

Your Ovulation Guide

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We Care About Ovulation Even If You Aren't Trying to Become Pregnant

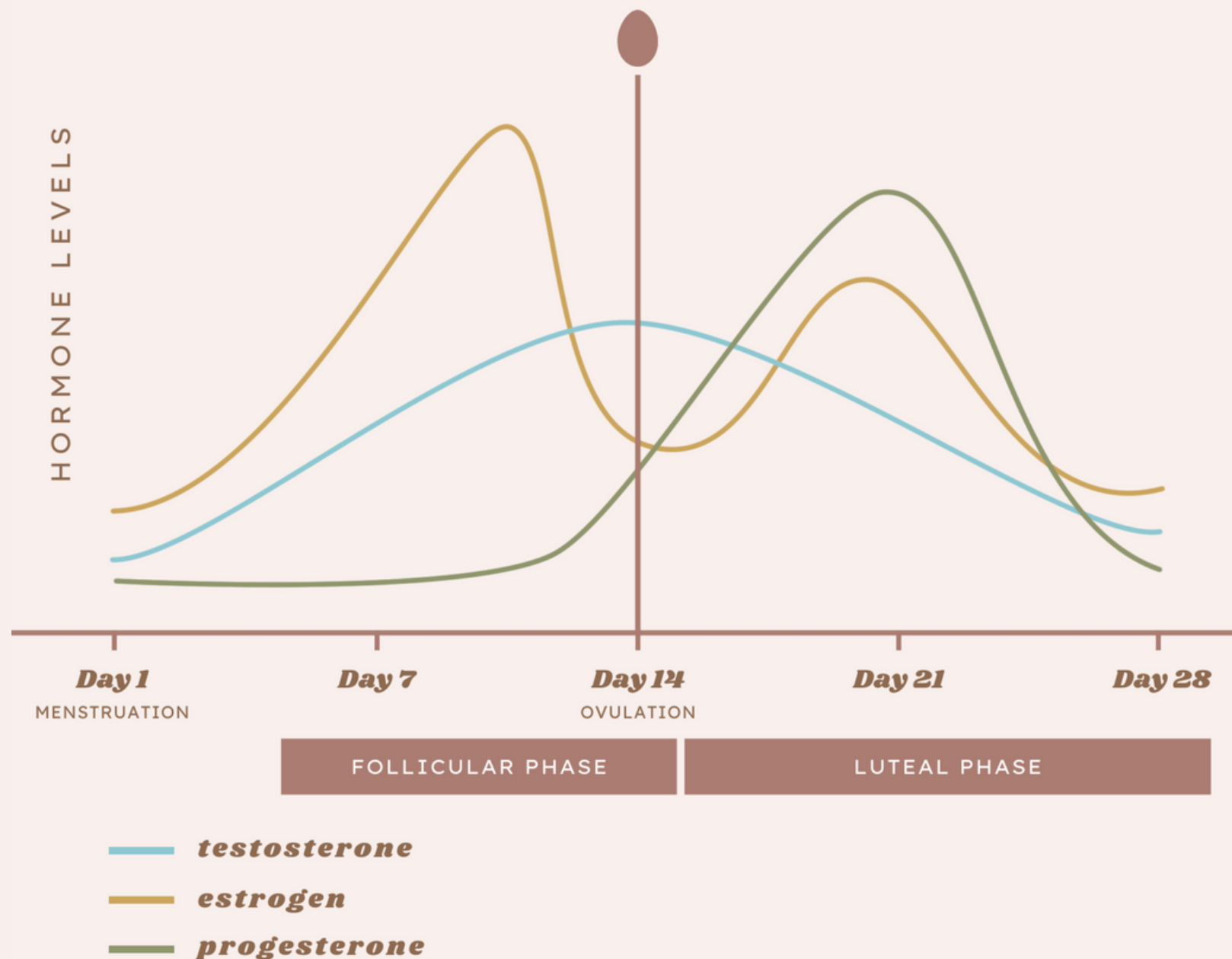
When we think about ovulation, we often think about the goal of becoming pregnant. What many don't realize is that ovulation is crucial to a healthy cycle even if we aren't trying to conceive. I often wonder why we called it the menstrual cycle, rather than the ovulatory cycle. Ovulation is the goal, and our period is a consequence of successful ovulation.

When ovulation occurs, it causes a rise in progesterone during the second half of our cycle. This progesterone helps to mature the uterine lining.

A mature uterine lining and optimal progesterone levels support implantation and pregnancy maintenance if that is the goal, but this also sets the stage for a healthy period if you do not become pregnant.

Long cycles (>35 days), short cycles (<21 days), absent periods and heavy periods are all signs that ovulation may need some support.

HORMONES THROUGH *The Menstrual Cycle*



FIRST, HOW DO I KNOW IF I'M OVULATING?

1. Assess your cervical mucous. You should notice discharge the colour and consistency of raw (uncooked) egg-whites around the middle of your cycle. This is the most accurate indicator that ovulation is occurring.
2. Use ovulation predictor kits (OPKs)/LH strips. These measure LH, the hormone that triggers ovulation to occur. When OPKs are positive, this suggests that ovulation will happen within 24-36 hours.
3. Track changes in body temperature. After ovulation has occurred, your body temperature will increase by about 0.5 degrees due to a rise in progesterone after ovulation. This method is most useful when tracked over several cycles so you start to notice a pattern.

A woman in a white lab coat is looking down at a patient's hand. The background is a soft, out-of-focus image of a woman with long dark hair, also in a white lab coat, looking down. The overall tone is professional and caring.

I'VE TRIED THOSE
METHODS AND I DON'T
THINK I'M OVULATING.

WHAT DO I DO?

Your history, clinical presentation and laboratory investigations will help to determine *why* you're not ovulating. Remember, there's no one-size-fits-all answer when it comes to hormonal health.

That said, I'm going to outline the 3 main things to consider when someone isn't ovulating.

NUMBER ONE

ARE YOU STRESSED,
OVER-EXERCISING OR
UNDER-FEELING?

When our body is under stress (whether that be psychological or physical stress), it can cause the hormones in our brain that signal our ovaries to produce estrogen to turn off.

Without enough estrogen, the egg destined to be ovulated will not mature, and ovulation may not occur.

This is something known as hypothalamic amenorrhea. In this case, periods may be entirely absent.

The most common causes of this are psychological stress, over-exercising and inadequate nutrition.

Other conditions, such as premature ovarian failure, can cause low estrogen levels. A thorough assessment is key to understanding *why* estrogen is low so levels can be optimized.

Laboratory Investigations

- *Day 3 FSH*
- *Day 3 LH*
- *Day 3 Estradiol*

Spikes and crashes in our blood sugar can wreak havoc on our hormones.

Insulin - the hormone that drives glucose out of our blood and into our cells - is a key player in this. Over time, our bodies can grow resistant to insulin, meaning we need more and more of it to get the job done.

When we have too much insulin floating around in the blood, it can impact ovulation. It can increase testosterone levels. It can even impact our egg quality.

What are some signs your insulin may be too high?

- Weight gain/weight loss resistance
- Long cycles (>35 days), or no period
- Brain fog
- Fatigue

Laboratory Investigations

- Fasting glucose
- Fasting insulin

NUMBER TWO

ARE YOUR BLOOD
SUGARS STABLE?

NUMBER THREE

WHAT ABOUT YOUR THYROID? AND PROLACTIN?

Thyroid hormone is well known for controlling metabolism, growth, and many other bodily functions. But when our thyroid is under-active, it can interfere with ovulation.

Prolactin is known for stimulating the development of breast tissue and milk production. When prolactin levels are high, it can also stop ovulation.

And to add insult to injury, when our thyroid is under-functioning (also known as hypothyroidism), it can cause our prolactin levels to rise.

Symptoms of hypothyroidism:

- Weight gain
- Hair loss
- Cold intolerance
- Fatigue
- Low mood
- Constipation
- Heavy/irregular periods

Symptoms of high prolactin:

- Nipple discharge
- Hot flashes
- Vaginal dryness
- Irregular/absent periods

Laboratory Investigations

- *TSH*
- *Free T3*
- *Free T4*
- *Anti-TPO antibodies*
- *Anti-Thyroglobulin antibodies*

- Prolactin

FEEL LIKE YOU COULD USE SOME EXTRA SUPPORT?

Reach out to book a FREE
15-minute alignment call.



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