

Postpartum Fertility

Expecting the Unexpected in Hormone Health and Ovulation

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Tempdrop®

Congratulations!

You've welcomed a sweet little baby into the world or are preparing to do so.

Postpartum can be a difficult time to navigate, and one of the biggest choices women face, that they often aren't prepared for, is whether or not to use hormonal birth control postpartum. But remember that there are plenty of options for navigating this time!

And if you just want to watch your cycle while using an alternative form of family planning, then fertility awareness is a great option!

Fertility awareness is the practice of noting signs your body is giving about its fertility status.

In this guide, we'll be talking about:

- what your cycle may look like postpartum,
- the hormones involved,
- and what methods of fertility awareness work best when you're postpartum.

You'll find a lot of good snippets that can help you even if you're experienced with using fertility awareness. Let's dive right in!

Note that for those that are new to ovulation tracking, throughout this document we use the word 'charting'. Charting is referring to the tracking of key biomarkers such as basal body temperature (BBT), cervical mucus, and in some cases ovulation test kits (though these are less relevant for women who are postpartum), and other body signs.



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How do I let the Tempdrop app know I've started charting again - especially so that I don't have a chart that's years long (from before pregnancy)?

There's nothing special that you need to do - just start charting again! If you used Tempdrop before getting pregnant then just turn off the pregnancy status toggle. You can mark your baby's birthday as the first day of your cycle.

Postpartum Hormones

Women are hormonal creatures. I'm not talking about it in the way that people often blame hormones for strong feelings, but in the fact that our bodies are cyclical, and the dominant hormone at any given time does influence our experiences. I think it's important for women to understand that their hormones differ during any given cycle, but also that **the dominant hormones postpartum are very different from those dominant during a normal cycle in reproductive years.**

Postpartum Cycle Hormones

Many women aren't entirely sure about what to expect of their cycles postpartum, and this is largely because of the hormonal differences when a woman is postpartum compared to a regularly cycling woman. So what are the largest hormones at play during postpartum?

Oxytocin

Oxytocin is often called the "happy hormone." It's a hormone that's released from skin-to-skin contact, cuddling, and during different portions of childbirth and breastfeeding. While it isn't officially a sex hormone (like testosterone, estrogen, and progesterone) it is affected by, affects, and correlates with these hormones - and it acts differently in men and women, suggesting that it is strongly linked.

During a normal, non-postpartum, non-breastfeeding cycle, oxytocin has been found to be [higher halfway through the first portion of the cycle](#) (the follicular phase) and lower halfway through the second portion (the luteal phase, after ovulation).



In women, oxytocin promotes uterine contraction and very light contractions throughout the breast, which helps move milk down when lactating. When oxytocin is high, this signals to the brain that it should suppress follicle-stimulating hormone (FSH), which makes it much more difficult for your body to ovulate. As you begin to wean your baby (naturally or purposefully), this suppression will get weaker and weaker, and you will eventually ovulate.

Prolactin

Prolactin is an easy word to break down into its meaning: pro and lacin (same base as lactation). And it is, in fact, the hormone that promotes lactation. In women, this hormone is naturally high after childbirth, and it will remain high for as long as there is a demand for breast milk.

Like oxytocin, prolactin suppresses FSH. Also like oxytocin, as prolactin levels decline with weaning, ovulation will become more likely to happen. The lactational amenorrhea method (more on that further down) relies on both of these hormones as a result of regular breastfeeding to suppress ovulation and menstruation, and therefore prevent pregnancy.

Once you understand the basics of these hormones, it makes it easier to understand the rest of the cycle commentary about what to expect below.

FAQ

My friend got pregnant before she had a period postpartum. How can I trust a method like this?

Ovulation happens prior to menses. Some women experience hormonal breakthrough or withdrawal bleeding before ovulation, but about 60% will ovulate before bleeding returns postpartum. For a first cycle postpartum, your period can be expected about 1-2 weeks after ovulation. When you track your cycle, you can see signs of impending ovulation, and you can confirm when ovulation has happened **before** you get your period.



What to expect from your cycle postpartum?

FAQ

What signs should I be looking out for that ovulation is returning/has returned postpartum?

Cervical mucus is often the first sign that ovulation is returning, so keep an eye open for changes in cervical secretions.



Many women don't know what to expect of their cycles postpartum - or they expect it to be the same as before they had a baby. But there's really no way to know exactly what to expect. There's a large variety of 'normal' in postpartum cycles. So let's go through a few common trends many postpartum women notice in their cycles that are different from before they had their baby.

If there's one thing you take away from this section, it will be to **expect the unexpected**.

FAQ

When my cycles do return, what should I expect?

Expect the unexpected! The short answer is there's really no way to know what your cycles will look like postpartum until you start experiencing them, but many women experience an irregular follicular phase length and/or a short luteal phase.

Period

The biggest thing women struggle to anticipate is a change in their periods, especially if they've had a steady experience with periods for a long time prior to getting pregnant. Some women report experiencing different sensations before and after pregnancy. Your period itself may be longer or shorter, heavier or lighter. It's also not unusual for cramps to feel more intense or even to come with back pain. If you have any concerns, reach out to your provider.



Follicular Phase Variability

The [follicular phase](#) is the time between your period and ovulation (the first portion of your cycle). Many women experience a long follicular phase after giving birth, which can also be viewed as delayed ovulation. This is because of the oxytocin and prolactin, discussed above, suppressing ovulation. If you're breastfeeding when you first get your period back, you may experience a long follicular phase that gradually evens out to a normal length as you continue breastfeeding. This is because the hormones involved in breastfeeding are actively suppressing [follicle-stimulating hormone \(FSH\)](#), the hormone that triggers ovulation. If you're not breastfeeding, or stop breastfeeding, you'll likely experience a regulation in follicular phase length within a few cycles.

Because of the variable follicular phase length, you may experience irregular cycles.

Short Luteal Phase

The [luteal phase](#) is the time between ovulation and the start of your period. Your luteal phase allows you to become pregnant successfully (so it's very important if you're trying to conceive!). It's also important because it allows you to experience all of the positive effects of [progesterone](#). A short luteal phase often indicates less progesterone than is ideal if trying to conceive.

However, this is a normal part of postpartum hormone balancing and is transitional, so you should notice a return to a longer luteal phase length within a few cycles.

Weak Temperature Shift

Some women initially experience low progesterone levels in their postpartum luteal phase. In addition to having a short luteal phase, you may also see low progesterone presented in the temperatures in your chart. **It presents as a weak temperature shift that stays relatively close to your coverline.**

FAQ

What does a weak temperature shift look like?

We categorize a weak temperature shift as a subtle and limited rise in basal body temperature following ovulation, as opposed to a more defined shift that has more of a curvature.





Return of Fertility

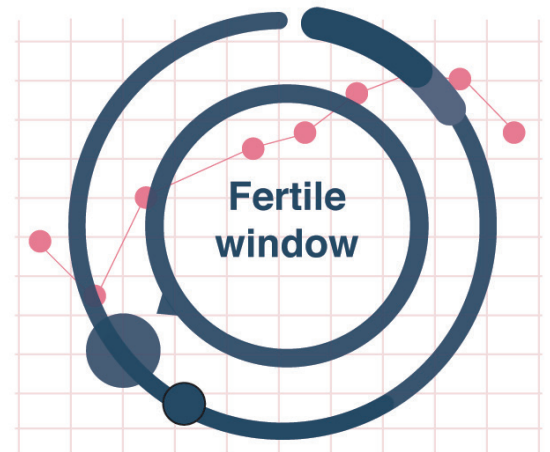
FAQ

How soon should I expect to see a return to fertility?

This question depends on a lot of things. If you're breastfeeding your baby, it will likely be later than if you weren't, but a normal period of time for a return of fertility is anywhere between 1 month and 2 years postpartum.

Many women ask when they should expect a return of fertility (ROF), or expect their periods to return. Generally, these happen around the same time, although you may bleed without ovulation because of fluctuating hormones (in which case, you've experienced period-like bleeding, but not a ROF). However, it's difficult to predict when exactly you will experience a ROF. It'll largely depend on factors like breastfeeding and how often you are with your baby.

If you choose to breastfeed, your ROF will generally be later than if you don't breastfeed. If you follow the requirements of the lactational amenorrhea method (more on that below), the likelihood you will become pregnant while you qualify is less than 2%, which is better than many typical use statistics for hormonal contraceptives.





Breastfeeding

Many postpartum moms choose to breastfeed and/or pump. To get us all on the same page, I want to discuss different types of breastfeeding since they will affect your cycle in different ways. Some of this section may be loosely applicable to parents who are attachment parenting but don't practice breastfeeding.

Types of breastfeeding

There are three types of breastfeeding discussed here:

1. ecological breastfeeding

2. partial breastfeeding

3. pumping. While pumping doesn't include a direct latch connecting mom and baby, it is a way to feed your baby your breast milk and is somewhat applicable.

This is by no means a thorough list of all of the ways you can breastfeed, but rather a simple definition of different types of breastfeeding so we can all be on the same page when talking about breastfeeding.



Ecological Breastfeeding

To fit the definition of ecological breastfeeding, you must adhere to the following requirements:

- Infant only consumes human breast milk directly from the breast for the first 6 months.
- Infant suckles on the breast on demand, both day and night.
- Infant has no pacifiers or artificial nipples.
- Infant may be introduced to solid foods slowly at 6 months.
- Infant's primary source of nutrition is nursing for at least 1 year.

Ecological breastfeeding is not a method of birth control, rather it is a definition of how an infant and mother interact in a feeding relationship.

Ecological breastfeeding was the primary way infants were fed for the majority of human history, until the early 1900s, and natural child spacing was about 2 years about during this time period. As the practice of ecological breastfeeding declined in the 1930–1960 period, the [natural space between children](#) became closer to 1 year.

Extrapolating a little from that data, we can see that ecological breastfeeding likely does generally suppress ovulation, which can work as a loose form of birth control.



Partial Breastfeeding

Partial breastfeeding is when an infant is supplemented with formula or donated breast milk, or when a child is no longer getting their main nutrition from breast milk (many parents make this transition to nursing being supplementary between 3 and 12 months). When you are only partially breastfeeding, you will still experience many of the hormonal differences an ecological breastfeeding mother would, just to a lesser degree. The skin-to-skin contact with your baby helps to produce oxytocin and breast milk production is controlled mostly by prolactin and oxytocin. Both of these hormones work together against the naturally cyclical menstrual hormones.

Some women get their periods back quickly while partially breastfeeding, while others don't see a return of fertility until well after they've fully weaned their baby. You can't rely on partial breastfeeding for preventing pregnancy, or reasonably expect that you won't have a return of fertility during this time, but it isn't considered abnormal if you don't see your period until after your baby has fully weaned.



Pumping

Many moms today find that they need to work outside the home, and they choose to pump full- or part-time. You're amazing if you choose this because it's quite the commitment! Many of the aspects of the Partial Breastfeeding section above apply to you, although the cyclical hormonal suppression generally won't be quite as strong as those who have a direct latch. The skin-to-skin and milk production still happens, but no studies have been performed to see how these are the same, or different, from nursing.



Importance of charting your cycle

Whether you're planning to get pregnant, avoiding getting pregnant, or just letting whatever happens happen, charting your cycle will be incredibly important postpartum. Postpartum cycles can be very irregular, but charting your cycle will help you with your pregnancy intentions, or just let you know when to expect your next period. After all, it's not fun to go on a trip or make plans and be surprised by your period. If you're charting, you should know roughly 1-2 weeks before your period starts.

FAQ

If I am exclusively breastfeeding, is this sufficient birth control?

Exclusive breastfeeding alone is not enough to rely on for birth control. Look into the lactational amenorrhea method (LAM), which sets forth firm requirements for natural birth control while breastfeeding.



Lactational Amenorrhea Method

The lactational amenorrhea method (LAM) is a method of cycle suppression in the postpartum period that has been studied as a form of birth control, and it boasts effectiveness of over 98% in the first 6 months postpartum. However, there's a lot of misinformation out there about LAM because it's often passed around by word of mouth, so the typical use numbers are probably much lower. The official rules and study can be found [here](#), but I'll summarize it for you below.

1. The mother is amenorrheic. This means she has not experienced light bleeding (or heavier) for 2 consecutive days since postpartum bleeding ceased. Consistent spotting would also count as a disqualification for this requirement.
2. The infant is exclusively or almost exclusively fed directly from the breast. The requirement is that the baby feeds at the breast at least every 4-6 hours and has minimal supplementation.
3. The mother is less than 6 months postpartum.

There's no requirement to avoid a pacifier, to feed on demand, for the mother not to pump between feeds, or never allow someone else to feed your baby while you go out for a short date night.

As you can see, this is a relatively short-term solution as a contraceptive, but it can work very well, especially if you practice attachment parenting.

FAQ

Lactational Amenorrhea

vs

Ecological Breastfeeding

Tempdrop



Should I use the lactational amenorrhea method (LAM) or ecological breastfeeding?

LAM is an actual method with rules and an ending point for when it can be relied on to prevent pregnancy with over 98% efficacy. Ecological breastfeeding is a description of a breastfeeding relationship between a mother and an infant. LAM often includes an ecological breastfeeding relationship (though it isn't required) and is studied as a way to prevent pregnancy.





Intro to Postpartum Charting



Postpartum charting can be one of the most valuable tools in your postpartum toolbox! It can help you understand your hormones, know when to expect your period (especially important if you are experiencing irregular periods) and use fertility awareness for whatever your pregnancy intentions are.

FAQ

When should I start charting again postpartum?

Whenever you are ready! I typically recommend between 6 weeks and 6 months, depending on the breastfeeding situation. If you choose to start charting later and don't fit the LAM requirements, remember to use alternative contraception if preventing pregnancy.



Where to focus in postpartum charting

Postpartum charting is a bit different from tracking your cycle during other periods of your life. This is because it's somewhat expected to have long, irregular follicular phases - which lead to long, irregular cycles. For many women, this is the first time they've experienced a consistently irregular cycle, and it's not something they've had to interpret before even if they have already tracked their ovulation and menstrual cycles. So let's talk about what you can focus on when charting to help you get the most reliable information while you're postpartum.

Cervical Mucus

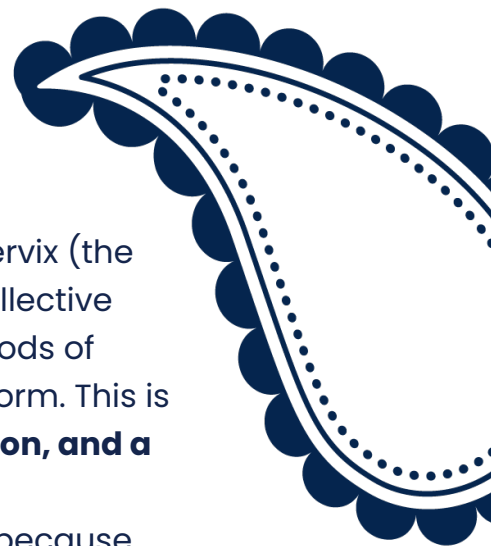
Cervical mucus (CM) is the secretion from tiny glands inside the cervix (the "neck" of the uterus). They exit through the vagina as part of the collective vaginal discharge experienced regularly. Most highly reliable methods of fertility awareness require observation of cervical mucus in some form. This is because **cervical mucus is most observable leading up to ovulation, and a great indicator of it!**

When you're postpartum, cervical mucus is particularly important because you're waiting for a return of fertility. CM gives you information about that prior to ovulation, while basal body temperature is a retroactive biomarker (telling you about/confirming ovulation after the fact).

I won't go into great detail about cervical mucus here because how it's observed and interpreted is highly dependent on your chosen method. However, the basics of the chemical makeup of CM tell us that drier, tackier CM is normal earlier in the cycle and it becomes more slick and watery as ovulation approaches. After ovulation, you should produce very little - or possibly no - cervical mucus until your period, when you may experience a slight surge in cervical mucus right before bleeding begins.

You can learn more in the Tempdrop Academy, available in the Tempdrop app, or you can learn how to start observing and tracking CM using this article:

[How do I observe and chart cervical mucus?](#)



One of the reasons cervical mucus is so important postpartum is that you may have multiple ovulation attempts in a single cycle. You may experience dry, tacky CM – transition to watery, slick CM – back to dry and tacky – again to watery and slick CM – a few times before you actually ovulate. It gives you the indicator of what to watch for, which leads right into confirming ovulation, which can be easily done by tracking basal body temperature (BBT).

BBT

BBT is also very valuable to track when you're postpartum. It's a measurement of your core body temperature, which fluctuates slightly between the follicular phase (lower) and the luteal phase (higher). As stated above, it's not abnormal for a postpartum woman to experience multiple hormone surges attempting to trigger ovulation before it finally happens.



BBT allows you to positively confirm ovulation did happen, and that it wasn't just another ovulation attempt.

However, tracking your BBT can become difficult in the postpartum timeframe. This time is often characterized by waking with a baby at random hours and having an irregular sleep schedule. Many temperature routines require at least 3 hours of sleep before taking the temperature, as well as taking it at the same time each day. Having a baby, you probably know this is unlikely to be feasible.

Tempdrop is a wearable basal body thermometer that allows you to get an accurate temperature just by wearing it overnight. It needs to be worn for at least 3 hours, with a minimum of 2 hours of sleep (this doesn't need to be consecutive sleep though). You don't need to put it on and take it off at the same time every day. It collects thousands of data points and gives you an accurate temperature when you sync it with your phone in the morning. You can [read more details here](#).

So basically, it's perfect for moms with young children who don't know when they'll be able to sleep.



When should I start using Tempdrop postpartum?

Start wearing Tempdrop when you start charting again! Tempdrop will work right away – it doesn't need a learning period! You may want to start wearing it a week or two before you start charting other signs, just to get in the habit again. If you tracked with Tempdrop before pregnancy then don't forget you may need to change the battery when you start wearing it again (or put a new battery in if you stored it without the battery).

Hormone Monitoring

Hormone monitoring can get relatively complex when charting, so I won't go into a lot of detail. If you choose a method with hormone monitoring, you'll learn more specifics then. One of the biggest reasons it's more complex is that most women experience long follicular phases for a while postpartum, which can lead to testing certain hormones for weeks on end waiting for ovulation. As you can imagine, this can become time-consuming, and depending on the technology used, it can become expensive to test so frequently as well. However, I want to touch on the different types of hormone monitoring briefly.

- Individual urine hormone tests – these test for a single hormone each. Common types are LH tests/OPKs, as well as progesterone (PdG) tests. These can be used at home. If you choose to use them, read up more from the company about how they work and what they indicate.
- Multiple urine hormone tests – some companies have developed urine test strips that can test multiple hormones at a time, and then give you the result on a single test. This is incredibly convenient. Just like the individual ones, learn more about them from the people who make them.
- Hormone monitors – these are also at-home tests, and they test a variety of hormones. Common monitors include Clearblue and Mira. Some methods use monitors in their protocols, in which case you should follow those instructions. You can also find information about them from the companies themselves.





Methods that work particularly well during postpartum

Before jumping into a summary of the different methods that work for postpartum women, it's important to note that if you are postpartum and choosing to chart, we strongly recommend that you consider learning with an instructor. This is because of some of the items discussed earlier - irregular cycles, anovulation, and hormonal fluctuations - that can make charts more tricky to interpret.

Lactational Amenorrhea Method (LAM)

This has already been discussed in about as much detail as necessary, so I'll just include a quick summary of the requirements:

1. The mother has not experienced more than one day of bleeding since postpartum bleeding stopped and does not have consistent spotting.
2. The baby receives the majority of their nutrition by latching to the mother's breast and does not go more than 4-6 hours without nursing.
3. The mother is no more than 6 months postpartum.

Billings

Billings is a very well-studied cervical mucus method with a protocol for postpartum women who are using their method. They apply what is called a basic infertile pattern (cervical mucus deemed to be infertile) in advanced ways to help postpartum charters understand when they are or are not fertile. This method should be learned with an instructor.

Many instructors will assist with temperature charting as an additional sign to confirm ovulation if the charter wants to use it, though it's not officially part of the method.



Marquette

Marquette is a method that uses femtech, specifically the Clearblue monitor, which allows you to chart specific hormones at home. It is taught by registered nurses with a high level of background clinical knowledge. It has a specific protocol for those who are postpartum and breastfeeding.

Some women choose to use temperature charting in addition to their Marquette charting to confirm ovulation in an additional way.

Boston Cross Check

Boston Cross Check (BCC) is another method that uses your choice of the Clearblue monitor, LH strips, cervical fluid, and temperature monitoring. In fact, Tempdrop is the only wearable BBT approved to use with BCC. This method is pretty flexible, which is particularly great for experienced charters who want a method with a specific postpartum protocol. The method is only officially taught through their instructors, which you can find on [their website](#).

Working with an instructor

Postpartum cycles can be incredibly complex and possibly confusing, especially if you haven't charted before or are learning a new method. Learning with an instructor who is experienced with teaching postpartum women how to interpret their cycles is one of the most valuable things you can do for yourself in terms of charting. While LAM doesn't require a teacher, if you choose to use FAM while not fitting into LAM requirements, I highly recommend an instructor.

An experienced postpartum instructor will be able to

- help you understand postpartum cycle trends.
- teach you how to interpret your changing body (it's likely very different!).
- sit down in a chart review with you to walk you through your specific cycle.
- guide you through the whole journey.

While it is possible to learn many methods by book, postpartum is one of those times when it is better to learn from an instructor. Many women become pregnant unexpectedly while their cycles are irregular during the postpartum period, but fertility awareness instructors have trained and guided many women through similar experiences and can bring a lot of valuable knowledge to your journey.



When to start charting postpartum

When you choose to start charting postpartum is an incredibly personal choice, but remember that you can become pregnant as soon as 6 weeks after giving birth if you aren't actively doing something to prevent pregnancy. And if you're trying to get pregnant, irregular postpartum cycles can make that difficult.

Most medical professionals recommend waiting 18-24 months between pregnancies. This is to allow your body time to heal and to have a healthy pregnancy. This is based on studies identifying nutritional value for both you and your little ones, as well as emotional and mental health.



Your choice of when to start charting will be dependent on your pregnancy intentions, as well as if you choose to use another method to help with that intention. I'll walk through a few general suggestions.

- If you choose to use LAM, I recommend starting to chart at about 5 months postpartum, or immediately once you no longer qualify for LAM, whichever comes first. Remember to choose a method and set up a meeting with an instructor (if applicable) around 5-6 months.
- For any intention, I recommend identifying which method you would like to use before your baby is born (so you can focus on baby once they arrive!), and start using it around 6-8 weeks postpartum. If you can, start learning about the method when you decide on it so you are familiar with the method, and set up a meeting with an instructor a week or two before you start charting (or based on their recommendation).

FAQ

What should I expect my charts to look like postpartum?

There's no definitive answer to this. There may be some common trends in postpartum charts, but learning to interpret your daily fertility status is the most important part of charting.





Trying to Conceive postpartum

If you're trying to conceive postpartum, there are definitely some things you should know.

A lot of it has already been discussed above, but I'll point it out specifically here.

Weak ovulation. Because hormones are still rebalancing after pregnancy, some women experience a weak ovulation event during their cycle. This means the egg development phase pre-ovulation (about 100 days total) wasn't optimal, leading to an immature or slightly "abnormal" egg being released. This can increase the risk of miscarriage. If you're planning to become pregnant when you recently experienced a ROF, you can support healthier ovulation with diet and supplements.

Luteal phase length. To become pregnant, you need a luteal phase length of at least 10 days. Closer to 12-14 is ideal, but if it's fewer than 10 days, you have a luteal phase deficit and it's less likely you will successfully become pregnant.

Progesterone levels. A successful pregnancy requires plenty of progesterone. It's not uncommon for women to take at least a few cycles to have sufficient progesterone levels during the luteal phase to sustain a healthy pregnancy.

Irregular periods. Especially if you're breastfeeding at least partially, you may have irregular periods still. This makes it more difficult to know how to time intercourse to conceive. Tracking cervical mucus will be particularly helpful for you in this case.

Be patient. This is always difficult to hear when you're excitedly trying for a baby, but try to be patient. A lot of factors affecting your cycle postpartum can make each individual cycle seem to drag on, meaning more time may pass before you have a successful cycle getting pregnant.



Family planning postpartum

Many families try spacing babies a few years apart, or they may have reached their intended family size after a baby is born. In these cases, you'll want to make a plan about how to avoid pregnancy until/if you want another baby. The great news is that you can use a **fertility awareness method** to avoid pregnancy.

The methods described above all have great protocols and research to support you in your postpartum charting journey. Rather than simply choosing one randomly, you should look at the different options and choose one that will match your personal lifestyle and risk profile.

For those choosing to use fertility awareness alongside a method besides abstinence during the fertile window, remember that the efficacy rate of your method becomes that of the other method you choose to use. For example, if you use barriers during your fertile window, then the effective efficacy for preventing pregnancy will be that of your chosen barrier method.

FAQ

Can Tempdrop be used as a contraceptive device?

The Tempdrop Fertility Monitor device and app are NOT approved for contraceptive use. They are complementary tools intended to enhance your ability to track your fertility.

[Fertility Awareness Methods](#) (FAM) rely on the daily observation of biomarkers, such as basal body temperature during sleep (BBT), cervical mucus, and/or results from ovulation prediction kits (OPKs). These indicators empower you to accurately identify the timing of ovulation and your fertile window each cycle. The Tempdrop sensor collects sleeping temperature data and can be used as an alternative to traditional BBT thermometers. The app allows you to record other biomarkers along with your Tempdrop temp data, providing an easy all-in-one ovulation tracking solution.

If you are new to ovulation tracking and [fertility awareness](#), please [click here](#) to take advantage of our free introductory guide to learn more. This resource is crafted to give you a comprehensive understanding of how fertility tracking tools like Tempdrop can take the stress out of cycle tracking.



Resources

Postpartum Hormones: <https://www.ncbi.nlm.nih.gov/books/NBK555904/>

Oxytocin: <https://pubmed.ncbi.nlm.nih.gov/30458185/>

Ecological breastfeeding history: <https://pubmed.ncbi.nlm.nih.gov/3042247/>

Tempdrop device: <https://www.tempdrop.com/blogs/q-a/how-does-tempdrop-work>

Lactational amenorrhea method: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6823189/>

Billings Ovulation Method: <https://mail.billings.life/en/>

Billings study: <https://pubmed.ncbi.nlm.nih.gov/1746205/>

Billings study (most recent): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10170796/>

Marquette: <https://www.marquette.edu/nursing/natural-family-planning-model.php>

Marquette effectiveness overview <https://www.vitaeffertility.com/marquette-breastfeeding-effectiveness/>

Boston Cross Check: <https://www.bostoncrosscheck.com/>

Additional Tempdrop resources

<https://www.tempdrop.com/blogs/resources/postpartum-charting-your-questions-answered>

<https://www.tempdrop.com/blogs/blog/a-midwife-answers-postpartum-cycle-questions>

<https://www.tempdrop.com/blogs/blog/do-you-need-to-track-postpartum-bbt>

<https://www.tempdrop.com/blogs/resources/introduction-to-fertility-tracking-when-postpartum-and-breastfeeding>

<https://www.tempdrop.com/blogs/blog/4-fertility-awareness-methods-made-for-those-who-are-breastfeeding-or-postpartum>

<https://www.tempdrop.com/blogs/q-a/can-i-use-and-benefit-from-tempdrop-if-i-am-postpartum-and-getting-up-frequently-during-the-night>

<https://www.tempdrop.com/blogs/resources/the-difference-between-the-lactational-amenorrhea-method-lam-and-ecological-breastfeeding>

<https://www.tempdrop.com/blogs/resources/tagged/postpartum>



Appendix: Helpful Acronyms

BBT - basal body temperature

BF - breastfeeding

CM/CF - cervical mucus/fluid

FAM - fertility awareness method

FSH - follicle-stimulating hormone

LH - luteinizing hormone

OPK - ovulation predictor kit (specialized type of LH test)

PP - postpartum

ROF - return of fertility

TTA - trying to avoid (pregnancy)

TTC - trying to conceive



ABOUT THE AUTHOR

Liza is a certified labor and postpartum doula, childbirth educator, and fertility awareness educator with a focus on conception (trained through NFPTA).

She is passionate about helping growing families thrive in their changing lives. Her clients understand that making small changes can make a big difference in their outcomes, and she focuses on helping them to identify the best places to focus their time and resources while building their own knowledge.



Liza Blake

ABOUT THE EDITOR



Mikayla Dalton

Mikayla Dalton has been a Boston Cross Check instructor since 2011, and feels immensely privileged to have supported women and couples in their natural family planning.

More than a decade in, she still finds it immensely satisfying to watch as her clients grow in understanding of their bodies and appreciation for them. Mikayla loves keeping tabs on the latest research into fertility charting, and owns an embarrassingly large array of devices, gadgets and tools for keeping tabs on her body.

A self-confessed femtech geek, Mikayla's husband once told her she looks like the Borg Queen with all her charting wearables on. Resistance, she said, is futile.

