office at the St Gerard Family and Life Centre in Manila as well as provide information on a local TV cable channel.

Pakistan

The main teachers of Pakistan, Pervez and Catherine Roderick and Nazli Amtul Wadood continue to travel all over Pakistan offering Teacher Training Programs. They have been particularly successful in being accepted into the National Catetchists Program which is a two year program to train catechists to work in parishes throughout Pakistan. Participants leave this program qualified as Billings Ovulation Method® teachers and are working at the grass roots with couples. In addition, the team has instigated information sessions for
childless couples which have been very successful. Like all countries where there are Government efforts to control population, there is a significant number of couples who are unable to conceive. Giving these couples information on the Billings Ovulation Method® is particularly important. Equally important is the work they are doing to offer the Billings Ovulation Method® to health workers whose role it is to offer contraceptives, especially in the poorer communities.

Brazil – WOOMB Latinoamerica

Heloisa Pereira from Brazil presented not only the work of Brazil but also the extensive work of a number of countries which make up WOOMB Latin America. Costa Rica, Nicaragua, Colombia, Argentina, Mexico and Guatemala had all given an overview for this presentation as well as Spain which is involved with this group in developing authentic Spanish translations of materials. There are 16 countries which form WOOMB Latinoamerica which is active in supporting and encouraging all Spanish speaking teachers of the Billings Ovulation Method®. All countries concentrate on training and updating their teachers as well as offering teaching sessions to couples. A wonderful achievement recently has been the cooperation between two countries – Spain and Brazil by offering training in Portugal which has resulted in the Affiliation of WOOMB Portugal.

WOOMB Affiliates of Europe

Gerard Renard from France also reported on a number of the Affiliates of Europe who come under the regional group of Billings Europe. This group encompasses all the Affiliates as well as those working towards Affiliation and teachers working in isolation in a country. Affiliates who provided an overview were Croatia, England, France, Hungary, Ireland, Italy, Scotland, Spain and Sweden. Other Affiliates include Poland, Romania, Slovakia and since the Conference, Portugal. Albania, Ukraine, Belarus/Russia also have accredited teachers and are working towards affiliation. All groups reported wonderful activities to spread the knowledge of the Billings Ovulation Method®. Some, like Billings Method England have concentrated on offering their teachers intensive upskilling by providing two Teacher Days per year. Hungary provided an ambitious project to provide Teacher Training to increase their teacher numbers. Participants came from both Hungary and Ukraine and one Ukrainian is already accredited with others working towards accreditation.
Italy continues the legacy left to them by Dr Sr Anna Capella to teach the authentic Billings Ovulation Method® and have vast numbers of teachers offering teaching and training throughout Italy. France has several teams of teachers throughout France offering teaching of couples as well as reaching out to other French speaking countries in Africa and elsewhere. Croatia continues to offer teaching to couples, training of new teachers and TeenSTAR programs to adolescents. The fruits of the WOOMB International Conference in Zagreb are still bearing fruit! A fruitful Whatsapp meeting in January bought all of these people together to network and share experiences.

Tanzania

Tanzania was represented by 4 delegates who are continuing the work started by Dr Sr Birgitta Schnell, who was a missionary nun and obstetrician/gynaecologist who lived and worked in Tanzania for over 40 years. Tanzania offers a National Meeting of Teachers annually where as many teachers as possible come together. However, due to lack of funds they have had to cut back on offering the Teacher Training Programs which have previously been regularly offered for new teachers.

Ethiopia

Ethiopia was represented by three delegates, who reported that they currently have difficulty in providing extensive programs due to lack of funds. Both the authentic Billings Ovulation Method® and TeenSTAR programs have been offered for many years and it is their hope that this update of training will assist them to continue to offer this service.

Benin

Laure and Olivier Salmon who were the hosts for this Conference shared the experience of teaching adolescents the Billings Ovulation Method®. Currently they only offer schools programs for young women.
The Conference delegates were able to see examples of this teaching when young women provided examples of how they would teach the Method to their peers.

Report of the Directors of WOOMB International to delegates at Cotonou

The Directors reported that 12 of the 42 Affiliates were present at this Conference. Although there were only 4 affiliated organisations in Africa the Directors have a dream of this increasing following this Conference. Nine other African countries were present at the Conference: 4 French-speaking and 5 English-speaking, and all had expressed interest in continuing training in the Billings Ovulation Method® and gaining Affiliation with WOOMB International. All delegates from these countries were present at the Teacher Training Programs and they will now consolidate this training through the Correspondence Course with both WOOMB International and WOOMB France – Billings LIFE. Once these countries have been affiliated the further dream of the Directors would be to have a regional group for Africa, WOOMB Africa. To this end, a meeting of representatives of all countries was held during the Teacher Training Programs and a way forward was planned.

The role of WOOMB International is to ensure that wherever in the world the Billings Ovulation Method® is being taught, it is taught according to the teachings of Drs John and Evelyn Billings. All Affiliates agree to use authentic literature in both the training of teachers and the teaching of the Method to women and couples.

A highlight for this year has been the publication of the Australian Study on the Achievement of Pregnancy by Human Fertility under the title: Stratification of fertility potential according to cervical mucus symptoms: achieving pregnancy in fertile and infertile couples. 2019 Marie Marshell, Marian Corkill, Mark Whitty, Adrian Thomas and Joseph Turner https://doi.org/10.1080/14647273.2019.1671613

The Directors concluded by thanking the donors from fifteen countries who responded to the Sponsorship Fund which allowed WOOMB International Ltd to offer sponsorship to approximately fifty delegates.