

# SYMPTO-THERMO CHARTING

The following is a brief over-view of how to record information on your sympto-thermo chart (based on the book 'Natural Fertility' by Francesca Naish).

## 1. TEMPERATURE CHANGES

Temperature readings help to confirm when ovulation has taken place, and the length of the different phases of the menstrual cycle. Temperature increases reflect the production of progesterone, which causes greater heat in the body.

Take your temperature orally. It is important to use a fertility thermometer to accurately distinguish even small changes. Determine how long your thermometer takes to register by testing the reading after 1, 2, 3, 4 & 5 minute intervals. As the mercury will stay up until it is shaken down, you can read and record your temperature later in the day if you prefer. Remember, do not wash or clean your thermometer in hot water.

### **Conditions for Taking Your Temperature**

As you are recording your body-at-rest temperature, it needs to be done as soon as you wake up (after a minimum of 4 hours sleep), and before any activity e.g. talking, sitting up, going to the toilet etc. Take your temperature at the same time every day. If taken earlier or later than usual, record both the actual temperature (and the time), and then record the adjusted temperature using the following guidelines.

Waking *earlier* than usual - adjust the temperature *up* by 0.1°C for each hour.

Waking *later* than usual - adjust the temperature *down* by 0.1°C for each hour.

### **Conditions Affecting Temperature Readings**

Record any of the following circumstances on your chart.

- Ill health e.g. sore throat, cold
- Stress - particularly acute episodes
- Hangovers - even mild
- Medication or drugs (other than those prescribed by your practitioner)
- Disturbed night - restless, frequent waking
- Activity before taking temperature e.g. leaving bed to go to the bathroom
- Extreme temperature e.g. over heating in bed, waking up hot or cold

## 2. MUCUS CHECKING

The process involves collecting some mucus from the vaginal opening on your fingertips. Look and feel the mucus to determine the amount, colour, appearance and texture. These findings are then recorded on your fertility or sympto-thermal chart. It is more effective if done frequently eg every time you go to the toilet. If you experience different types of mucus throughout a day, record only the most fertile condition (see below).

### **Mucus Changes:**

The amount and type of mucus produced is controlled by your hormones - specifically the level of oestrogen. Each woman will experience changes in her mucus throughout the menstrual cycle. While there are common elements in the way the mucus changes, each woman will have her own unique pattern which can be learnt through experience and familiarisation. Write down one descriptive word for each of the categories - amount, colour, texture. Use words which are meaningful to you, and try to ensure you describe each distinct type of mucus consistently. Avoid relative words like 'decreasing', 'wetter' etc. On days where there is no mucus write none or dry, don't leave it blank.

## **Mucus Types**

Dry days - occurs after the period. There is no mucus produced. This is considered to be an infertile time. Note - not all women will experience this.

Infertile mucus - this is usually an unchanging pattern which occurs for several days. The mucus is commonly described as opaque, yellow or white, and may feel thick, pasty, tacky, sticky and holds its shape.

Probably infertile mucus - the amount of mucus produced begins to increase in response to the rise in oestrogen levels. Descriptions include cloudy, clotty, sticky, flaky, tacky, thick, damp, moist and pasty. It is usually opaque, white or yellow.

Fertile or wet day - mucus becomes more watery, fluid, wetter, thinner, clearer and more profuse. It looks clear, milky white, translucent or may be tinged with blood.

Spin or extremely fertile mucus - this is not always experienced. The sensation is wet and slippery, but the mucus holds together (like raw egg white). It's clear or milky white in colour. It can occur for 1-2 days, or come down as a single mass.

## **Factors Which Can Affect Mucus Production**

- Reproductive tract infections- eg thrush
- Certain drugs - eg the Pill, antibiotics
- Nutritional deficiencies
- Stress
- Vaginal lubricants
- Douches
- Spermicides
- Seminal fluid

## **3. OTHER CATEGORIES**

Keep one chart per cycle, as this allows easy comparisons. Start recording on the first day of your period (don't count spotting). Don't forget to fill in the day, date and month for each chart. Fill in the other information on the chart as appropriate for you. Below are some further guidelines. If you use symbols which are not listed, don't forget to make a key somewhere on your chart, as it is easy to forget what they stand for.

Cervix changes - this is optional. You can record it as SHOW (soft, high, open and wet), or as HLSD (hard, low, shut, dry).

Pain - mark 'L' for left or 'R' for right for mid-cycle, or with ticks during the period.

Bowel - note if any constipation or diarrhoea occurs.

Breasts - record if swollen, lumpy or tender.

Fatigue/energy levels - you can use a score out 10 to describe how you are feeling, or otherwise arrows pointing up or down.

Food cravings - note if cravings are specific, or if appetite is increased.

Emotional state - eg moody, irritable, sad, angry, anxious, tearful.

Intercourse - if charting for conception, record each day you have intercourse with a tick. Use a symbol if you have used mechanical protection such as a condom.

Bleeding - tick days during your period, and record any spotting (before or after your period, or mid-cycle) with a 's'. You may also like to record any clots with a 'c'.