



Medicine Stories Podcast

Episode 63 with Dr. Elizabeth Wade

Your Cycle, Your Self: Period Empowerment, Fertility Awareness, & the Risks of Hormonal Birth Control

March 3, 2020

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(Excerpt from today's show by Dr. Elizabeth)

You know, if you're really in tune with your menstrual cycle and know the signs — it's just a few signs to track every month — then you can really have a deeper understanding into your overall health.

So, you know, it's not just for women who aren't trying to get pregnant, or want to be pregnant, because it can be used either way: as a contraceptive measure or as a way to actually time intercourse so you can get pregnant when you're ovulating.

But it's also, even if it doesn't apply to you, it's just a really good way to track your overall health .

(Intro Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Intro]

[0:00:45]

Amber: Hello friends! And welcome back to the Medicine Stories, where we are remembering what it is to be human upon the earth.

I am your host, Amber Magnolia Hill. This is Episode 63.

Today I am sharing my interview with Dr. Elizabeth Wade.

We talk about our periods as our body's "fifth vital sign", alongside temperature, heart rate, blood pressure, and respiration. Modern medicine now recognizes that what is happening with our menstrual cycle can tell us a lot about what is going on more deeply within our health. Knowing

this really empowers us to be aware of some things that we might otherwise miss and just to cultivate the body literacy that I would hope for everyone.

We also talk about the Fertility Awareness Method which is not the same as the Rhythm Method. And we really get into the nuts and bolts of how to chart your cycle to help you either avoid or optimize your chances for pregnancy and we get into some of the many health risks of using hormonal birth control.

I want to say here at the outset that both Dr. Elizabeth and I recognize how complicated the issue of birth control is, and how for some people it is going to be worth it to take on the risks associated with the hormonal contraception in order to avoid pregnancy. We are just here to advocate for full awareness of the risks and benefits and to talk about the best alternative.

So, I've been talking about periods forever (*Amber laughs*) in my online life, in the podcast mostly in Episode 20 with my first and most important teacher, Kami McBride. So I'm really excited to get back into it and to expand my knowledge so far beyond where it was thanks to Dr. Elizabeth.

[0:02:57]

There are three Patreon offerings that go along with this episode. So sometimes every now and then there's zero that goes along with an episode, but that's pretty rare. There's usually at least one. This time, there's three. One is available for all to the public, and two are for the Patrons at the two-dollar a month level.

So, the first of those available to Patrons, is a bonus audio recording interview between me and Dr. Elizabeth all about why rest is vital for bleeding bodies. And this came about because after the interview we were emailing, and it came up for both of us that we wished we had gone deeper into this topic. So I said, "Hey, do you want to record a bonus on this?" And we ended up talking for a half an hour, and it gets deep. It gets good. I love this extra interview.

We talk about:

- How the cultural messaging around periods and rest is based on male hormonal patterns and can be harmful to bleeding bodies.
- We talk about instinct, intuition, and pulling inward.
- How our energetic and emotional core is in our pelvis, and that core is more open and permeable when we're bleeding. Like, the veil is thinner during menstruation.
- When honored, our period can be a time of visioning, cleansing, and resetting.
- How your uterus is twice as heavy when it's full of blood, and too much activity can pull ligaments and other tissues out of place.
- We talk about how we risk worsening the trauma, tension, and tightness we hold in the womb space by not resting when our body is asking for it.
- Teaching our children, both boys and girls, about women's cycles.
- The feelings that surface when we're menstrual and how they're not crazy or hormonally created out of thin air. They're really our deepest truth that we have suppressed for the rest of the month or maybe even longer.
- What it means when a culture makes the very thing that gives life taboo.
- How true liberation not from suppressing our cycles, but from living in a way that honors them.

- The “Red Tent” and the ancient practice of menstruation as a time of collective visioning.
- Honoring and celebrating a girl’s first period, and teaching fertility awareness to teens as an empowering body literacy practice.
- Practical and ritual uses for menstrual blood, including the practice that has brought some pretty mind blowing magic into my life. (I did not know we were going to get into that when we started that conversation and was really happy that it went there.)

[0:05:43]

Amber: So the other offering for Patrons are two available discounts, two coupon codes for working one-on-one with Dr. Elizabeth. So if you like what you hear today (and I think you will!), you might be interested in this. She has an office in Portland, Oregon, but she also sees clients virtually all over the world for health consultations. So there’s two consultations and two discounts available:

The first is just a general health consultation for whatever is ailing you. Dr. Elizabeth specializes in reproductive health so anything menstrual cycle-related, from endometriosis, fibroids, PCOS, amenorrhea, fertility/infertility, thyroid disorders, as well as autoimmune disease, gut health, and environmental medicine.

Her approach uses plant medicine, homeopathy, and lymphatic drainage amongst other spiritual and energetic modalities. She’s also trained in Holistic Pelvic Care by Tami Kent. So that is amazing. We kind of touched on that in Episode 61 with Rachele Garcia Seliga and just how incredibly amazing pelvic work is, especially for women, and especially for mothers.

So, they’re at Patreon.com/MedicineStories, which, of course, is where you’ll find that bonus interview. It’s where you can get a coupon code for \$50 off a 90 minute call. That would normally be \$250.

And then the second coupon code is for a Fertility Awareness Chart Review Consultation, if you decide to practice fertility awareness after listening today, which I’m going to start doing in about a week when my period ends. I’m going to start charting for the first time, and I’m so excited! I, as I say at the end of this interview, just *wish* someone had taught me this when I was younger. I just wish I had known this when I was a teenager or young woman how different my life could’ve been; how much more empowered I would have been as a person with a bleeding body.

I guess 39 is not too late to start, and I’m really excited to deepen my body awareness in this way.

So it’s really useful in the first few months of practicing Fertility Awareness to have someone to bounce questions off of and to look at your chart. So Dr. Elizabeth will be offering Patrons of this show Chart Review Consultations at a discounted rate of \$50 where they are normally \$75. It’s about a 30 minute session, and you can find the coupon codes for both of those there.

[0:08:25]

Finally, the public Patreon offering: so you do not need to be a Patron, also at Patreon.com/MedicineStories. It’s a few different things all in one post. Dr. Elizabeth shared a downloadable copy of the exact chart that she uses herself to get you started, yourself, charting. And then there’s also a downloadable research study on Fertility Awareness Method that shows that it’s 99.4% effective when used correctly. Hormonal contraceptives are 99.7% effective with

perfect use, but with typical use, they're more like 92% effective (at least that's for the pill). Plus, there are some links in that same post to two of Dr. Elizabeth's most important books on the subject, and I could not agree more on how important these books are to read if you are interested in this, and a link to her favorite basal body thermometer, which is very cheap and you can get online.

So those are all there: Patreon.com/MedicineStories

[0:09:38]

Amber: Finally, before we started the interview, I wanted to do something I haven't done in quite a while and read an iTunes review. This is from ThatKundaliniGirl. She says:

A must listen. This was a podcast I wasn't looking for and didn't know I needed. Fast forward to a binge fest and I can't believe I didn't know this rich, nutritive resource existed. Not just for those interested in plant medicine, this is for anyone wanting to live more authentically as a human. The ancestral episodes are profound and memory-jogging. There is magic in this world, and this podcast does a fabulous job of harnessing it and sharing it with everyone.

*P.S. Supporting this podcast via Patreon is the **best** money (energy) you'll spend monthly. The resources are killer and you know you are supporting a family/team/community to bring even more interviews, musings, education, and spirit to countless listeners.*

So, that was a lot of information, and there's a lot more coming your way right in this beautiful interview. I hope it really just inspires you just to get to know yourself better, and changes your life for the better as it has for mine in the weeks since we recorded it.

So, here we get into my interview with Dr. Elizabeth Wade.

(Transitional Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Interview Begins]

[0:11:00]

Amber: Alright, hi Dr. Elizabeth! Thank you so much for joining me today on Medicine Stories.

Dr. Elizabeth: Thank you so much for having me, Amber!

Amber: Yep. People have asked me to cover this before, actually, and so I'm excited to do it, and I really, like, this is something that I've always wanted to know, and that I really don't (*Amber laughs*), and there's been times in my life, like, earlier this week, when I've been like, dangit! I wish I understood this stuff better.

Basically, I had a pregnancy freak out earlier this week, went to my midwife, and she drew blood, and I did the blood test, 'cause I was like, "I can't wait until my missed period. I need to know **now** if I'm pregnant." And I knew the whole time, like, if I knew more about this — and I also think I know

more about my cycle than most women — but there's still just so much more I don't know and so much about my fertility signals that I don't know. But if I had known that, I might not have had that freakout, you know?

So, I would like to just start by asking to please tell us how you came to medicine, what your credentials are, what your practice looks like now, and then what, specifically, drew you to women's health, and then into fertility awareness?

Dr. Elizabeth: Yeah, I'd love to share a little bit about that.

So, I definitely did not have a direct path to medicine. I had no intention of ever being a doctor when I was younger. I didn't really know what I wanted to do. I just knew I wanted to make a good impact on the world, and it was pretty vague, but I knew I wanted to help, and I was actually very into cultural exchange. I studied abroad in undergrad and it completely changed my life and my outlook on the world. So I worked many years in student exchange after my undergraduate degree.

In that time, I got really interested in nutrition and yoga and started really exploring the idea — I think it was really yoga that brought me the idea — that health was more than nutrition and exercise. I had always been a pretty big, I guess, advocate for exercise of various types, but yoga really expanded that into the mental/emotional/physical body element.

[0:13:26]

Dr. Elizabeth: I was on a yoga retreat one year. I went on a solo trip; my first one ever. And kind of read this book called *The Blue Zones*, and there's this saying in Okinawa, Japan, which is one of the blue zones that people, when they're born, they're meant to find their "ikigai", and it's the reason to wake up every morning.

And I really contemplated that hard on that trip. I was kind of soul-searching at that time. I knew I wasn't going to be fulfilled forever by student exchange, and I was looking for my next move. Like, what is the thing that is going to make me happy? My reason to wake up every morning?

And I realized it was really health, like, holistic health. That's what I was spending every minute of my free time reading about, looking into, exploring outside of my day job at the time. (*Audio unclear @0:14:17*)

There was a lot of, like, ends that didn't feel quite right to me so just on an internet search one day I found naturopathic medicine. I'm from Chicago, and that word was never part of my vocabulary prior to this experience, finding it online on Google. And I watched a video, and I was like, wow. This makes so much sense... and this is really what I believe is really the answer when it comes to health. But it was medical school, and I was like, I've never considered going to medical school. It would be a very BIG turn for me.

[0:15:01]

Dr. Elizabeth: So I kind of closed my computer and went about my day for the next two days, and I happened to meet a naturopathic doctor two days later, which was just the universe telling me that I was on the right path. It was the first time I had ever met a naturopath, and I didn't even know that word before, 48 hours before.

So I picked her brain, and started looking at schools, and that's how that process started, and it was just a "Hell yes!" from the first minute that I found it (*both laugh*). Sorry, that's a swear. I just knew that was what I was supposed to do.

So I thought about it. I visited a lot of schools and did my pre-reqs slowly, 'cause i had to do all the pre-med courses. So I did them over a year, I guess it wasn't slowly. It was an accelerated pre-requisite program, but, you know, I took a full year, really, to do that work and make sure it was the right choice. And then ended up in Portland for medical school. And that's really how that started.

It was kind of a very indirect path, but really, really purposeful, and I know so fully that this is what I'm meant to do.

[0:16:10]

Dr. Elizabeth: And my own personal health experience in school, my first year of school, I actually got pregnant on hormonal birth control and had an ectopic pregnancy, which is when the egg implants somewhere other than in the uterus. In my case, it was my fallopian tube, and that really was a catalyst for me to find another option for birth control.

Amber: Because that's like a life-threatening situation.

Dr. Elizabeth: Yes, and I was very close to dying. I had emergency surgery. I had already had my tube ruptured and was bleeding internally. It was super scary.

Yeah, the doctor who did my surgery, she was very kind in a lot of ways, but very insistent that I get on the IUD right after that happened. And I felt like there was so much trauma that had just happened to my womb, and I was having a really hard time, you know, thinking about implanting a device into my body (*Dr. Elizabeth laughs*) RIGHT after that happened. And I knew that the risk, there was a higher risk for people with IUDs for ectopic pregnancies.

So I was like, "Why would I do this? It just didn't feel right, and she really shamed me. She was just like, "Clearly, you're not responsible enough to take the pill. So this is your only option if you don't want to get pregnant." And that felt terrible.

So I didn't do it. Thankfully, I listened to my gut, but I ended up finding Fertility Awareness through that and have been on a **big** journey ever since that day too. I've really learned it myself. You know, it's completely changed my life, and I actually have hosted trainings for all the medical students at my school every year since that first happened to me, and I brought a Fertility Awareness Educator to NUNM, which is where I went to school, and she would teach a weekend course and teach anyone who wanted to learn about this method. So it was something that I had become quickly passionate about getting the word out.

And now that, in my professional career, it continues to be a cornerstone piece of my practice.

Amber: Wow.

Dr. Elizabeth: Yeah.

[0:18:26]

Amber: So, as a naturopathic doctor, you go through full medical school, and then there's an emphasis on what? Plant healing or...

Dr. Elizabeth: Yeah, we learn — so it's the same. You know, we have to learn all the same basic sciences as an MD would learn. We do a lot more human physiology; just learning how the body works. We do lymph pharmacology, and I am, you know, licensed to prescribe in Oregon, where I live, pharmaceuticals if I want, even if they aren't a part of my practice. So we do learn pharmacology but not nearly as much as an MD would do.

Then we learn, you know, botanical medicine. We learn homeopathy. We learn a lot more nutrition. We have a lot of nutrition courses. So, we learn... you know, they do a lot of comparing the different degrees, a chiropractor, a naturopath, and a medical doctor. So we learn almost the same as medical doctors do, just slightly less pharmacology, and then a lot more.

They show that we actually do like an extra year of training than medical school doctors in the number of credits that we have to do in a four-year period.

Amber: Wow.

Dr. Elizabeth: It's like five years in four years because of all the extra stuff.

So, it's pretty rigorous. It was very hard. (*Dr. Elizabeth laughs*), especially not having a medical background, it was very challenging. But I love it. I really believe in this medicine. I believe that, like, our big thing is root cause healing, getting to the root of what is going on and trying not to mask symptoms, and I think that is really important.

Amber: Yeah! Great. Thank you for answering that. I've wondered. I've seen people argue online about what kind of training naturopaths have, and I've even seen people call themselves naturopaths, and then when I ask, they're like, "Oh, you know, I just use, like, herbal remedies and homeopathy." But I'm like, "But you didn't have the training? Like, no. You can't call yourself that!" (*Amber laughs*) That's like a real term.

Dr. Elizabeth: They technically can. Yeah, they can call themselves a "naturopath"; they just can't call themselves a "naturopathic doctor". So it is quite ambiguous, and you do really have to be careful if you're seeking out a naturopath. If you want a naturopathic doctor you should definitely check their bio and make sure they went to one of the six accredited schools. Make sure they have a license to practice 'cause they can actually call themselves a "naturopath." That term isn't regulated like medical doctors are.

Amber: Okay. Thank you.

I love that story. I love that you had never considered medical school before, but you just felt the call and you followed it. I love those kind of stories, and I talk about that a lot on this show: just listening to your heart and following the call.

And for me, it's never done me wrong to do that. (*Amber laughs*)

Dr. Elizabeth: Yeah!

[0:21:19]

Amber: So let's start by talking about the pill and hormonal birth control. Millions, millions of women are on hormonal birth control. Many, many of them aren't even doing it for birth control purposes but to manage symptoms. And it's something that doctors just prescribe, like any female complaint they hear, they're like, "Here's a prescription for hormonal birth control. This will suppress your symptoms," not, "This is going to help the root cause."

So let's just start by going over — because so many women are unaware of how truly deep and long lasting— the side effects of hormonal birth control are.

Dr. Elizabeth: Yeah, it is a very complicated subject, and, you know, I always like women to be really informed which is a big part of why talking about fertility awareness is important to me because I know I, personally, was not given a choice when I became sexually active. It was like, "Here. You take the pill. That's what you do." And no risks were ever discussed with me, and I know that that's very common based on my friends, family, and patients.

So, yeah, the pill, just to give you a little bit of history: it was first approved in the 1960s, and it's really interesting that one of the things I learned recently in the last couple of years was that when they were first doing testing on women for the pill, the women who were taking the pill were convinced that they were pregnant 'cause they weren't getting their periods. And they were really sad and grieving when they realized they actually weren't pregnant.

And so, in order to convince women to take a medication every day when they weren't sick and to take a medication that actually stopped them from ovulating, they realized they had to present the pill in a way that mimicked women's natural cycles. So they specifically then designed the pill to mimic a 28-day cycle, like, you know, many women who have 28-day periods.

So they designed it that way and to have a withdrawal bleed, which is not a real period when you're taking the placebo pills, the sugar pills, for that week. It's a withdrawal bleed. It's not actually a menstrual period. So they just put that in there to make women believe that they were still having a normal cycle for compliance reasons.

Amber: Wow.

Dr. Elizabeth: So that's really (*Dr. Elizabeth laughs*)... yeah.

Amber: And it was like a super high dose. Was it estrogen at first? They were like messing women up when the pill first came.

Dr. Elizabeth: Yes. Definitely. Yes. There was like seven times, up to seven times the amount of estrogen and almost up to 100 times the amount of synthetic progestins in the first round of the pill.

So yeah, it was much stronger than it is today, but yeah, the fake bleed really got me, you know? I went my whole life. I was on the pill for ten years, and then I thought I was getting a period every month. I did not realize I wasn't.

So, I think that is a little bit, very misleading, but I wish there was more education around that with women.

Amber: Yeah, and in her book, *Beyond the Pill*, Dr. Jolene Brighton talks about, too, just speaking about the lack of education that doctors tell women, you know, it basically just tricks your body into thinking you're pregnant. And she points out that your body is not that dumb.

Dr. Elizabeth: Yeah. I know.

Amber: That it's much more complex than that.

Dr. Elizabeth: Exactly. Exactly.

[0:25:12]

Dr. Elizabeth: Yeah, the ways that it works is that it interferes with ovulation. So there's a brain-ovarian connection, and it basically shuts down that communication between your brain and your ovaries so that you don't ovulate.

Then it interferes with implantation so a fertilized egg can't implant to the uterus because the uterus endometrial lining is too thin when you're on hormonal birth control for implantation to occur. Then it also changes your cervical mucus so that it actually, like, creates a plug so that sperm can't get into the fallopian tubes and cervical canal. So that's the ways that birth control works.

And obviously there's a lot of types now. There's combined oral contraceptives being estrogen, synthetic estrogen and progesterone together. And then there's progesterone-only, which is synthetic progestin. It's not the same thing as natural progesterone. Then there's the IUD and there's various IUD's that have hormones, one doesn't. And sometimes women — you know I have many patients on the Mirena IUD. That seems to be the most popular choice right now.

Amber: Is that the copper one?

Dr. Elizabeth: The Mirena IUD is not the copper one. The copper one doesn't have any hormones, and so that one can be nice for women because they're not getting hormones. But I see a lot of women have a lot of pain, the downside to that.

Amber: Yeah, and how... I'm sorry ... how is the copper one if it's not hormonal preventing pregnancy?

Dr. Elizabeth: The copper is actually like a spermicide. The copper actually destroys the sperm and can't get past the copper.

So, yeah, but it causes a lot of inflammation where the IUD is implanted in the body, and some women experience — I see oftentimes women have a lot of issues with IUDs whether they're hormonal or not much more than they report in the stats than what I've seen clinically.

Amber: Yeah.

Dr. Elizabeth: Yeah, and some women do great with them. That's obviously not all women.

Amber: Right, I was going to ask. I've heard horror stories, and then I've had friends who've been like, "It's been absolutely fine." So it just seems like such an individual thing for the IUD.

Dr. Elizabeth: Definitely. Definitely.

And some women on the Mirena, that's a progesterone-only type of hormonal birth control, and some women still ovulate and some don't. So, there's benefits to having regular ovulation for the female body, which, if you're suppressing ovulation, you're not doing your body the biggest service in the long term for certain aspects of your health. Specifically with, like, osteoporosis is a big one.

Amber: Wow.

[0:28:05]

Dr. Elizabeth: Because, yeah, regular ovulation, when you have sufficient progesterone and estrogen, that is really connected to our optimal bone density in women. So if you're not ovulating, or you have, you know, any type of ovulatory disturbance then you can have deficient progesterone and that puts you at an increased risk of osteoporosis.

Amber: Something else I learned in Dr. Brighton's book, this is a quote. She says, "From progesterone to cortisol to thyroid hormone, there isn't a hormone that the pill does not disrupt."

So this is really a full body dysregulation.

Dr. Elizabeth: Oh yeah, it is. The side effect list, it's so long. I mean, all you have to do is pull up any one of the number of birth control pills out there, and look at their, you know, on drugs.com, the adverse events associated with that. The list is so long.

So, you know, it's often downplayed, right? Because a lot of drugs have super long lists of adverse events, but there's quite a few very, very common side effects with hormonal birth control that are not rare, and they're not discussed that people don't know about.

Amber: What are the most common ones?

Dr. Elizabeth: So I mean, the one that I think most people are aware of is the increased risk of blood clots that could then cause a stroke. That stroke goes up if women are smoking, heavy smokers, or after the age of 35, but in certain birth controls the risk is higher. One of the ones that has had a lot of, or taken a lot of heat is Yaz, the brand, Yaz and Yazmin. They've had a lot of heat over the years for having increased risk for blood clots and related complications from that. So that is the number one risk with birth control, and that can cause deaths so that's severe.

And then some of the other really common ones that I know aren't talked about are loss of libido, and pain with intercourse, and a lot of changes with mood, so, anxiety/depression being associated with that. There's so many we can kind of get into as much as she tells you, "Now, with any of these, if you have questions..." but...

[0:30:32]

Dr. Elizabeth: The pill actually changes the anatomy in your pelvic area. So, they've actually shown that your clitoris shrinks. Hormonal contraceptives shrink your clitoris and decrease the thickness of your labia. And so it actually, you're not allowed to feel a full spectrum of pleasure with intercourse, and women, because of that change will experience pain with intercourse.

I know I had this, and I went to **so** many doctors when I was on the pill. I had pain with intercourse, and I went to so many doctors and was like, "Why is this happening?" and they did so many pelvic exams, and they kept telling me I'm fine, I'm fine, and it was never brought up that that could've been associated with the pill.

And I believed they didn't know. I don't think the doctors were lying. I just don't think that they're even aware, you know? They're trained to be like, "This is safe," you know, "This is what you do."

So yeah, that's a big one.

Amber: Oh my gosh. Yeah, that's horrifying! *(Dr. Elizabeth laughs)*

Dr. Elizabeth: I know! *(Amber laughs)*

And it takes a long time for it. Like, it can — the clitoral volume — there can be a 20% decrease in clitoral volume and orgasms associated with hormonal contraceptive use. So that's a big percentage.

Amber: That's crazy.

Yeah, there is so much to talk about. *(both laugh)*

[0:32:05]

Amber: I have so many questions, but *(Dr. Elizabeth laughs)* before we get into it, I want to talk about the period as the "fifth vital sign", but this is bringing up for me...

So the only form of hormonal birth control I was on was when I was 17 and having sex with my boyfriend. My mom took me in, and I got one depo provera shot, and it messed me up. I was hypothyroid within a few months, and having, like, really severe hypothyroid symptoms. It took us a while to figure out what it was, also, and I never got another one.

I never did any other form of hormonal birth control, and I've heard that that's kind of out of fashion now, but what is that? Is that just a really concentrated version of the pill because it's a once-every-three-months shot?

Dr. Elizabeth: Yeah, it is. It's my least favorite for sure. It completely stops you from cycling.

So they actually use that for sex offenders. They'll give the depo provera shot to sex offenders as a form of chemical castration for them.

Amber: Oh my gosh. To men?

Dr. Elizabeth: Yeah! *(Dr. Elizabeth laughs)* Yes, to men.

Amber: Wow.

Dr. Elizabeth: Yeah. So...

Amber: Oh my God. I'm 17! "Here. This would be so easy for you!"

Dr. Elizabeth: I know! And there's a big risk with mental illness, like, depression and anxiety. So it's...

Amber: — *(Amber gasps)* Oh my gosh. Well, that also happened.

Dr. Elizabeth: ... Suicide goes up.

Amber: Yes! I felt kind of crazy for a while and didn't know how to talk about it or tell anyone what was going on.

Dr. Elizabeth: Yeah.

Amber: Oh my God. Okay, I'm just like, I'm smiling right now because you just made a HUGE mystery in my life make sense. I've always been like, what **happened** to me senior year?

Dr. Elizabeth: I know. I know.

Amber: Wow. Okay. Thank you.

Dr. Elizabeth: I love that you knew not to do it. You know, I wish I had been more informed. I don't know. The way I was raised, I didn't really question — I mean I've always questioned a lot of things. I shouldn't say that's not true — but with that particular thing I didn't question it. I just did it, and I wish I could go back because I have made so many connections now with my health just because there's long-term effects with using the pill that don't just go away right after you get off for even up to two years or sometimes longer — it affecting your hormones and thyroid and guts.

So, you know, there's a lot of implications when you're on it long term, and the adverse effects build the longer that you're on it. So, it's so great you got off, and what an intuitive thing to know that wasn't the right choice for you.

Amber: Yeah, well...

Dr. Elizabeth: But I didn't have that confidence at that time.

Amber: I have to.... Well, I'm crying now because it was really my mom who was like, "This is not okay. I don't know what happened to you, but it's not okay and we're going to figure it out and, like, not going to do that again."

And she was the one who, years later, like, kind of the early days of the internet, like, late 90s early 2000s she called me one day, and she was like, "I think the hypothyroidism was from the depo!" You know?

We hadn't made that direct connection at the time. We just knew I didn't need to do that again. So, really, just, you know, she passed away four years ago now, but I'm so grateful to her for being tuned in and caring.

Dr. Elizabeth: That's so wonderful. I know that is... I'm... yeah, I've definitely heard you talk about her in previous episodes, and she just sounds so amazing, and that is so wonderful that she was really able to advocate for you in that way.

I wish, you know, it's just unfortunate. I know my mom would've, too, if she knew, but she just... women aren't aware. I was 30 years old when I started medical school, and it wasn't until I had that really crisis experience that I woke up to all of this. And I don't know that I would have had I not had that experience. So that's the silver lining, but we're just not.

Even in naturopathic medical school, they don't advocate for Fertility Awareness. They talk about how it's an option, but they don't push it. And in clinic, I actually wasn't even allowed to offer it to patients.

Amber: Wow! That's so crazy! (*Amber laughs*)

So yeah, people don't know. Women don't know, and that's why we're here having this conversation. That's what you do, and I'm really grateful and we are going to get into, like, the nuts and bolts of the Fertility Awareness Method.

[0:36:46]

Amber: But first let's talk about the period as the fifth vital sign and what that means, and just the amazing insight into our health that our menstrual cycle gives us when we are not disrupting it.

Dr. Elizabeth: Yeah, so the menstrual cycle is now being called "the fifth vital sign" by really big organizations like the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (ACOG is that acronym). They're pretty much running the show when it comes to all things menstrual-cycle related in terms of medical procedures.

Amber: For better and for worse.

Dr. Elizabeth: Yeah (*both laugh*) for better and for worse!

But vital signs, some people might know what those are. So that's like your blood pressure and your heart rate and respiratory rate and temperature. Those are the four things that usually, if you go into any doctor's office, they take, and they're supposed to be a means of tracking your overall health.

And so, for women, they're actually saying your menstrual cycle is the fifth one because it changes based on what's happening in your life: stress, environment, travel, illness, drugs, medications, thyroid issues, any type of issue affecting your period. It all shows up there. So it's a really great insight.

You know, if you're really in tune with your menstrual cycle and know the signs (and it's just a few signs to kind of track every month), then you can really have a deeper understanding into your overall health. It's not just for women who aren't trying to get pregnant or want to get pregnant, because it can be used either way: as a contraceptive measure or as a way to actually time intercourse so you can get pregnant when you're ovulating.

But it's also, even if that doesn't apply to you, it's just a really good way to track your overall health.

Amber: Yeah. Absolutely. I mean, for sure, your period can be a pain, of course, you know. It can disrupt things, but it's so precious. It's so sacred, and it gives us so much information about ourselves, and I really feel grateful for the teachers who brought that perspective to me when I was in my 20s.

[0:39:05]

Amber: So let's, now that we are honoring the menstrual cycle and understanding how important it is, yeah, let's just get into if you want to — do you want to do an overview? Let's talk about first, what Fertility Awareness Method is NOT because I think there's a lot of misconceptions about this.

Dr. Elizabeth: Yeah, so the biggest thing I like to differentiate is that it's not the Rhythm Method. So the Rhythm Method is based on a calendar month. They assume that every woman, you know, more or less has a 28-day cycle, and so their fertile somewhere smack in the middle — 13 days, 11, and maybe 18 they'll block off 5-8 days for....

Amber: — Yeah, I think I read recently that only 15% of women have a 28 day cycle. It's the average, but it's not.

Dr. Elizabeth: Oh yeah, right. It's not. Your cycle can be anywhere from 26 days-35 days and be totally normal. It's just more if your cycle is varying in more than 8 days in length regularly, so say you're having, like, a 25 day cycle, and then you're having a 35-day cycle one month, and then you're having a 42 day cycle the next month. That would be reason to maybe call it "abnormal".

But it can vary. It can be 26 days one month, and 32 days one month, and 28 days one month, and that is all normal. So, that's a big, I think, misconception, too. A lot of women don't understand what actually constitutes an irregular cycle, and it does **not** have to be 28 days to be healthy. You're absolutely right.

But the Rhythm Method kind of uses that calendar approach, where in some women might take "What is my average length?" and then they just block off a time, assuming they're ovulating in that cycle. But that doesn't always happen because a lot of women are estrogen-dominant, and estrogen is the primary hormone in the first half of our cycle. So that would push ovulation way later in your cycle.

Or if you have too much estrogen, you typically don't ovulate until much later in your cycle, and oftentimes have a progesterone deficiency then, as well, which is the dominant hormone in the second half of the cycle. So you can't — that's not a super reliable method.

[0:41:29]

Dr. Elizabeth: So a lot of women — and I think where the distrust in Fertility Awareness comes — is that they think it's all the same thing. And there's a lot of terminology in Fertility Awareness, like the woman who taught me Fertility Awareness, I'm going to give her a little shout out because she's amazing. Her name is Sarah Bly, and she's in Ashland, Oregon. You know, there's a lot of terms that she kind of clarified to get nitty gritty, where Fertility Awareness is just like a non-religious-based health care model for body literacy. So it's just having a general understanding, body literacy, like, you understand your body.

And then Fertility Awareness **Method** — frequently "FAM", you might see that all over the internet— is using one of the combined charting processes for self-care. So, Natural Family Planning also falls under Fertility Awareness Method because Natural Family Planning is religious-related. It's associated with the Catholic church, but they do use cervical mucus tracking and basal body temperature charting as their mechanisms which is essentially the same thing as what I call Fertility Awareness. It's just a non-religious way of saying it. So that's a little bit of terminology that can be kind of helpful. And then Fertility Awareness Based Methods (FABM) is just, like, a combination of like this is inclusive of like all the types.

So I think there's a lot of... I've heard people tell me, like, "Oh I got pregnant using this method," but it's really not the **method**. They didn't get pregnant from using the method. They got pregnant because they used the method incorrectly because you have to be pretty accurate with, you know, you have to take your temperatures everyday at roughly the same time every morning. You have to be really aware that certain things can change your body temperature. So if you drink a lot, alcohol is thermogenic. It can raise your body temperature. If you're sick, that can raise your body temperature.

So there is kind of like a learning curve of how to do this in the beginning. But if you practice it everyday, if you check your cervical mucus at least three times a day and take your temperature every morning at roughly the same time of day, that's considered perfect use, and that is 99.4% effective. So it's as effective as an IUD or any other form of birth control. It's just a matter of are you actually doing that every day.

Amber: Wow, so when practiced correctly, it's how effective?

Dr. Elizabeth: 99.4.

Amber: Oh my gosh. Yeah, I mean I've gotten pregnant through a condom twice. So, (*Amber laughs*), you know they say condoms are 99% effective? And I'm like, "I don't know about that." (*Amber laughs*)

Dr. Elizabeth: Yeah.

Amber: This just seems more effective than that for sure.

[0:44:29]

Amber: So, how about, I mean, if you have a different way you like to present this, then go ahead, but I'm thinking maybe a brief overview of the menstrual cycle and then getting, like, deep into the practice and the cervical fluid checking and the basal body temperature and what exactly that looks like?

Dr. Elizabeth: Sure! Yeah, so the first day — I'd really like to clarify this — the first day of your period, or first day of your cycle, is the first day of an actual full bleed. So it's not, like, if you're a spotter, and you spot before your period begins, it's not spotting days. It's the first day of a full bleed. So that's day one of your cycle.

At that point, your body starts making estrogen, and — or, actually, you're shedding your endometrial lining. So all of your hormones are kind of dropping on that first day, but you start producing after that estrogen and a hormone called "follicle stimulating hormone", and that's just responsible for exactly how it sounds: developing your follicles which are inside your egg. And one of them will become the primary, mature oocyte, which will be ovulated and released from the egg. So those two hormones will build up.

And once you have a sufficient amount of estrogen, that triggers another hormone called "luteinizing hormone", and that hormone is actually what's being detected on the ovulation predictor kits. So a lot of people, when they're trying to get pregnant, will use home — they're called OPKs, Ovulation Predictor Kits, and they will pee on them like a home pregnancy test. And it will tell them, like, you know, when they can be expecting to ovulate so they can time intercourse. So that's actually looking and detecting for LH, because you just have a single surge of LH, luteinizing hormone, when your estrogen is peaking.

So the peak of estrogen will actually stimulate that LH, and that's what's 20, or they usually 12-36 hours, so roughly 24 hours after you get a positive LH predictor kit stick. If you were to do that home, that's when you would ovulate. So right after that hormone surges, ovulation occurs, and then estrogen drops, and progesterone takes over as the primary hormone.

Estrogen, in the first half of your cycle, that's called — when you're building up estrogen — that's called the "follicular phase" because your follicles are developing, and that's really a time when your endometrial lining is building up and thickening. And progesterone, once that takes over, it's kind of like smoothing everything out. If it was like a brick and mortar, it would be like the mortar.

And progesterone is a very different type of hormone. It makes you feel differently; more women are usually more tired in the second half after they ovulate, and that's because progesterone will have that effect in their body. It also is what's considered a "thermogenic hormone", which means it actually increases your body temperature. So that's why after you ovulate, if you do temperature tracking, you'll see a rise in your temperature because the increase in progesterone causes your temperature to rise.

[0:47:55]

Dr. Elizabeth: So, it's the only actual way to gain daily temperatures, and you need to use a basal body thermometer because it tracks to, like, two decimal points. So, it's a little bit more specific, and that's the only way to confirm that you're ovulating, truly. Because if you're taking home, if

you're using the ovulation predictor kits at home to track LH, that's not confirming that you ovulated. That's only confirming when you've had a peak in LH.

So a common condition that women struggle with is PCOS which is polycystic ovarian syndrome, and it's very common for women with PCOS to have multiple LH surges. So it's not a reliable predictor of ovulation. You know, it CAN be, but it's not for all women.

So really, the only way to confirm if you've ovulated, is to track your temperature, and to confirm that sustained temperature or to get ultrasounds which nobody does. So. Yeah.

Amber: And I learned recently, too, that what spurs your period to start is that all hormone levels just plummet. Is that right?

Dr. Elizabeth: Yeah, at the very beginning all your hormone levels are just dropping.

If the egg doesn't get fertilized and implanted, then you have the shedding of that endometrial lining, and all the hormone levels just drop, as you've said.

Amber: Wow. It's such a complex dance! I was reading about this a couple days ago in *Taking Charge of Your Fertility*, and it just left me with such a sense of awe that this system evolved over eons. It's so complex and beautiful and functional!

Dr. Elizabeth: It is. It is, and I am really in love with the menstrual cycle. I mean, I know some people probably from home who know me from pre-medical school are probably like, "Wow, she really loves talking about the menstrual cycle" because I talk about it all the time. (*both laugh*)

[0:50:06]

Dr. Elizabeth: But I just feel it's so beautiful, and I feel like women, in this way, we're conditioned to go our whole lives kind of trying to move away from this part of us that's so natural and so important to me, that I feel now, like, in being a woman and really embracing my womanhood and feminine energy is really embracing my cycle.

I feel like, you know, being put on the pill or something that numbs out that — it completely changes so you no longer have — I always describe it as we go through — like, these big waves of hormones where they start really low, and then they build, they build, they build. Ovulation happens. Estrogen comes down. So there's a peak, but then progesterone goes up, so it's like this big kind of wave we go through in the month.

Whereas in men, their hormones rise and fall every day. It's like a little ripple.

And when we're on synthetic hormones, it's designed to make us feel that. That's what it does to our hormones. It makes them just ripple every day; the same amount every day of hormones. And that's not how we're designed to be.

And, you know, it's been such an empowering thing for me to discover Fertility Awareness because I'm no longer — I remember the first several months. I want to say, like, 6 months — I would have this alarm go off in my head, like, "Did I forget to take my pill?!" I was so conditioned. It was 10 years of taking the pill that I would think about that every day. And then I would remember, wait, no, there's nothing I need to do to protect myself from getting pregnant other than myself.

I am now my own barrier. Like, I am in control. I'm not relying on something else, and it really taught me how to embrace the changes that go with how I feel throughout the month and how to communicate that to my partner. Like, "Look, I don't want to be shamed for feeling moody before my period. Like, please don't be like, 'Oh you must be PMSing.'"

I've become really sensitive to that. This is a natural, normal thing. I'm not supposed to be happy and productive right now. I'm supposed to be resting, and you need to honor that because that's part of my design.

And so it's been a really empowering thing for me to learn, and I love empowering my patients for the same reason.

Amber: Yeah, I feel really strongly about that, too. I have very strong boundaries around not being, yeah, shamed for being a woman and not feeling super great today because of my period.

Oh, it angers me so much to think about how that's used against women not only within the family, but culturally. Like, male politicians will say that about female politicians like "It's her time of the month," or whatever.

Dr. Elizabeth: Right.

Amber: Just a really severe and disgusting form of misogyny.

And one really basic way to look at the cycle, too, for me is just cycles of creativity and rest, cycles of creativity and rest. And that you are numbing those out when you're not allowing your cycle to be what it is.

Dr. Elizabeth: Yeah. Exactly.

Amber: So... (*Amber laughs*) I'm glad we're talking about this.

[0:53:32]

Amber: Let's get deeper because... So, I've known about this for decades, but it always felt too hard to learn, I guess? I mean, that sounds so silly now that I bring it fully into the light of consciousness, but please explain more about the basal body temperature, how that works, and at the end we'll provide some resources, too, because I'm sure, you know, they're going to need to look at something visually to learn this as well, and cervical fluid.

What's that all about?

Dr. Elizabeth: So those are the two key tracking methods of Fertility Awareness. So if you're going to practice, choose to practice, this method that I refer to as Fertility Awareness, it also can be referred to as the Sympto-Thermal method, and it's the same thing, just for name's sake purposes.

But cervical mucus is the primary one. So your cervical mucus is amazing, and it changes based on where you are in your cycle. So usually, most women don't experience much cervical fluid; usually

none when they're menstruating. And it will start either right after menstruation or 5 days after, usually 5-7 days after.

Before you get up for ovulation, your cervical mucus will start changing. It usually begins thick and white, like lotion, and then it will progressively turn to more clear and watery. And then eventually it will be like egg white.

And so I like — when Sarah Bly taught me Fertility Awareness, she actually brought in little demos — but there's a really great app called Fertility Charting. They get censored by Instagram all the time, but they post pictures of cervical mucus on their account, and it's great 'cause it can give you a visual of what it looks like when you're fertile. But when you're fertile, it really looks, like, stringy. It will thread from one finger to the other. It will look like egg whites. So it will just be clear.

Amber: Does “thread” mean, like, it won't break if you...

Dr. Elizabeth: Yeah. Yeah, it will thread.

You check your cervical mucus anytime you're going... I recommend women anytime they're going to the bathroom to urinate to check in order to... The studies that have been done on this method that show that it's 99.4% effective, they say you have to check at least three times during the day.

But when you're learning it, I recommend just checking everytime you go to urinate, and that involves just, like, observing what you see on your underwear and after, either before or after urinating, you can use your hand to swipe and see what you feel because some women make a lot, and some women don't make a lot. So some women might just see it. They might even feel it when they're wiping with toilet paper. It will feel slick or wet. And on some people we'll see this kind of egg white cervical mucus on their underwear. And then some won't, but then I'm like, you know, you need to check with your hand in that case because you just might not be making a lot.

And it decreases by age. So when we're younger we make a lot more cervical mucus, and then once we're in our 30s we start to make less. Usually, overall quantity less and number of days that we'll see cervical mucus will be less. So, it could be up to seven days of fertile cervical mucus, five to seven days when you're like 18-25, and then after 25 it starts decreasing. And then when you're in your 30s it's usually only like three days.

Amber: So that's like the fluid that is gonna help the sperm get up there. Is that right?

Dr. Elizabeth: Exactly. Cervical mucus is like super sperm food. It actually will feed the sperm. Like, the nutrients that it contains require them. Like, they need it to stay alive.

There's all these different types. A book, a resource that I really love is called *The Fifth Vital Sign*. That's actually a book by Lisa Henderson-Jack, and I find it to be much more digestible than *Taking Charge of Your Fertility*. It's also more recent. It just came out in the last two years. The research is really up-to-date, and she explains a lot of this stuff, but she goes into Fertility Awareness at the end of her book. She talks about all the different kinds of cervical mucus, and it's fascinating.

There's an S-type which is present during your fertile period. When you're in your fertile days, it actually makes these S-shaped spindles that help the sperm swim up, (*Dr. Elizabeth laughs*) and they're like little highways for the sperm. (*Amber laughs*) So they facilitate, you know, so much of the... like you said, it's a highly complex system. It's designed sophisticatedly.

Amber: Yeah. So amazing! To reproduce the species.

Dr. Elizabeth: (*Dr. Elizabeth laughs*) Yep! They're also like a little army to prevent defective sperm from getting into your cervical canal, as well. So they have a lot of really cool properties to them that I just find to be so fascinating. And it changes the pH of the sperm to make it a hospitable environment for the sperm.

So usually our vaginas are so acidic that the sperm can't survive. So if you don't have fertile cervical mucus, if you don't have cervical mucus, period, the sperm cannot live. They cannot get past your cervix. The environment, the pH is too acidic. They will die within 24 hours. They will not make it anywhere near your egg.

But with cervical mucus you are fertile, and the cervical mucus can actually keep the sperm alive for up to five days.

Amber: Okay, so that speaks to a question that I really wanted to ask you.

[0:59:40]

Dr. Elizabeth: Yeah.

Amber: Because, so, the cervical fluid checking, and the basal body temperature, those both tell you you're ovulating right now, right? Or you are fertile right now.

Dr. Elizabeth: The cervical mucus tells you you're fertile, and the basal body temperature confirms that you ovulated.

Amber: That you ovulated. Okay. So then there's this thing that the sperm can live for five days, and a midwife friend just told me sometimes it can be seven, which I have never heard before. I've always heard five.

So, is that true? (*Amber laughs*) 'Cause that's why I freaked about maybe being pregnant. I was like, "Oh my God it can be **seven** days?!"

Dr. Elizabeth: Yeah, the number varies based on who you hear it from.

The most consistent number I see is six days is usually the amount of days a woman is fertile. But it all depends on the amount of cervical mucus you're producing. So if you're younger, or if you just have really robust, healthy cervical mucus, then, you know, if you're having cervical mucus for seven days, I would say that, yeah, you're fertile for seven days. Because anytime you see cervical mucus, not even the fertile type, anytime you see cervical mucus period, you're considered fertile.

Amber: Okay. But as far as how long sperm can live: so let's say, let's just say I get really strong signals on the 12th of the month that I've ovulated, that I'm fertile. And we had sex on the 6th of

the month. I'm protected. So I shouldn't be freaking out about that, even though the sperm, theoretically, can't live because the vagina was so acidic on the 6th, 'cause there was no mucus.

Dr. Elizabeth: Yeah, the sperm can only live for five days.

Amber: Right, okay, so let's say it was the 7th or even the 8th, then. Like, if there wasn't good cervical fluid present, then it's very unlikely that the sperm survived until I ovulated four or five days later or whatever.

Dr. Elizabeth: Right, without cervical mucus, then the sperm can only live 24 hours.

Amber: Okay.

Dr. Elizabeth: The cervical mucus is what can keep them alive for up to five days. Does that make sense?

Amber: Okay, yes, and let's be clear again, there's various kinds of cervical mucus, and we are talking about this like egg white kind.

Dr. Elizabeth: We are, but even, like, when you first start noticing cervical mucus, the white lotiony type, that is still considered a fertile day.

So most women will see cervical mucus for the average is five days. For me personally, I know I only have it for like two or three days. I'm older, and so, you know, I'm well into my thirties, and that is... yeah, it's really dependent on the person, right?

So I would say that seven days would be more for someone who is having cervical mucus for seven days straight, but even then, it depends on when intercourse happened because then they could have intercourse the first day they had cervical mucus, and that sperm could live for five days. And then they had intercourse two days later. You know, that next set of sperm could live for another five days, so that could prolong the period of fertility.

Does that make sense?

Amber: Okay. Yeah, it does. Yeah, so see, if I had just known that, I wouldn't have freaked out about being pregnant.

Dr. Elizabeth: Yeah. Yeah. I love to think about that, too, because think about how many women get the morning-after pill without... you know, because a lot of women don't even realize that they only ovulate once a month, and that they're only fertile for six days out of the month.

So there's so many women who get the morning-after pill because they're scared, which is reasonable, but if they understood their cycle, and where, if they knew where they were in their cycle, then maybe they would know, "Oh, there's no way I could be pregnant because I've already ovulated." 'Cause once you ovulate, the egg can only survive for 12-24 hours. Once you've ovulated, there's only 24 hours where you can get pregnant after that.

Amber: Yeah. Yes, that's an important piece. So, yeah, we can stop ourselves from freaking out and overreacting by having this, like, basic knowledge.

And another quote I have written down here from Dr. Brighton from her book, *Beyond the Pill*, is "Doesn't it seem silly to suppress your hormones endlessly when you're only fertile about six days a month?"

Dr. Elizabeth: Exactly.

[1:03:59]

Amber: So let's talk about the basal body temperature and how we check that.

Dr. Elizabeth: Yeah, so basal body temperature, like I said, you want to get a basal body thermometer. You don't need a fancy one. There's a lot of fancy ones on the market. I would steer away from any one that predicts when you're going to ovulate or are using any apps that predicts when you're going to ovulate, because that's just like the weather prediction. It's sometimes mostly accurate, but not 100%, and things can throw off your cycle. So even if you have really regular 28 day cycles, ovulating on day 14 every month, you can get sick, or you can be traveling or something could be off one month in your cycle, and it can change.

So there's a lot of apps with algorithms or even thermometers with algorithms that use your past cycles to predict when you're fertile, and I'm not a fan of those for that reason 'cause it doesn't account for the unknown future. *(both laugh)*

Amber: Yeah, I am totally guilty of doing that. I have my app that I've been charting my cycle for years on paper for a long time, and then I've been using the app for years now, and I, until right now, I've been looking at and being like, "Okay, I'm going to ovulate on the 19th," and just trusting that, which it's definitely been wrong.

Dr. Elizabeth: Yeah, I have a lot of patients who use that, but they also track their mucus and track their temperatures, and they just confirm. They just use the app as a way to confirm.

Or they'll use the Ovulation Predictor Kits when they're starting to learn the method as a way to confirm, like, even if they're not trying to get pregnant, they'll just use those home urination sticks to confirm if they are feeling like they are ovulating at the right time every month. So those can be handy confirmatory methods to use, but it shouldn't be the primary.

Yeah, so the basal body thermometer, you just want to take your temperature. You can get a really cheap one off Amazon or at Walgreens, anywhere you want to shop I guess.

Amber: And it's gonna say that it's like a "basal body thermometer"?

Dr. Elizabeth: Yep. And I always recommend getting one that's backlit because if you're taking it in the dark in your room, which I recommend everyone sleep in the pitch black dark, it's helpful to have a backlight on the thermometer, and that it can record, like, it records and saves the last temperature reading just in case you don't get out of bed right away and write it down so that if you forget.

You know they're usually, like, 10 or 15 dollars and it's not a big investment. You just want to take it at the same time every day, and you'll kind of play around when you're learning the method to see if you really need to take it at the same time every day. Some people are more sensitive than others so they'll see bigger fluctuations within an hour. I know that I don't have to be that specific. I can take it within an hour or two every morning, and I can still see a clear rise and feel like I can view my charts.

Amber: So that includes after you've been moving around? Or not?

Dr. Elizabeth: No.

Amber: Because what I always see is do it **before** you get out of bed. Okay.

Dr. Elizabeth: Yes, exactly. So you need to do it before you get out of bed, before you get out of the covers, even, and you don't want to do any movement. You don't want to take any sips of water, anything.

The rule is you should have been sleeping for at least four consecutive hours. So that makes maybe this method a little bit challenging if you're a mother with a young kiddo getting up many times in the night.

[1:07:39]

Dr. Elizabeth: But you could also try and see if you're seeing big fluctuations with your temperature.

So, you know, I always recommend women chart their cycles, and track their cervical mucus for at least three months before they rely on this method as their sole form of contraception, if they're using it for that reason, because it's just, you know, a lot, obviously, at stake if you're not clear on what you're seeing and reading in your body.

So, I recommend six months. I know for me it took a long time to trust it. I didn't trust myself. I wasn't raised to trust myself. So I learned this, and I was like, "Really? Does this really work?" And I was skeptical, and I probably went full six months of using backup methods with condoms, a mix of condoms and pull out, and then it probably wasn't until well into the year mark where I fully let go and was like, "Yeah, this works."

And now it's been seven years, and I trust it so much. So it's gonna take a while depending on how in tune you are with your body and how much you can lean into that trust of the method. But I definitely recommend three months before using it fully.

Because what I see a lot is women getting off of hormonal birth control and transitioning them to using this method in my practice, and the first month they're always like, "I have no idea what's going on," and it will be clear to me. I'll look at their charts, and I'll be like, "Oh, this is a clear temperature rise right here." But it's just unusual. It's unfamiliar territory so there is a learning curve in the beginning.

But once you learn it, I mean, it's just like brushing your teeth. It becomes part of your daily routine. It takes no more than an extra five minutes every day to do. Your temperature takes one

minute to take, and you're already going to the bathroom, so checking for cervical mucus and writing it down and putting it into an app really doesn't take very much time. It's just that initial...

Amber: — And so empowering!

Dr. Elizabeth: (*Dr. Elizabeth laughs*) Yeah.

Amber: It just seems so worth it, just to have this knowledge of your body, and then, of course, you can use it to prevent pregnancy or to optimize your chances of getting pregnant.

Dr. Elizabeth: Exactly.

Amber: And you're probably wanting one or the other. (*Amber laughs*) You know?

Dr. Elizabeth: Exactly!

Amber: Probably not like "Whatever!"

[1:10:09]

Dr. Elizabeth: Yeah, and there are so many benefits. It is the most empowering thing I have learned, for sure, in all of my medical training. This is my number one thing that I love to teach women, and I feel so grateful that I learned because it's completely changed my life.

And, you know, I've learned so much about — you know, I also struggle with thyroid issues undoubtedly, for connected to ten years on the pill — but, you know, you can tell when your thyroid's not functioning well because your thyroid is also responsible for regulating your temperature, and so women who have thyroid issues will often see that their temperatures are really low. They're in the 96 range, which, ideally, you want them to be somewhere in the 97 and then they jump into the 98 after ovulation. So you can detect thyroid issues, you know, with temperature tracking.

And you can tell if you have PCOS, potentially, because you can see if you're not ovulating. If you're not, after you've been practicing, or you work with somebody like myself, or a Fertility Awareness Educator that can help you interpret your chart that can confirm if you're ovulating or not, then you can see, like, am I not ovulating, and do I need to go get further work up? Or go get help and support in this area?

There's just so many things. I feel like when you really track even the amount of bleeding that you have, you can learn, like, am I estrogen dominant? Do I potentially have endometriosis? Some women are even surprised to hear that they shouldn't be in pain during their period. It's not normal to have really painful periods. It's common, but that's not a sign of a really healthy cycle. So I think a lot of women really just suffer through really painful periods thinking that's just par for the course, and that's actually — it actually takes 12 years. They've done studies that show it takes 12 years for women to get diagnosed with endometriosis.

Amber: Oh my gosh.

Dr. Elizabeth: 12 years on average. It just goes to show, like, I don't know. The level of seriousness I feel like women sometimes get, or when they're speaking to their doctors, it's like, this needs to be addressed. No woman should be going through pain and suffering without someone helping them with that.

Amber: Yeah, the way women's health concerns are dismissed by modern medicine is well-documented and really just so horrifying.

[1:12:43]

Amber: And you also have written here that your charts can help you figure out whether your infertility is actually just recurrent miscarriage and not just not conceiving.

Dr. Elizabeth: Yeah. You can tell if you're progesterone deficient.

So one of the things that I love using this clinically for, it's so great to have women's charts, especially if they have, like, months of charts that you can look at, because you can so clearly see if someone is estrogen dominant or progesterone deficient. A common cause of miscarriage is progesterone deficiency, where the woman's not making enough progesterone to sustain a pregnancy, an early pregnancy.

You need a certain level to build a really thick and robust endometrial lining that can then sustain a pregnancy. So if women have luteal phases, which is the second half of your cycle, shorter than usually, like, 10 days is kind of the cut off (some will say 11), that could be a sign that you're not making enough progesterone to sustain a pregnancy. And so that's another really great thing to see, if you're charting, so you can see exactly.

You can have, you know, you could have a 32-day cycle, and that is considered healthy in length, but if you're not ovulating until day 22, that is really late. And that means your luteal phase is only nine days, and that is not going to be enough to sustain a pregnancy most likely.

So that's a really great benefit of using this method because if you take a blood draw and test somebody's progesterone, it can vary up to eight times the amount, depending on when you tested during the day. So it's very... you kind of have to take it with a grain of salt. It, yeah, there can be an eight-fold difference, depending on what time the blood draw was done.

You can't predict when's an optimal or ideal range. It's not like it fluctuates at the same interval at each stage. It's a pulsatile hormone. So it's much more accurate to have charts like this to look at and actually see: how many days do I actually have?

So your luteal phase actually starts the day after ovulation. So then you can count, you know, once you know you've ovulated, you start counting how many luteal days are in your cycle, and then if you know if you have, optimally it will be 12-14 days. That is a really good amount for days of luteal phase, where you know you have enough progesterone. But if you're deficient, then you can work on correcting that.

[1:15:25]

Dr. Elizabeth: And then you also know if you're pregnant right away, too, because your luteal phase can't be longer than 16 days. So once you get past 16 days, and you're still having high temperatures, and you're not bleeding, then you can pretty much confirm you're pregnant.

Amber: Oh, neat. Wow, this is just so cool. Thank you so much for sharing everything.

Yeah, I almost just feel speechless, like I'm so excited to learn all this. *(Dr. Elizabeth laughs)* and really wanting to just go deeper into it, and feeling like, man, I wish all young women were taught this.

Dr. Elizabeth: Me too.

Amber: What a difference experience women would have!

Dr. Elizabeth: I know. I think that it's, you know, things are shifting though. I'm so grateful that you are having me on your podcast because I know you have such a big, great population of women that are really dedicated to listening to your show. And I feel like the more we can get the word out, the more women are starting to know. There's so many great Instagram handles that are talking about this. And I think more and more it's becoming apparent. It's just, I think, really helping women understand that there is science-backed research showing that it's effective; just really kind of assuring women.

I think a lot of women are just really scared. They're taught not to trust their own bodies. They're taught not to trust themselves, and that is a bigger issue, obviously, in our culture, but I think things are shifting. And I feel optimistic for a change.

Amber: Yeah, me too.

[1:17:20]

Amber: Okay, thank you so much, Dr. Elizabeth. This is just absolutely wonderful.

Dr. Elizabeth: Yeah, thank you so much for having me on. I'm really such a big — I've become such a big fan.

I actually found out about your podcast through a mothering group I go to, and I've become such a quick fan of yours and just really feel, in this very synergistic way, everything that you talk about and bring to light on your podcast is really getting at the root cause of so many issues. It's really like these buried, like the ancestral work, and just really talking about things that are going a little layer deeper than I feel like what I hear a lot of people talking about or promoting. Not to say there's anything wrong with it, because there's value in all kinds of different diets and what not that people find helpful and useful, but I think when it comes to healing, I really believe that it goes much deeper than we often look.

There's a big mental-emotional piece. You know, the community is huge. I mentioned in the beginning about the Blue Zones, and every person who lived to be 100 in that book had such a big community; that was a common denominator amongst every population of people. And when I think about health and what it really, truly means to be healthy, community is super high on my

list. All the work that you talk about: the ancestral healing and really tapping into emotional aspects, it's so important for really truly deep healing.

So I just, I really appreciate you bringing to light so many of those topics.

Amber: Yeah, thank you so much for that reflection. And the Blue Zone book: it's studying really long-lived populations, and if I remember correctly, they just kind of thought they were going to get, like, nutritional pieces and maybe exercise; "are they walking a lot?" And they realized, oh, it's people. It's relationships that really seems to be the key factor in longevity (*Amber laughs*) which is amazing.

Dr. Elizabeth: It really is.

Amber: Okay. Yeah, thank you so, so, so very much for sharing your wisdom with us today.

Dr. Elizabeth: It was an absolute pleasure.

(Exit Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Closing]

[1:19:52]

Amber: Thank you for taking these Medicine Stories in. I hope they inspire you to keep walking the mythic path of your own unfolding self. I love sharing information and will always put any relevant links in the show notes. You can find past episodes, my blog, handmade herbal medicines, and a lot more at [MythicMedicine.love](https://www.mythicmedicine.com). We've got reishi, lion's mane, elderberry, mugwort, yarrow, redwood, body oils, an amazing sleep medicine, heart medicine, earth essences, so much more. More than I can list there. [MythicMedicine.love](https://www.mythicmedicine.com).

While you're there, check out my quiz "[Which Healing Herb is your Spirit Medicine?](#)" It's a fun and lighthearted quiz, but the results are really in-depth and designed to bring you into closer alignment with the medicine you are in need of and the medicine that you already carry that you can bring to others.

If you love this show, please consider supporting my work at [Patreon.com/MedicineStories](https://www.patreon.com/MedicineStories). It is so worth your while. There are dozens and dozens of killer rewards there, and I've been told by many folks that it's the best Patreon out there. We've got e-books, downloadable PDFs, bonus interviews, guided meditations, giveaways, resource guides, links to online learning, and behind-the-scenes stuff and just so much more. The best of it is available at the two-dollar a month level. Thank you.

And please subscribe in whatever app you use, just click that little subscribe button and review on iTunes. It's so helpful, and if you do that you just may be featured in a listener spotlight in the future.

The music that opens and closes the show is Mariee Sioux. It's from her beautiful song "Wild Eyes."
Thank you, Mariee.

And thanks to you all. I look forward to next time!