



USER'S GUIDE ADDENDUM

Justisse College International is dedicated to keeping the Justisse Method up to date with the most recent research available. Since the publication of the latest edition of the User's Guide, new research and method clarifications have resulted in corrected and updated guidelines, which are listed in the Addendum and noted in the PDF version of the User's Guide.

Pages 2 and 33: *Efficacy of the Justisse Method*

CORRECTION: The efficacy study mentioned on page 2 was not of fertility awareness based methods in general but of a specific symptothermal method that was later termed Sensiplan and is not identical to the Justisse Method. There are no independent studies on the effectiveness of the Justisse Method in particular as of yet.

The Justisse Method is used either as a symptothermal or a mucus-only method. Most recent studies on symptothermal methods have indicated perfect-use rates between 97.6 and 99.6% and typical-use rates between 86.8 and 98.2% (Peragallo Urrutia et al., 2018, Duane et al., 2022). Most recent studies on mucus-only methods have reported perfect-use efficacy rates between 96.6 and 98.9% and typical use rates between 77.2 and 96% (Peragallo Urrutia et al., 2018, Duane et al., 2022). The effectiveness of the Justisse Method is expected to fall within these ranges.

Symptothermal charters can expect a somewhat higher efficacy than mucus-only charters and those who are learning the method with an instructor and are highly motivated to use the method correctly and consistently can expect higher effectiveness than those with a more relaxed approach to possible pregnancy. Most studies on modern FABMs have indicated a typical use effectiveness rate of over 85% among study populations who learned their method with an instructor (Duane et al., 2022). Because of the marginal nature of these methods, population level typical-use rates comparable to those obtained for more widely used methods are not available for individual FABMs.

Page 4: *Fertile and infertile days*

CLARIFICATION: The infertile and fertile days in the preovulatory phase of the cycle are determined by learning to identify a basic infertile pattern (BIP) and any change that indicates the start of the fertile time. This is based on observing the absence or presence of cervical mucus.

The end of fertile time is determined by learning to confirm ovulation and the start of the postovulatory infertile time. This is done by combining cervical mucus observations with charting basal body temperature or on cervical mucus alone if using the mucus-only version of the Justisse Method.

Menstruation can be considered infertile in certain conditions depending on whether the symptothermal or mucus-only version of the Justisse Method is used.

Page 15: Cervical mucus observational technique

ADDITION: In addition to the cervical mucus observational technique described in chapter 3, the charter should learn to pay attention to their “vulvovaginal sensation”. Vulvovaginal sensation refers to feeling a general moistness or wetness in the vagina or vulva while going about one's day. Vulvovaginal sensation is defined and charted as follows:

- **Moist sensation** is defined as a feeling of “something”, as if “secreting moisture” or “shedding a tear inside the vagina” or “something flowing down inside the vagina” or “small bubbles bursting inside the vagina” and is charted with the letter M.
- **Wet sensation** is defined as a distinct runny, wet or “flowing down” feeling from the vagina or as if “sitting in a puddle” and is charted with the letter W.

The vulvovaginal sensation is only charted if moistness or wetness is noticed, it is not a required observation for each day like wiping sensation and tissue/finger-testable mucus observations. The notations for vulvovaginal sensation (M for moist and W for wet) are charted in the empty or “miscellaneous” row in the paper chart.

Day of Cycle	1	2	3	4	5	6	7	8	9	10	11	12	13
Day of Month													
Stamps	●	●	●	●	●	●	●	●	●	●	●	●	●
Sensation			D	D	D	D	S	S	S	L	L	L	L
Description			L	VL	VL	0	2	4	6C	10C	10CK	10K	10K
Times per day	H	M	0AD	0AD	0AD	AD	x2	x1	x2	x1	AD	x2	AD
Vaginal sensation						M	M	M	M	M	W	W	W

Image: Charting vulvovaginal sensation. In this chart a sensation of moistness marks of point-of-change from a basic infertile pattern of D0.

Pages 18, 20 & 25 (photographs): *Regarding categories of Lubricative sensation when nothing can be finger-tested*

UPDATE: The 10DL, 10WL and 10SL are used to note tissue observations without any finger testable mucus but with a preceding lubricative wiping sensation. They are currently being phased out of the Justisse Method materials and replaced with 2, 2W and 4. Charting a lubricative wiping sensation with an L on its own row is enough to indicate the presence of peak-type mucus and the need for a dark purple stamp, regardless of the notation in the description row.

Page 21: *Discharge seen on underwear*

CLARIFICATION: Mucus seen on underwear also represents mucus observations and is charted just like other observations. When mucus is observed in underwear it should be finger-tested and charted just like mucus seen on tissue after wiping. If there is a sense of lubrication when mucus is picked up, it should be charted as lubricative sensation. If the underwear is clearly wet, it should be charted as a wet vaginal sensation. “UW” for underwear can be noted under the notation if the observation was only seen in underwear during that day.

Cell slough appears as white or yellowish white staining, that can appear pasty or crumbly. It typically cannot be finger tested. When this is a habitual observation it is not considered a fertile sign but the charter will need to establish that this is a typical underwear observation for them and not affected by the cycle phase. Any underwear observation that the charter identifies as a point of change from their basic pattern of infertility should be charted as such.

Page 22: *Observational notations for charting cervical changes*

UPDATE: To unify and clarify cervix notations, the following notations are now recommended for charting cervical changes:

- Hard/soft cervix indicated with HD/SF or just H/S
- Closed/open indicated by drawing a solid black circle/ open circle
- Low/high indicated by placing the circle on a lower/higher level
- Tilted/aligned indicated by drawing a tilted/straight line below the circle

Page 30: *Regarding Count of 3*

CLARIFICATION: Those using the JM to avoid pregnancy need to be aware that having intercourse after a Point Of Change [POC] in the preovulatory phase increases their risk of pregnancy even if there was no finger-testable mucus or a lubricative wiping sensation. Similarly, having intercourse on a green day after 1 or 2 days of non-peak mucus presents an

increased risk, and waiting for three days after any change from the preovulatory Basic Infertile Pattern [BIP] is the most conservative use of the method.

Day of Cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
Day of Month																																						
Stamps	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Sensation				D	D	D	S	S	D	D	D	D	D	D	D	D	S	S	S	L	L	L	L	S	D	D	D	D	S	S	S	D	D	S				
Description	H	M	M	L	VL	0	4	6C	0	0	0	0	0	0	0	2	4	6C	8C	8C	8CK	10K	10K	2	0	0	0	0	2	4	2	0	2	4				
Times per day				0AD	0AD	AD	x2	x2	AD	AD	AD	AD	AD	AD	AD	AD	x2	x2	x2	AD	x2	x2	AD	AD	AD	AD	AD	AD	AD	x2	AD	AD	AD	x2				
Vaginal sensation								M								M																						
PK questions																																						

Image showing point-of-change from BIP of D0 on cd 7 and back to BIP on cd 9 and the three days following that the charter considers fertile. There is a point-of-change leading to peak on cd 16.

Page 31 (box): Temperature notations

UPDATE: The preferred route for measuring basal body temperature when charting BBT to identify ovulation is oral or vaginal. Rectal is also a possibility. Underarm temperatures should mostly be reserved for assessing whether the BBT falls within normal ranges if this assessment is seen as necessary.

When taking the BBT orally or vaginally, the thermometer needs to be in place for 3 minutes. Digital thermometers typically beep before 3 minutes so waiting after the beep or placing the thermometer in the mouth/vagina for 3 minutes before turning it on is recommended to get an accurate reading. For underarm temperatures, 10 minutes is recommended.

Temperature readings are rounded to the closest 0.05 °C (0.1 °F) on the chart.

Page 32: Drawing the baseline

CLARIFICATION: A BBT shift is confirmed when 3 temperatures higher than the previous 6 have been recorded. All 3 temperatures need to be at least 0.1 °C higher than the highest of the previous six. This is ensured by drawing a coverline one graph space (0.05 °C) above the highest of the 6 previous temperatures. If all three higher temperatures are above the coverline, a shift can be confirmed and infertility assumed on the evening of the third higher temperature (always double-checking with cervical mucus). Double-checking means that ovulation is confirmed with both Peak day + 3 and a BBT shift. Infertility starts on the fourth day after peak day or in the evening of the third higher temperature, whichever comes last.

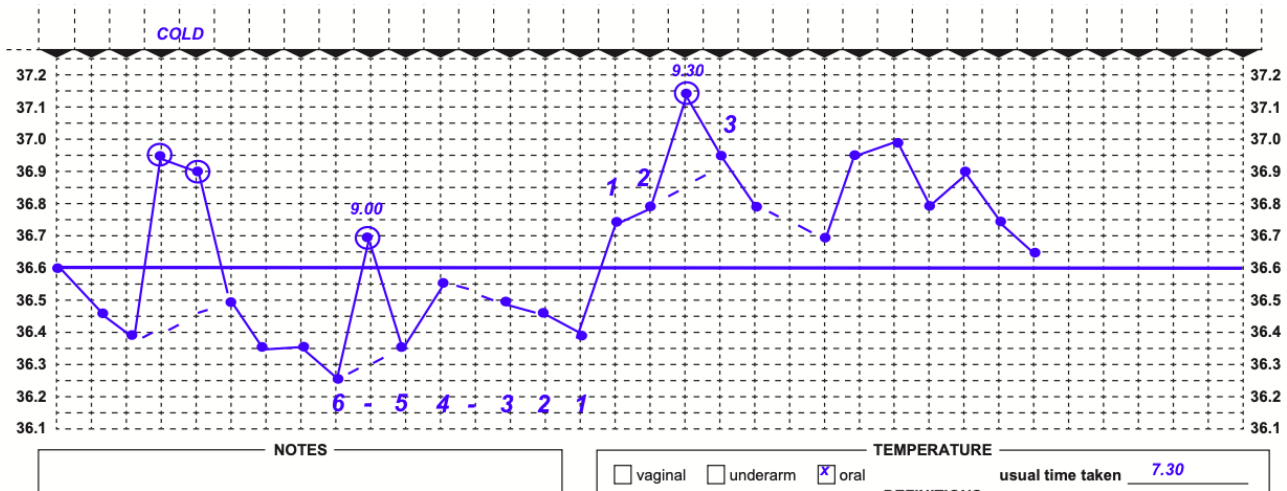


Image showing confirming BBT shift.
Disturbed temperatures are circled and left out of the BBT interpretation.

Page 36: Times of fertility

CLARIFICATION: To consider H and M infertile in the first three days of the cycle, BOTH PK+3 and a BBT shift need to have been identified in the previous cycle AND all previous cycles need to have been 23 days or more in total length. Mucus-only charters will always need to consider H and M bleeding days as fertile.

Page 19 & 38: Describing categories of dry and days of infertility

CORRECTION: To consider any day as dry and infertile in the preovulatory phase, the day needs to be identified by the charter as being part of their preovulatory basic infertile pattern (BIP). How to do this needs to be learned together with an HRHP and takes at least three cycles to establish. A green stamp in the preovulatory phase does not automatically mean the day in question can be safely considered infertile, those using the Justisse Method for avoiding pregnancy need to be mindful that even very subtle changes can indicate the start of the fertile pattern. A transition from dry (0) to damp (2), wet (2W), or shiny (4) appearance of the tissue after wiping can be enough to indicate a point-of-change (POC) from a basic infertile pattern (BIP) and opening of the fertile window. A point-of-change is marked in the chart with an upwards pointing arrow.

Page 38: Double peak

CLARIFICATION: The "double peak" questions in page 38 are asked on PK+3 and only apply for mucus-only charters who need to establish they haven't been under any unusual stress or experienced an unusual pattern of mucus leading up to Peak Day before they can consider PK+3 as a confirmation of ovulation. Symptothermal charters confirm ovulation using double-check and can confirm ovulation even if there was stress or an unusual build-up of mucus as long as they identify both PK+3 and BBT shift.