TRIALS of THE BILLINGS OVULATION METHOD

Introduction

Trials of the Billings Ovulation Method carried out in both developed and developing countries reveal high reliability, effectiveness and satisfaction with the method.

In China, the Nanjing Family Planning Instruction Institute and the Jiangsu Family Planning Research Institute in collaboration with Drs Evelyn and John Billings are conducting a significant controlled trial on the reliability of the method. The results of the first stage of this trial are in the process of publication. It is extremely difficult to evaluate and compare fertility control methods in clinical trials because of the terms used and the variety of methods available. To understand the terminology a list of terms is included below.

Terminology used in trials

METHOD-RELATED PREGNANCY RATE

This indicates the number of pregnancies, expressed as a percentage, occurring when couples carry out correct instructions for a particular method. The correctly assessed pregnancy rate under these circumstances is an indication that the method has not covered a percentage of biological circumstances. All fertility control methods have such failures, including the Pill, the IUD, and even sterilisation.

TEACHING-RELATED PREGNANCY RATE

This figure applies to pregnancies resulting from incorrect teaching of a method, or to misunderstanding by the user of the method.

CONTINUATION RATE

This is a guide to the acceptability of a method and is judged by the readiness of users to continue with a method over an extended period and to return to a particular method after a pregnancy.

TOTAL PREGNANCY RATE

This total figure includes pregnancies resulting from a failure of a particular method to cover all biological circumstances, misunderstanding of the method, risk-taking by couples, ambivalence towards pregnancy, and the decision by a couple to exercise the second option of achieving a pregnancy. Within the total pregnancy rate there may also be a number of pregnancies resulting from an act of intercourse when agreement fails between partners.

Consult the 1997 edition of *The Billings Method, Controlling fertility without drugs or devices*, by Dr Evelyn Billings & Ann Westmore for further reading on terminology and the trials reported in the following tables.

Summary of Trials

Location/Investigator	Years	Couples	Cycles or	Method	l related	Teaching	g related
			years	pregn	ancies	pregna	ancies
China (Nanjing)/ Zuo et al.	1996-97	1235	1 year (continuing)		to be pu	ıblished	
Africa, Burkina Faso/Minister of Health and Social Action of Burkina Faso	reported in 1990	166	2,272	1	0.6%		1.7%
India, 5 States/Indian Council of Medical Research	1986-88	2,082	2 years		<1%		
Indonesia/Family Health International USA	1986-88	>425		0*	0%		
5 Nations-India, The Philippines, El Salvador, New Zealand, Ireland/World Health Organisation	1976-78	869	10,215		2.8%		3.9%
Australia (Victoria)/Ball	1976	122	1,626	4**	2.9%	8	5.9%
USA/Klaus	1975-77	1,090	12,282		1%		
Australia (Melbourne)/Billings	1972	98	3-4 years	0	0%	0	0%
Tonga/Weissman	1970-72	282	2,503	1***	0.5%	2	1%



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Remarks *

Indonesia/Family Health International USA

Multicentre study of three methods of NFP - 850 women entered the trial, more than half entered for the Billings Ovulation Method (BOM) - results for BOM only.

At the end of this survey the study investigators recommended that the Billings Ovulation Method be included within the choices of family planning methods provided by the national programme in Indonesia. **

Australia (Victoria)/Ball

Indications were that sperm survival in one case was 5-6 days, 6-7 in two cases and 7-8 on one other. A sperm survival time of up to five days is credible in the presence of adequate amounts of fertile mucus, but present scientific knowledge does not allow a clear statement about sperm viability for longer than this. ***

Tonga/Weissman

Some time later it was revealed by the couple who had reported a method-related pregnancy that they had in fact been aware of fertile signs at the time. Therefore in this trial the method-related pregnancy rate was zero.

References

Location/Investigator	Reference
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	WHO, op. cit., Phase III. WHO, op cit., Phase IV.
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http://www.woomb.org/bom/trials/trials.html



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