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## TwoDay Method®(TDM): Top 15 Most Frequently Asked Questions

### 1. What is the TwoDay Method® (TDM)?

The TwoDay Method is a natural, fertility awareness method based on the presence of cervical secretions as the sign of a woman's fertility. A TDM user considers herself fertile "today" if: (1) she notices any cervical secretions today (of any type, color, consistency, stretchiness, etc), or (2) she noticed any secretions yesterday. If she did not notice any cervical secretions **today or yesterday** (two consecutive days with no noticeable secretions) her probability of pregnancy "today" is very low. A woman with any cycle length can use TDM.

In a clinical trial, TDM was found to be 97% effective, as well as easy for women to learn and use correctly.<sup>i</sup> Subsequent studies determined that more than 90% of couples who chose the method liked it and would recommend it to others and that most providers are confident in their clients' ability to use it. It also fits well into routine family planning counseling, as the time required to counsel on the method is comparable to other modern family planning methods.<sup>ii</sup>

### 2. Does TDM take into account different types of secretions or other fertility signs?

When researchers were developing the TDM, they recognized that the common characteristic of *ALL* fertile days is the presence of noticeable cervical secretions, while other signs and symptoms of fertility are much more variable.<sup>iii</sup> Further, research shows that women do not need to learn how to distinguish between the different types of secretions to determine when they are fertile. All they need to know is how to check for the presence or absence of secretions, regardless of characteristics. This has important implications for effectiveness (ease of use increases correct use) and for programmatic feasibility (requires less training for providers and less time to teach it to clients).

### 3. Why are secretions an indicator of fertility?

Cervical secretions are a highly reliable indicator of fertility because:

- The cervix produces secretions in response to hormonal signals from the ovary. Thus, they are produced in very close sync with the processes leading to and immediately following ovulation.
- Secretions are an integral, necessary part of the fertilization process. They are necessary for sperm to enter the uterus, gain the capacity to swim to meet the egg and penetrate the egg's outer layers to fertilize it. These steps are necessary for fertilization to happen, and none can occur if there are no cervical secretions.<sup>iv</sup>

### 4. Why does the algorithm call for *TWO* days (and not just days with secretions)?

Secretions do not "disappear" until 1 or 2 days after ovulation, and the viable lifespan of the egg is 12-24 hours post ovulation. Thus, it is unlikely that the egg will still be viable (able to be fertilized) by the time secretions are no longer noticeable (and fertilization cannot occur in the absence of secretions). But, to make the probability of pregnancy even smaller, TDM marks the first "dry" day as still potentially fertile. This makes the method significantly more effective, by adding just one more day in which unprotected intercourse should be avoided.

**5. Why does TDM not use a fixed number of days?**

TDM was developed precisely because some women prefer a method based on their body's signs and symptoms of fertility. Days considered fertile by TDM are identified based on physiological events of each individual woman and are specific for that cycle. The actual number of days identified as fertile may vary from woman to woman and from cycle to cycle. On average, TDM users will identify 12-13 days as potentially fertile each cycle.<sup>v</sup> In reality, not all days with secretions are actually fertile. Strictly speaking, some secretions just indicate that fertility will start very soon or has just ended. But by considering ALL days with secretions as potentially fertile, the method becomes more effective as well as easier to use.

**6. How do women check for the presence of secretions?**

Women can check for secretions by seeing or touching them in their underwear or on toilet paper. Some women prefer to touch their external genitals (vulva). Many women soon learn to detect the presence of secretions just by the sensation they feel in their genital area, without needing to touch or see them. TDM users are counseled to check for secretions in whichever way they prefer.

**7. Do women often confuse sweat, semen, and/or water for secretions?**

Most women easily distinguish their cervical secretions from other fluids. Many already are aware of their secretions prior to learning about TDM, even though they did not know that secretions were related to their fertility.<sup>vi</sup> Almost all of them are able to see and feel the difference between secretions and other moisture (such as semen, sweat, or water) that they feel in the genital area.

**8. What about if a woman has an infection?**

In TDM counseling, women are not taught to distinguish "normal" cervical secretions from infectious or other abnormal vaginal discharge. Thus, users could indeed misinterpret abnormal vaginal discharge as a sign of fertility. However, TDM users are taught that if they notice secretions for more than 14 consecutive days, they should consult with their health care provider, who would then diagnose and treat them or refer them to another provider. Clients may consider using another method until their situation is resolved.

**9. Can postpartum women use TDM? Breastfeeding women?**

Postpartum women, whether or not they are breastfeeding, can use TDM. However, there are a number of issues to consider. Secretions can be difficult to notice and interpret before the return of menstruation (amenorrhea), when women may have many days with secretions even when they are not ovulating. For these women, following the TDM algorithm would result in extended avoidance of unprotected sex, even though they are not fertile. Breastfeeding women may continue to have non-fertile secretions during the first few cycles after the return of menstruation. If a woman wants to use TDM at this time, she should be counseled that she is likely to have secretions that do not indicate fertility, particularly before she has her first postpartum menses.<sup>vii</sup>

**10. What about days with menstruation?**

TDM considers days with menstruation as non-fertile, since the probability of pregnancy is very low on these days. The days that pass between menstruation and ovulation are more than enough for sperm to lose their potential to fertilize the egg (the viable lifespan of the sperm is up to 5 days).<sup>viii</sup>

**11. What about women who are on medications?**

Most medications do not interfere with the production of secretions. Antihistamines may dry them up, making them more difficult to detect and also making fertilization less likely. However, if a woman is taking a medication that her health care provider considers may interfere with detection of secretions, or if she is having difficulty noticing them, she should consider using another method while she is on the medication. If she plans to take the medication for an extended period of time, she should consider changing to another method.

**12. Are family planning providers able to offer this method?**

Studies have shown that providers can be trained to offer TDM in a relatively short time – usually no more than 2-3 hours. With this preparation and adequate supervision, they are able to counsel women appropriately in TDM. In addition, providers who offer TDM report that their clients are interested in the method and that they are confident their clients can use TDM correctly.<sup>ix</sup> In the TDM efficacy trial, approximately two-thirds of the providers were facility-based, and the remainder were community health workers, suggesting that TDM can be offered equally well by different levels of providers.<sup>x</sup>

**13. Do women and their partners like this method?**

Over 90% of women and men who participated in the efficacy study in Peru, Guatemala, and the Philippines, as well as those in a recent study in Peru, reported that they liked the method, found it easy to use and planned to continue using it after the study ended.<sup>xi,xii</sup> Many women report that they like TDM because it has no side effects and, once they have learned to use it, does not require return visits to a health care provider or any additional cost.

**14. Are there particular charts or other materials a woman needs to use TDM? Are there any materials available for providers to use to teach the method?**

All a woman needs is a way to keep track of whether she had secretions “yesterday” or “today”. A simple reminder card has been developed and tested for this purpose. Training materials and job aids for providers also are available. Please refer to <http://www.irh.org/resources-TDM.htm> to download these materials in English, French, and Spanish.

**15. Can women start using TDM any time during their menstrual cycle? Or do they need to wait until the start of a new cycle?**

Research has shown that women can learn and begin to use TDM at any time during the cycle. There is no need to impose a medical barrier by requiring women to wait until they start a new cycle. However, women should be advised that if they are beyond the 7<sup>th</sup> day of their cycles and have had unprotected intercourse after day 7, they may already be pregnant – and should be counseled accordingly.<sup>xiii</sup>

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- <sup>i</sup> Arévalo, M., Jennings V., Nikula M., and Sinai I. (2004). "Efficacy of the new TwoDay Method of family planning". *Fertility and Sterility* 82(4):885-892.
- <sup>ii</sup> Sinai, et al. "TwoDay Method: a Quick Start Approach". *Institute for Reproductive Health, Georgetown University*. Publication pending.
- <sup>iii</sup> Sinai I, Jennings V, Arévalo M. (1999). "The TwoDay Algorithm: a new algorithm to identify the fertile time of the menstrual cycle". *Contraception*. 60(2):65-70.
- <sup>iv</sup> Odeblad, E. (1997), "Cervical Mucus and their Functions", *Journal of the Irish College of Physicians and Surgeons* 26:27-32.
- <sup>v</sup> Sinai I, Jennings V, Arévalo M. (1999). "The TwoDay Algorithm: a new algorithm to identify the fertile time of the menstrual cycle". *Contraception*. 60(2):65-70.
- <sup>vi</sup> Arévalo, M., Jennings V., Nikula M., and Sinai I. (2004). "Efficacy of the new TwoDay Method of family planning". *Fertility and Sterility* 82(4):885-892.
- <sup>vii</sup> Arévalo, M., Jennings V., and Sinai I. (2003). "Application of simple fertility awareness-based methods of family planning to breastfeeding women". *Fertility and Sterility* 80(5): 1241-1248.
- <sup>viii</sup> Wilcox, A, Weinberg C, Baird D. "Post-ovulatory aging of the human oocyte and embryo failure". *Human Reproduction*. 1998; 13:394-397
- <sup>ix</sup> Sinai, et al. "TwoDay Method: a Quick Start Approach". Unpublished manuscript.
- <sup>x</sup> Arévalo, M., Jennings V., Nikula M., and Sinai I. (2004). "Efficacy of the new TwoDay Method of family planning". *Fertility and Sterility* 82(4):885-892.
- <sup>xi</sup> Arévalo, M., Jennings V., Nikula M., and Sinai I. (2004). "Efficacy of the new TwoDay Method of family planning". *Fertility and Sterility* 82(4):885-892.
- <sup>xii</sup> Sinai, et al. "TwoDay Method: a Quick Start Approach". *Institute for Reproductive Health, Georgetown University*. Publication pending.
- <sup>xiii</sup> Sinai, et al. "TwoDay Method: a Quick Start Approach". *Institute for Reproductive Health, Georgetown University*. Publication pending.

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