CONCEPTUAL FRAMEWORK · WORKING VOCABULARY FOR REVIEW

Classifying family planning methods and reproductive care by their action on the capacity to conceive

Fertility is not a switch. One axis, the action on the capacity to conceive, sorts every family planning method and every path of care.

Naomi M. Whittaker, MD; Brian Whittaker · ORCID 0000-0003-3706-3112 · RRM Academy, Camp Hill, Pennsylvania

RRM Academy
22nd International Clinical & Scientific Congress for Restorative Reproductive Medicine
Orlando, Florida · October 9 to 10, 2026

The Words Name Goals, Not Actions

Birth control. Contraception. Fertility treatment. Each phrase states an aim. None states what the intervention does to the capacity to conceive, or whether the underlying disorder gets treated or left in place. A couple choosing between paths can't hear the difference, because the words don't carry it. They carry a switch instead: off, then on.

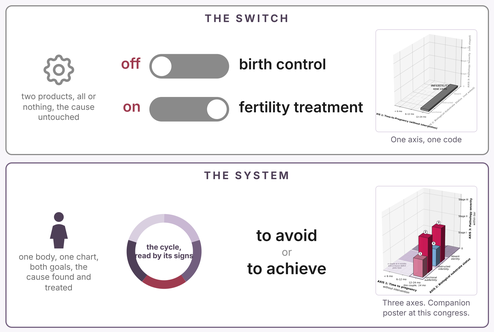
The gap reaches training. Across required curricula at 20 US medical schools, awareness methods drew 4.4% of family planning mentions. Hormonal methods drew nine times more. Only 3 to 6% of surveyed physicians could correctly state perfect-use effectiveness. Clinicians counsel with the vocabulary they were given.

One Axis: The Action on the Capacity to Conceive



Six verbs cover every intervention. Read left to right: what each one does, and the thing it acts on.

Switch or System



One path flips fertility off and later on, and sells each as a product. The other reads the same system for either goal.

Same Drug, Two Categories

Take one pill. Prescribed to avoid pregnancy, it's a family planning method: it suppresses a healthy function. There is no disease in the picture, unless fertility itself is treated as one, and that is what the switch model quietly does. Prescribed for endometriosis pain, it's filed as medical care, but it's symptom management: the same suppression masks the pain, and the disease stays where it was. Same drug, same action, two tables. That's why one rule sorts both, and it's the question a patient asks: what does it do to the ability to conceive?

FSBM TAXONOMY · FIGURE

FABM or FSBM: What Each Method Does

Sort any family planning method by one thing: what it does to the capacity to conceive.

RRM Academy

OBSERVE — Fertility stays present and is read, not changed.

WHAT THE METHOD DOES TO THE CAPACITY TO CONCEIVE

SUPPRESS — Fertility is held absent while the method keeps acting.

OBSERVE

FABM: Fertility Awareness-Based Methods

Methods that read cycle signs, like cervical mucus, cervical position, waking temperature, and urine hormones (LH sticks, monitors), to show which days are fertile.

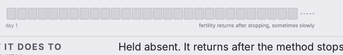


WHAT IT DOES TO FERTILITY	Nothing changes. The capacity to conceive stays present and intact.
WHAT IT DOES TO A SYMPTOM OR A CAUSE	Neither. It records the signs, so a cause can be found.
WHAT THE WOMAN LEARNS	She learns to read her own body's signs, day by day.
EXAMPLES	Creighton, Billings, Marquette, Sensiplan, FEMM, Boston Cross Check

SUPPRESS

FSBM: Fertility Suppression-Based Methods

Methods that act on the body to suppress the capacity to conceive while they are used.



WHAT IT DOES TO FERTILITY	Held absent. It returns after the method stops, sometimes slowly.
WHAT IT DOES TO A SYMPTOM OR A CAUSE	Masks a symptom. The disease stays where it was.
WHAT THE WOMAN LEARNS	A suppressed cycle gives no signs, so there is little to read.
EXAMPLES	Pill, patch, ring, shot, hormonal IUD, copper IUD

WHERE EACH ONE LEADS IN MEDICAL CARE

FABMC — Restorative reproductive medicine (RRM): Care that finds the cause of the problem and treats it, so the body works again.

FSBMC — Symptom management: Care that masks the pain or the bleeding and leaves the disease in place.

Why This Difference Matters

- One path treats fertility as a switch, all or nothing: off for birth control, on for fertility treatment, each sold as a product. The other reads the same system for both goals, to avoid or to achieve.
- Birth control, fertility treatment: the names sell the goal and hide the action. They are marketing terms, not scientific ones. Consent to a label is misinformed consent.
- Across 20 US medical schools, awareness methods drew 4.4% of family planning mentions. Hormonal methods drew nine times more.

Family Planning Methods: Four Categories, One Axis

CATEGORY	VERB	ACTS ON	EXAMPLES	HOW LONG FERTILITY IS AFFECTED
FABM Fertility awareness-based methods	Observe	The timing of the act	Creighton, Billings, Marquette, Sensiplan, FEMM, Boston Cross Check	None. Nothing changes. The capacity to conceive stays present and intact.
FXBM Fertility exclusion-based methods	Exclude	The act itself	Condom, diaphragm, cervical cap, spermicide, withdrawal	None on the body. The method works only during the act it is used in.
FSBM Fertility suppression-based methods	Suppress	The body's function	Pill, patch, ring, shot, hormonal IUD, copper IUD	Held absent while the method keeps acting. It returns after the method stops, sometimes slowly.
FDBM Fertility destruction-based methods	Destroy	The body's structure	Tubal ligation, salpingectomy for contraception, vasectomy	Permanent. The structure is gone, so the capacity to conceive is gone with it. Reversal surgery sometimes restores it; nothing stops on its own.

Reproductive Medical Care: The Same Rule

CATEGORY	VERB	ACTS ON	PLAIN NAME	WHAT IT DOES
FABMC Fertility awareness-based medical care	Restore	The cause	**Restorative reproductive medicine (RRM)**	Care that finds the cause of the problem and treats it, so the body works again. Endometriosis excision, ovulation restoration, tubal repair, hormone correction
FSBMC Fertility suppression-based medical care	Suppress	The function	**Symptom management**	Care that masks the pain or the bleeding and leaves the disease in place. The pill for endometriosis or PCOS, GnRH suppression, hormonal IUD for bleeding
FDBMC Fertility destruction-based medical care	Destroy	The structure	**Hysterectomy or oophorectomy for benign disease**	Care that ends the symptom by removing the organ that carries the capacity to conceive. Hysterectomy or oophorectomy for endometriosis, fibroids, or bleeding
FCBMC Fertility circumvention-based medical care	Circumvent	The outcome	**Bypass care**	Care that supplies conception by replacing a step of reproduction. The cause stays where it was. IVF, IUI, donor eggs or sperm, surrogacy

Why This Difference Matters

- One path treats fertility as a switch, all or nothing: off for birth control now, on for fertility treatment later, each sold as a separate product, each going around the cause. The other path keeps the system whole and reads it, so the same body and the same chart serve both goals, to avoid pregnancy or to achieve it.
- Birth control, fertility treatment: the names sell the goal and hide the action. They are marketing terms, not scientific ones. A study cannot sort methods by what a label hopes they do; it needs the verb.
- Accurate names make accurate counseling possible. With the label, a woman hears the goal. With the verb, she hears what the method does to her body, how long it lasts, and whether the cause is still there when it stops. Patients ask for the mechanism because consent depends on it (Larimore 2000; Dye 2005). Consent to a label is misinformed consent.
- The same switch runs the fertility workup. A couple is fertile until twelve months pass, then they get one word, infertility, with no cause named and no stage. That label sells a product too: the next step is fertility treatment, which goes around the cause the way suppression does. The fix is the same as here. Name the action, mark each part working, blocked, or absent, and stage it. That framework, three axes instead of one switch, is on a companion poster at this congress.

Limits

- This is a working vocabulary. The terms are proposals, offered here for review.
- The two training figures describe US medical school curricula and one Canadian physician survey.
- A full paper is in preparation.

References

1. Duane M, Carson G, VanderKolk K, Adams E, Gordon L. An evaluation of US medical schools' reproductive health and family planning curricula. Issues Law Med. 2022;37(2):117-128. PMID 36629762.
2. Choi J, Chan S, Wiebe E. Natural family planning: physicians' knowledge, attitudes, and practice. J Obstet Gynaecol Can. 2010;32(7):673-678. PMID 20707956.
3. Zegers-Hochschild F, Adamson GD, Dyer S, et al. The International Glossary on Infertility and Fertility Care, 2017. Hum Reprod. 2017;32(9):1786-1801. PMID 29117321.
4. Peragallo Urrutia R, Polis CB, Jensen ET, Greene ME, Kennedy E, Stanford JB. Effectiveness of fertility awareness-based methods for pregnancy prevention: a systematic review. Obstet Gynecol. 2018;132(3):591-604. PMID 30095777.
5. International Institute for Restorative Reproductive Medicine. What is restorative reproductive medicine (RRM)? London: IIRRM. https://iirrm.org/what-is-rrm/ (accessed 2026-09-02).
6. Larimore WL, Stanford JB. Postfertilization effects of oral contraceptives and their relationship to informed consent. Arch Fam Med. 2000;9(2):126-133. PMID 10693729.
7. Dye HM, Stanford JB, Alder SC, Kim HS, Murphy PA. Women and postfertilization effects of birth control: consistency of beliefs, intentions and reported use. BMC Womens Health. 2005;5:11. PMID 16313677.

Disclosure. The authors declare no competing financial interest. Speaker honorarium and travel support for this congress were provided by IIRRM. A generative AI language model assisted with structural drafting and prose editing; all conceptual claims, citations, and quantitative data were generated and verified by the authors.

Abstract and paper
naomiwhittakermd.com/publications