

OVULATION TRACKING

This guide gives you a basic guide to understanding your body and menstrual cycle through basal body temperature charting, cervical mucus and cervix position.

Typically for full fertility awareness it is useful to combine all three methods simultaneously and log your findings each day to build a picture of what your cycle is showing you.

THE MENSTRUAL CYCLE

The menstrual cycle is divided into four phases, the menses/bleeding phase (days 1-5), follicular phase (days 1-13), ovulation (roughly day 14), and the luteal phase (days 14-28).



DISCLAIMER

The information provided in this document is not meant to diagnose, cure, or treat any diseases. It is not a substitute for medical care, treatment, or advice and I highly recommend working with a family physician or trusted professional healthcare provider based on your findings to determine proper treatment.

THE FOLLICULAR PHASE

The follicular phase is the first half of the menstrual cycle, where the pituitary gland secretes the hormone FSH (follicle stimulating hormone) to send the message to your ovaries to start producing and maturing follicles in preparation for ovulation.

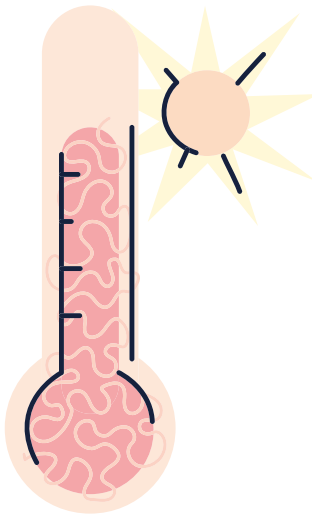
These maturing follicles gradually secrete more and more oestrogen, which, once it reaches a certain level, sends the message for your pituitary gland to release LH (luteinizing hormone), which is secreted for 24-36 hours and triggers ovulation to occur.

THE LUTEAL PHASE

The phase of your cycle after ovulation is called the luteal phase, which typically lasts 14 days before your next period. After your ovary has ovulated, the ruptured follicle forms a corpus luteum, which secretes the hormone progesterone.

Progesterone is a thermogenic hormone, meaning it impacts the temperature-regulating centres of the hypothalamus. Progesterone is a crucial hormone for maintaining the uterine lining for pregnancy. This rise in progesterone after ovulation is what we are measuring with BBT charting. The drop in progesterone after the disintegration of the corpus luteum triggers the degradation of the endometrium (uterine lining) and thus a period.

BASAL BODY TEMPERATURE

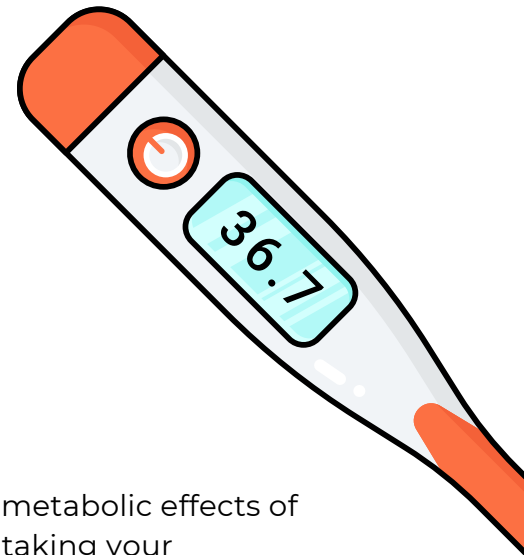


Charting your cycle can be tricky at first, and it can take a few cycles until you get the hang of it and are able to see the fluctuating patterns. In general, we are looking for a biphasic pattern that separates the follicular phase and the luteal phase with ovulation. Day one (the first day of the period) is the start of your follicular phase. This is when your BBT should be at its base level. The average range is 36.3 to 36.8 degrees.

A biphasic chart shows a clear temperature shift once ovulation has occurred and progesterone rises. This shift helps you confirm when ovulation happened, review luteal phase health, and understand overall hormonal patterns with much more accuracy than LH strips alone.

WHAT YOU NEED

- You will need a good thermometer. I definitely recommend the digital kind that rounds to the nearest tenths degree (ex. 98.5° instead of 98.52°) If you are recording in Celsius, a thermometer that reads numbers in the hundredths may be helpful (36.45° instead of 36.4°).
- an app or pen and paper to record the results
- consistency of time



HOW TO DO IT

Accurate BBT charting depends on consistency. BBT reflects the metabolic effects of progesterone, so anything that raises your metabolic rate before taking your temperature can distort your readings.

- Take your temperature as soon as you wake up or after at least 3-4 hours of consistent sleep. It's best to take it at the same time each morning, or at least within the same half hour for consistent readings (ex., every morning from 7 am to 7:30 am).
- A general rule of thumb is to subtract 0.1° F/0.05° C for every half hour later you wake up and to add 0.1° F/0.05° C for every half hour earlier you wake up.
- Avoid getting out of bed, going to the bathroom, talking too much, or cuddling a partner in bed before taking your temperature, as it may cause temperature shifts.
- Use the same thermometer for your entire cycle.
- Make a note of your temperature and any other signs and symptoms for that day, e.g. breast tenderness, cervical mucus, cervix position.

TROUBLESHOOTING

FOLLICULAR PHASE

The follicular phase is too low: when the temperature readings are consistently low (below 36 degrees)

⇒ low metabolic rate / hypothyroidism

The follicular phase is too long: if ovulation is delayed past 14 days

⇒ none / PCOS / raised BMI

The follicular phase is too short: less than 9 to 10 days

⇒ none / low ovarian reserve / stress / low levels of physical activity / smoking

The follicular phase is too high: when the temperature on day one of your period does not drop down

⇒ endometriosis / miscarriage / chemical pregnancy

The follicular phase is too unstable: the BBT should be reasonably steady and not vary by more than 0.2 or 0.3 degrees Celsius

⇒ none - rule out fever, lack of sleep, stress



THE LUTEAL PHASE

The luteal phase is too short: ideally, it should be a minimum of 12 days preferably 14 days.

⇒ none / low progesterone

The luteal phase is too low: a rise of 0.3 degrees is thought to be adequate but anything below (0.1 to 0.2) is low

⇒ none / low progesterone

The luteal phase is unstable: when the drop and rise in temperature are unstable (it shouldn't really waver by more than 0.1 degrees)

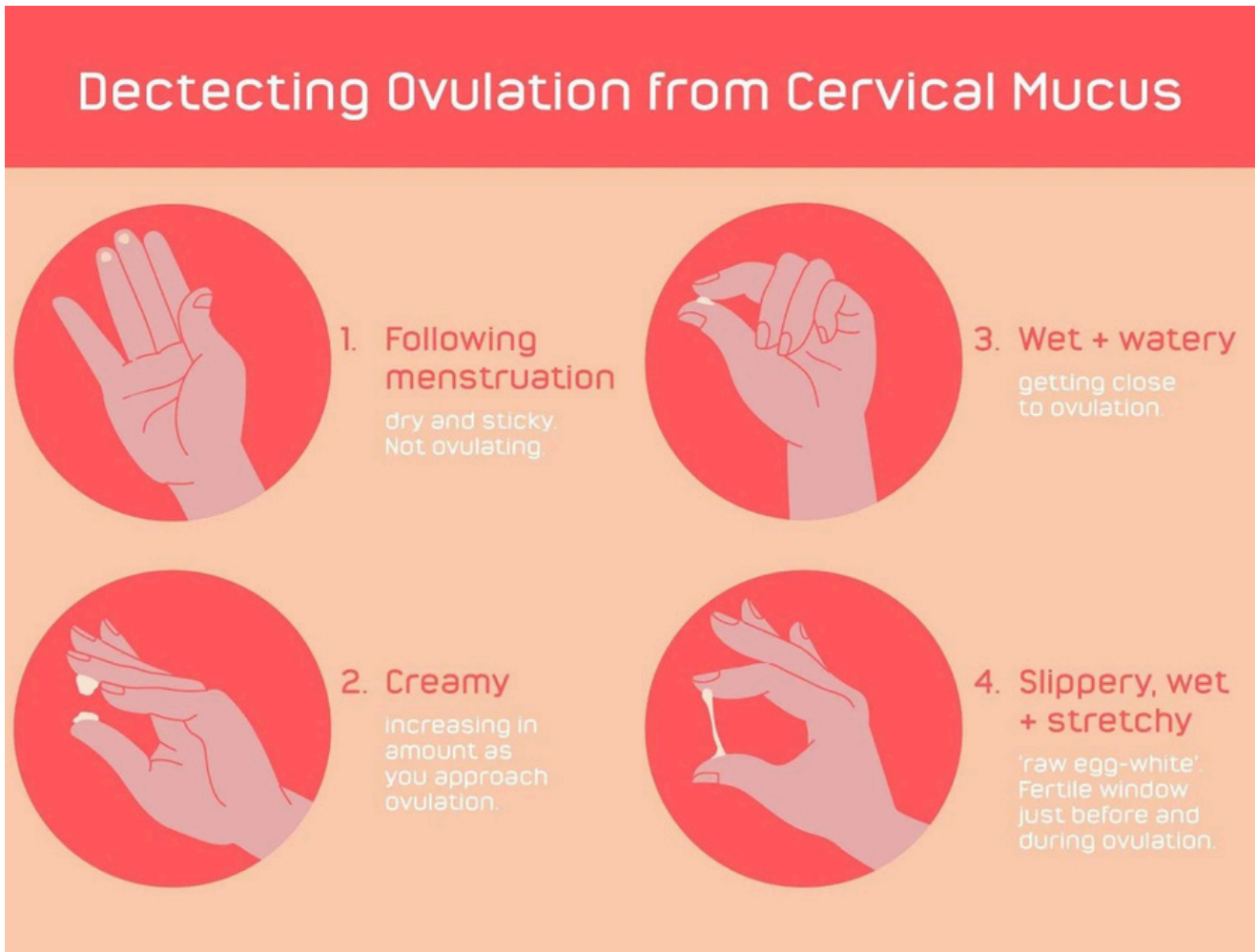
⇒ none / poor charting technique

The luteal phase rises too slowly: anything over 3 days for the temperature to rise after ovulation

⇒ none / absent or poor ovulatory function / low progesterone / endometriosis

CERVICAL MUCUS

Cervical mucus is one of the most accurate, immediate indicators of changing fertility throughout the menstrual cycle. It responds directly to hormonal shifts, especially oestrogen and progesterone, and gives us real-time feedback on where we are in the fertile window. The changes in vaginal discharge which flag changes in fertility are determined by both subjective feelings of moisture at the vulva and objective observation of the discharge in your underwear, toilet tissue or fingers. The first thing to start learning is 'sensations'.



1. Fold a piece of toilet paper and wipe from your vulva to your perineum.
2. Pay close attention to how it feels. Is it dry, smooth or wet?
3. On your dry days, you will notice it feels dry, and there will be no mucus on the tissue paper that you can pick up and stretch
4. On your mucus days, you might see it on the toilet paper (water/urine will soak through), or you might feel a sensation of lubrication
5. Make it a habit to check throughout the day
6. Write down what you find

Action

Make a note each time you wipe of the sensation you feel when wiping. Also, what are you noticing about the mucus.



CERVICAL MUCUS CHARACTERISTICS

We track two things:

- Sensations at the vulva
- Visible mucus characteristics

Dry or minimal mucus

- Typically low oestrogen days
- Not fertile

G-type mucus: The dry feeling of the vulva with a thick and pasty mucus. This mucus blocks sperm.

L type: The vagina will be stickier and wetter. This mucus catches and filters out abnormal or poor-quality sperm.

S type: Mucus is stretchy and slippery with an "egg-white" type consistency. The vulva is now wet, and there may be strings of S-type mucus. This mucus creates a pathway for sperm to enter the uterus.

P-type: Less thick and stretchy, but extremely lubricative and produces a slippery sensation in the vulva. The last day of P-mucus is the most fertile day, i.e. when the egg is released or the day it is released. The role of this mucus is to activate sperm as they pass through the cervix to the uterus.

Identifying the Peak Day

One of the most significant days is peak day. Peak day is the LAST day that you feel or see the wetter, slippery, transparent, stretchy secretions. It is when the secretions show the most fertile characteristics, but you remain fertile for 3 full days after the peak. Unfortunately, you will only know this retrospectively, as after peak day, it will change back to stickiness/dry.

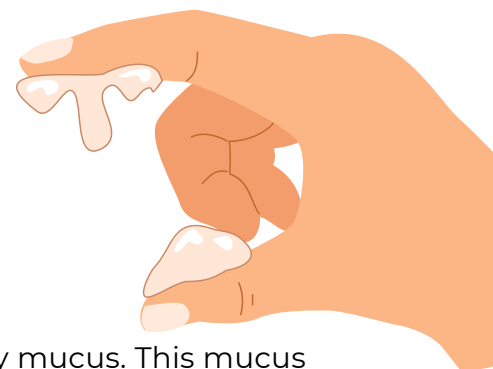
How Cervical Mucus Helps You Time Intercourse

- The fertile window opens when mucus becomes moist, soft or creamy.
- Fertility increases significantly as soon as mucus becomes slippery, stretchy or lubricative.
- The most fertile day is the final day of slippery/stretchy mucus (Peak Day).
- Ovulation typically happens on the last day of fertile-quality mucus or just after.
- You remain fertile for 3 days after Peak, due to sperm survival + progesterone transition.

So practically:

- Begin intercourse when mucus starts to become moist or creamy
- Increase frequency once slippery/stretchy mucus appears
- Peak + 3 = end of fertile window

For many people trying to conceive, mucus is more useful than LH testing.



TROUBLESHOOTING

YOU SEE VERY LITTLE OR NO CERVICAL MUCUS

Possible reasons:

- Low oestrogen
- Under-eating / low BMI
- Overtraining
- High stress cortisol
- Antihistamines
- Recent hormonal birth control
- Pregnancy loss or birth within the last year
- PCOS without consistent ovulation
- Thyroid dysfunction
- Perimenopause transition

YOU HAVE FERTILE TYPE MUCUS FOR MANY DAYS IN A ROW

- Delayed ovulation
- PCOS
- Stress event mid-cycle
- Illness delaying ovulation

LOTS OF MUCUS, BUT NEVER SLIPPERY OR STRETCHY

- Suboptimal oestrogen production
- Low cervical crypt function
- Chronic vaginal inflammation
- Micronutrient insufficiency
- Allergies/food sensitivities

YOUR MUCUS SEEMS FERTILE, BUT BBT DOESN'T CONFIRM OVULATION

- Oestrogen surge without ovulation
- Weak or failed ovulation
- Misread mucus sensation
- Not enough temperatures collected
- Progesterone deficiency



ADDITIONAL FACTORS THAT AFFECT CM

- **Age:** In your early 40s, you may experience fewer days of CM
- **Nutrient deficiencies:** any underlying deficiencies, such as folate, Vitamin A and zinc, can impair CM production
- **Endocrine dysfunction:** anything that impacts hormone levels, e.g. PCOS or thyroid, can change CM production
- **Stress:** impacts endocrine function (see above)
- **Allergies/food sensitivities:** can increase the number of days of CM due to triggering an immune response. If you see CM most days, you would definitely need to consider this
- **Infections:** like thrush and BV will make it appear like you have mucus but it will have a different colour/texture

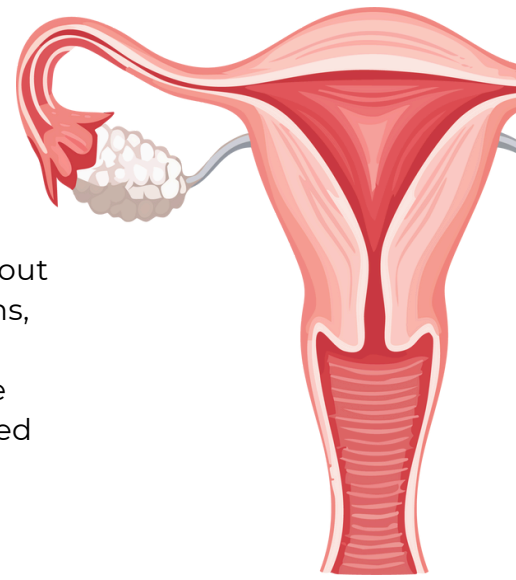
IMPROVING CERVICAL MUCUS

- **Key Nutrients:** include folate, vitamin A, beta-carotene, zinc, vitamin B6 and B12
- **Sleep:** improve sleep to help the diurnal clock and hormone production
- **Environmental toxins:** reduce exposure
- **Allergies/food sensitivities:** address these
- **Hormone issues:** rule out low oestrogen, PCOS, thyroid dysfunction



CERVIX POSITION

The cervix is not static. It is a dynamic, hormonally-responsive structure that changes position, texture and openness throughout the menstrual cycle. These shifts mirror key hormonal transitions, especially changing levels of oestrogen and progesterone. Learning to observe these changes can provide another reliable indicator of where you are in your fertile window and can be used alongside cervical mucus and BBT for more accurate cycle tracking.



HOW TO CHECK CERVIX POSITION

This is best done once a day, ideally at the same time.

1. Wash hands
2. Find a comfortable position (usually squatting or one foot on the toilet seat)
3. Insert one or two fingers into the vagina
4. Gently feel toward the top of the vaginal canal
5. Note:
 - height
 - firmness
 - openness
 - overall feel

The cervix can feel:

- round like a donut with a dimple in the centre (os)
- higher or lower depending on the phase
- firmer or softer depending on hormones

CERVICAL CHANGES THROUGHOUT THE CYCLE

Menstruation

- Low in the vaginal canal
- Firm (think: cartilage of the nose)
- Open slightly to allow menstrual blood to flow

Follicular Phase

- Low
- Firm
- Closed
- Usually matches “dry” mucus days

Approaching Ovulation

- Cervix rises higher
- Softens
- Opens slightly
- May feel wetter/lubricated

Ovulation

- High (sometimes difficult to reach)
- Soft
- Open
- Very moist

Post-Ovulation / Luteal Phase

- Drops lower
- Becomes firm again
- Closes
- Sensation becomes drier or stickier

Late Luteal (pre-period)

- Often even lower
- Firm
- Closed

TROUBLESHOOTING



IF YOU CAN NEVER REACH YOUR CERVIX

- your cervix may naturally sit higher
- check in different positions
- check at night rather than morning

IF YOUR CERVIX NEVER FEELS SOFT

- you may be checking too early in the day
- or ovulation may be delayed that cycle
- hydration affects this too

IF THE CERVIX FEELS DIFFERENT EVERY TIME

- totally normal in the beginning
- takes 2–3 cycles to recognise your baseline

IF CERVIX DOESN'T MATCH MUCUS

- always prioritise mucus
- cervix is supportive data, not primary

FAQS

QUESTION

What day should I start tracking from?

ANSWER

If you have a period bleed you can start tracking from day one of your bleed (fresh red blood).

If you do not bleed or have a regular cycle then you can start immediately, but it might take longer to ascertain your cycle

QUESTION

What affects my temperature?

ANSWER

- inconsistency of timing
- alcohol
- sickness
- travel
- stress
- sleep disturbances
- using an electric blanket
- medication or drugs



Hi, I am Andrea and I am a passionate and experienced acupuncturist in Hertfordshire, focusing on menstrual health.

I am an acupuncturist with a difference as I offer mobile acupuncture in Hertfordshire. I come to you for acupuncture, in the comfort of your own home. There is no other acupuncturist in Hertfordshire who offers this.

Anything that is not "normal" with the menstrual cycle and I am going to be your acupuncture support team.

My acupuncture business focuses on treating women's menstrual health concerns.

All the P's....

- Painful periods
- PCOS
- PMS
- PMDD
- Perimenopause
- Pregnancy and post-partum periods
- Absent, heavy or irregular periods (OK, not a P, but you get the point)
- Period headaches/migraines

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