

F E M I N I N E G E N I U S M I N I S T R I E S



P E R I M E N O P A U S E

Client Guide

"40S ARE CLASSY.
YOU ARE NO LONGER A
YOUNG WOMAN, AND LIFE
HAS TAUGHT YOU SOME
LESSONS.
IT CAN BE A FREEING TIME."

44 year old client



Menopause Shame

**DO YOU SEE MENOPAUSE AS A TRAGIC ENDING?
OR AS THE NEXT FABULOUS PHASE OF LIFE?**

Menopause needs a bit of rebranding. Menopausal women are represented as elderly, yet the average age of menopause is 51. That is definitely NOT elderly.

There are changes, challenges, and concerns.
There are also expectations, answers, and solutions.

**OUR GOAL IS THIS: FOR YOU TO REMAIN VIBRANT AND HEALTHY THROUGH
THE PERIMENOPAUSE TRANSITION AND WELL INTO MENOPAUSE.**

Menopause is a natural part of the human experience for half of the human race, but we act like it's the "*phase that shall not be named*." We get squeamish when we talk about it. The "TMI" looks are automatic if hot flashes are mentioned, and acknowledging the cessation of a menstrual cycle is seen as inappropriate. As we become informed and confident in this natural process, we can normalize it.

**YOU AREN'T 25 ANYMORE, BUT YOU ALSO AREN'T 70.
WOULD YOU REALLY WANT TO BE YOUR 25 YEAR OLD SELF AGAIN?**

Aging is normal and expected. We will not always look like our younger selves, just like we (hope) to not always act like our younger selves. Menopause has become synonymous with aging, although they are separate but related phenomena. In both cases, there is change. We should understand this and strive for health and vitality. Menopause does not need to be the end of your sexuality.

There may be grief. David Kessler says, "*Grief is a change, usually one we don't want.... At its heart, grief is love; it's love For whatever we had that is now gone.*" (Briden, 2021)
It's okay to be sad when one chapter is coming to an end. We have to acknowledge it in order to accept it, and to confidently turn the page to the next chapter.



*We hope to give you enough
information to have confidence
going into perimenopause. You
can feel all the feels while also
knowing there is a path forward.*

Be not afraid!

**REMEMBER: MOST OF THE
SYMPTOMS AND
FRUSTRATIONS OF
PERIMENOPAUSE ARE
*TEMPORARY.***

**THEY ARE ALSO A
SEQUENCE OF EVENTS.
THEY ARE NOT JUST
UNPREDICTABLE CHANGES.**



Marquette and Perimenopause

MARQUETTE DOES WORK FOR PERIMENOPAUSE

MM study of use during perimenopause: 160 women age 40-55 (Retrospective data set, unpublished, 2014)

- 94% efficacy (typical use)
- 98% efficacy (perfect use)
- No pregnancies over age of 44

Concern with MM Standard Protocols: Couple may become frustrated with standard method rules in later perimenopause (a lot of abstinence in anovulatory cycles).

Note: When indicated, proposed protocol options presented in this guide to lessen abstinence/frustration have not (yet) been fully tested to confirm 98-99% efficacy. Perimenopause is a less understood fertility phase, and the suggestions are based on the best understood physiology and recommendation of Marquette researchers. Your options should be further discussed with your follow up instructor after reviewing them.

WHAT IS YOUR CHANCE OF PREGNANCY?

- Laufer et al, 2004: Israel study found only 204 out of 104,659 of women who delivered a baby were >45 years old (0.2%)
- Kushner, 1979- 82 out of 72,000 pregnant women at Columbia hospital from 1967-1977 were over 45 (0.1%)

American College of Obstetricians and Gynecologists (ACOG).
pregnancy chances by age:

- 40-44: 10% chance (about 5% chance per cycle)
- 45-49: 1-2% chance (some sources say <1% chance after age 44)
- 50+: not zero but *very unlikely*

(ACOG, 2020)

**By age 40, a woman's chance is less than 5% per cycle.
-American Society for Reproductive Medicine, 2012**

Miscarriage Risk

40-50% chance of miscarriage after age 40 (Kenney, 2021)

Tip: Be as healthy as possible! Take methylated folate before you conceive after age 40 (and really at any age).

FERTILITY IS NOT ONLY DEPENDENT ON AGE BUT ALSO REPRODUCTIVE STAGE.

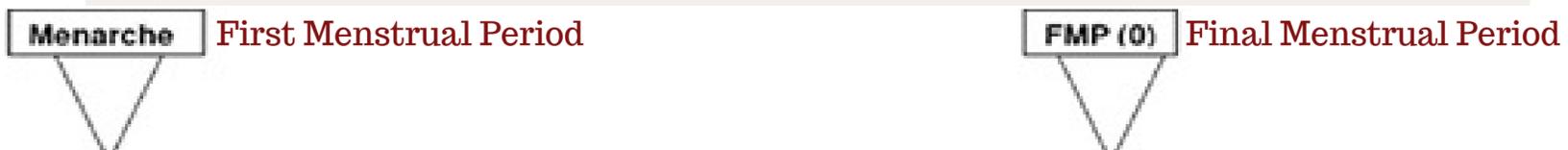


Reproductive Stages

STRAW CRITERIA

STages of Reproductive Aging Workshop

The current gold-standard staging system developed for categorizing reproductive aging.



Stage	-5	-4	-3b	-3a	-2	-1	+1 a	+1b	+1c	+2
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION		POSTMENOPAUSE			
	Early	Peak	Late		Early	Late	Early		Late	
					Perimenopause					
Duration	variable				variable	1-3 years	2 years (1+1)	3-6 years	Remaining lifespan	
PRINCIPAL CRITERIA										
	Add a little bit of body text									
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/ Length	Variable Length Persistent ≥7- day difference in length of consecutive cycles	Interval of amenorrhea of ≥=60 days				
SUPPORTIVE CRITERIA										
Endocrine FSH AMH Inhibin B			Low Low	Variable Low Low	↑ Variable Low Low	↑ >25 IU/L** Low Low	↑ Variable Low Low	Stabilizes Very Low Very Low		
Antral Follicle Count			Low	Low	Low	Low	Very Low	Very Low		
DESCRIPTIVE CHARACTERISTICS										
Symptoms						Vasomotor symptoms Likely	Vasomotor symptoms Most Likely			Increasing symptoms of urogenital atrophy

* Blood draw on cycle days 2-5 ↑ = elevated

**Approximate expected level based on assays using current international pituitary standard⁴⁷⁻⁶⁹

<https://www.menopause.org.au/hp/information-sheets/perimenopause>

FSH: Follicle Stimulating Hormone

AMH: Anti-Mullerian Hormone

These are labs your doctor can order.



You start on the far left column of the chart with menarche (your first period). You will move through each column as you move through your fertile years. This guide focuses on columns -3a through +1a.

End of prime reproductive health

-3A ON STRAW CATEGORY (LASTS 2-5 YEARS)

First change that happens toward the end of reproductive years (can start in mid-30s)

- Still regular cycling
- 21-26 day cycles with early peaks (day 9 and 10 possible)
- Less progesterone (short luteal phase: consider treatment if less than 12 days)
- High estrogen
- Possible: heavier periods, increased pain, migraines, sleep disturbance

Note: some women notice lighter periods

Protocol suggestions:

- Can still easily use monitor/LH tests
- Only post peak intercourse
- Maybe consider Tempdrop or Proov to confirm ovulation (*will be helpful in later phases of transition*)

(Meyers, 2021)

What is going on in perimenopause?

- Increased FSH
- Decreased AMH
- Depletion follicles/eggs (low ovarian reserve)
- Older eggs/shortened chromosomes



Stage	-5	-4	-3b	-3a	-2
Terminology	REPRODUCTIVE				M
	Early	Peak	Late		T
Duration	variable				E
PRINCIPAL CRITERIA					
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/Length	V
					L
					P
					d
					l
					e
SUPPORTIVE CRITERIA					
Endocrine			Low	Variable	↑
FSH			Low	Low	L
AMH				Low	L
Inhibin B					L
Antral Follicle Count			Low	Low	L
DESCRIPTIVE CHARACTERISTICS					
Symptoms					

* Blood draw on cycle days 2-5 ↑ = elevated
**Approximate expected level based on assays using current

You are here
↓

Early Menopause Transition

-2 ON STRAW CATEGORY

(2-3 YEARS FROM ONSET OF IRREGULAR CYCLES TO FIRST SKIPPED PERIOD)

- Cycle becoming irregular (<7 day cycle length variability within last 10 cycles)
 - *Make sure there wasn't an illness/vaccine/stressor causing variability or a condition like thyroid disorder before assuming perimenopause change*
- Less progesterone (short luteal phase)
- More estrogen (beginning to fluctuate)
- More severe estrogen symptoms because of volatility

Tip: Estimated timing of menopause from this point

AMH: >47 below 0.1 =

- 67% chance of final period within 12 months
- 82% of final period within 24 months

(Briden, 2021)

↓ You are here

Stage	-5	-4	-3b	-3a	-2
Terminology	REPRODUCTIVE				MENOPAUSA TRANSITION
	Early	Peak	Late		Early <i>Perim</i>
Duration	variable				variable
PRINCIPAL CRITERIA					
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/ Length	Variable Length Persistent ≥7- day difference in length of consecutive cycles
SUPPORTIVE CRITERIA					
Endocrine FSH AMH Inhibin B			Low Low	Variable Low Low	↑ Variable Low Low
Antral Follicle Count			Low	Low	Low
DESCRIPTIVE CHARACTERISTICS					
Symptoms					

* Blood draw on cycle days 2-5 ↑ = elevated
 **Approximate expected level based on assays using current international



Early Menopause Transition

-2 ON STRAW CATEGORY

(2-3 YEARS FROM ONSET OF IRREGULAR CYCLES TO FIRST SKIPPED PERIOD)

Protocol suggestions:

- Fertility begins first monitor/LH test/mucus high (*will likely need to chart 2 markers*) UNLESS short cycle/early ovulation in past 6 cycles.
 - LH brand to consider: Premom—can use app (abstain when high)
- 2 days method: check both mucus and premom test
 - Only use when BOTH indicate low readings for today and yesterday
- Confirm ovulation with temp or progesterone
(Meyers, 2021)

Monitor concern: monitor will automatically read high after one high reading, which could add unnecessary abstinence if a peak is not coming. It's probably reasonable to still use if you already own one but may not be worth purchasing at this point.

Tempdrop may be a better *new* purchase than the monitor at this phase of perimenopause.

Regular Marquette cycle rules will have significant abstinence in anovulatory cycles or delayed peak cycles.

The alternative protocols have not been fully tested at this point; they are currently being studied. The 2-day method approach as listed above is very likely to be effective, and fertility is significantly decreased in this phase of reproductive life.

However, the protocol suggestions are not guaranteed by the Marquette 98-99% efficacy yet. They ARE protocols approved by Marquette's research team who has spent decades wading through the data.

Stage	-5	-4	-3b	-3a	-2
Terminology	REPRODUCTIVE				MENOPAUSA TRANSITION
	Early	Peak	Late		Early <i>Perim</i>
Duration	variable				variable
PRINCIPAL CRITERIA					
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/ Length	Variable Length Persistent ≥7- day difference in length of consecutive cycles
SUPPORTIVE CRITERIA					
Endocrine FSH AMH Inhibin B			Low Low	Variable Low Low	↑ Variable Low Low
Antral Follicle Count			Low	Low	Low
DESCRIPTIVE CHARACTERISTICS					
Symptoms					

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**Approximate expected level based on assays using current international



Late Menopause Transition

-1 ON STRAW CATEGORY (~4 YEARS UNTIL MENOPAUSE)

- Miss first period, first cycle >60 days
- Less breast pain
- Hot flashes/night sweats worse

Lab: Could be good to check FSH and AMH

If FSH (>25) and AMH (<.5) may not need to chart

Stage	-5	-4	-3b	-3a	-2	-1
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION	
	Early	Peak	Late		Early	Late
					Perimenopause	
Duration	variable				variable	1-3 years
PRINCIPAL CRITERIA						
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/Length	Variable Length Persistent ≥7- day difference in length of consecutive cycles	Interval of amenorrhea of ≥60 days
SUPPORTIVE CRITERIA						
Endocrine						
FSH			Low	Variable	↑ Variable	↑ >25 IU/L**
AMH			Low	Low	Low	Low
Inhibin B						
Antral Follicle Count			Low	Low	Low	Low
DESCRIPTIVE CHARACTERISTICS						
Symptoms						Vasomotor symptoms Likely

* Blood draw on cycle days 2-5 ↑ = elevated

**Approximate expected level based on assays using current international pituitary standards

Late Menopause Transition

-1 ON STRAW CATEGORY (~4 YEARS UNTIL MENOPAUSE)

Protocol suggestions:

- Fertility begins first monitor/LH test/mucus high (will likely need to chart 2 markers)
 - LH brand to consider: Premom—can use app (abstain when high)
- 2 days method: check both mucus and premom test
 - Only use when BOTH indicate low readings for today and yesterday
- Confirm ovulation with temp or progesterone

(Meyers, 2021)

Monitor concern: monitor will automatically read high after one high reading, which could add unnecessary abstinence if a peak is not coming.

It's probably reasonable to still use if you already own one but may not be worth purchasing at this point.

Tempdrop may be a better new purchase than the monitor at this phase of perimenopause.

Regular Marquette cycle rules will have significant abstinence in anovulatory cycles or delayed peak cycles.

The alternative protocols have not been fully tested at this point; they are currently being studied. The 2-day method approach as listed above is very likely to be effective, and fertility is significantly decreased in this phase of reproductive life.

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Stage	-5	-4	-3b	-3a	-2	-1	0
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION		
	Early	Peak	Late		Early	Late	0
					Perimenopause		
Duration	variable				variable	1-3 years	
PRINCIPAL CRITERIA							
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/ Length	Variable Length Persistent ≥7- day difference in length of consecutive cycles	Interval of amenorrhea of ≥=60 days	
SUPPORTIVE CRITERIA							
Endocrine			Low	Variable	↑ Variable	↑ >25 IU/L**	↑
FSH			Low	Low	Low	Low	↑
AMH				Low	Low	Low	↑
Inhibin B				Low	Low	Low	↑
Antral Follicle Count			Low	Low	Low	Low	↓
DESCRIPTIVE CHARACTERISTICS							
Symptoms							Vasomotor symptoms Likely

* Blood draw on cycle days 2-5 ↑ = elevated

**Approximate expected level based on assays using current international pituitary sta



Early Post-Menopause Transition

+1 ON STRAW CATEGORY (2 YEARS)

- Had what you suspect is final period
- Waiting 1 year to confirm menopause
- Lower estrogen; symptoms relieved
- Younger = more likely to have another period

Protocol suggestions:

- Fertility begins first monitor/LH test/mucus high
 - LH brand to consider: Premom—can use app (abstain when high)
- Confirm any peak with temp or Proov progesterone test (Meyers, 2021)

The alternative protocols have not been fully tested at this point; they are currently being studied. Remember, fertility is significantly decreased in this phase.

However, the protocol suggestions are not guaranteed by the Marquette 98-99% efficacy yet. They ARE protocols approved by Marquette's research team who has spent decades wading through the data.

Stage	-5	-4	-3b	-3a	-2	-1	+1 a	+1b
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION			PC
	Early	Peak	Late		Early	Late	Early	
					Perimenopause			
Duration	variable				variable	1-3 years	2 years (1+1)	
PRINCIPAL CRITERIA								
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/Length	Variable Length Persistent ≥7- day difference in length of consecutive cycles	Interval of amenorrhea of ≥60 days		
SUPPORTIVE CRITERIA								
Endocrine			Low	Variable Low	↑ Variable Low	↑ >25 IU/L**	↑ Variable Low	
FSH			Low	Variable Low	Low	Low	Low	
AMH			Low	Low	Low	Low	Low	
Inhibin B			Low	Low	Low	Low	Very Low	
Antral Follicle Count			Low	Low	Low	Low	Very Low	
DESCRIPTIVE CHARACTERISTICS								
Symptoms						Vasomotor symptoms Likely	Vasomotor symptoms Most Likely	

* Blood draw on cycle days 2-5 ↑ = elevated
 **Approximate expected level based on assays using current international pituitary standard⁶⁷⁻⁶⁹



1 year with no period:
 Congratulations! You have graduated from NFP!

Symptom Management

WITH MENOPAUSE DROP IN HORMONES

INCREASED RISK OF:

- Osteoporosis
- Heart disease
- Dementia

Neurological Symptoms: Brain fog/Anxiety/Poor sleep

In perimenopause, up to 25% (temporary) lower brain energy

-need to recalibrate successfully to move into next phase with recovered brain energy

Important: Reverse insulin resistance to promote metabolic flexibility

Basic brain action plan for brain energy/neuro symptoms:

- Identify and reverse insulin resistance
 - Soothe nervous system
 - Reduce/stop alcohol
 - Functional movement (strength training)
- Options to discuss with provider:*
- Magnesium + Taurine
 - Maybe bioidentical hormone therapy: progesterone-alone or estrogen+progesterone

Sleep

(Briden, 2021)

- Brain action plan*
- Support circadian rhythms with morning light and evening dark
- Melatonin (discuss with provider)

Memory

- Brain action plan*
- Check for B12 deficiency
- Consider taking choline or MCT oil

Hot Flashes

- Brain action plan*
- Avoid stimulating/trigger foods (alcohol + spicy foods)

Mood

- Brain action plan*
- Exercise in nature

Discuss with provider:

- *Perimenopausal anxiety:* avoid dairy, take vitamin b6 and bioidentical progesterone
- *Perimenopausal depression:* Bioidentical estrogen + progesterone



Symptom Management

Heavy bleeding

- Consider using menstrual cup for accurate count of blood loss (for treatment and iron supplementation)
 - 1 regular saturated pad or tampon: 5 mL
 - 1 super pad or tampon (saturated): 10mL
 - Most menstrual cups hold 30 mL
- Menstrual bleed should be less than 80 mL per menses.
(Briden, 2021)
 - If more than this, speak with your doctor about iron supplementation.

Tip:
800 mg
ibuprofen
every 8
hours on
heaviest
days to
lighten
bleeding
(Kenney, 2021)

Insulin Resistance

- Eat adequate protein
- Functional movement to build muscle
- Try gentle intermittent fasting
- Reduce high-dose fructose
- Maintain healthy circadian rhythm
- Maintain healthy gut microbiome

Options to discuss with your provider:

- Magnesium
- Berberine
- Inositol
- Check thyroid levels

Breast pain

- Wear a supportive bra
- Avoid medications that induce breast pain (SSRIs, diuretics, the pill, spironolactone)
- Dairy free diet
- Promote estrogen metabolism: regular bowel movements and limit alcohol

Options to discuss with your provider:

- Bioidentical progesterone
- Iodine therapy

(Briden, 2021)

Menopause Symptom Management

“Genito-urinary symptoms” is a broad term that refers to all vaginal, bladder, and pelvic symptoms occurring in the low estrogen state of menopause.

Genito-urinary symptoms of menopause

- Talk to your doctor about your symptoms (don't be shy!)
- Discuss vaginal estrogen
- Ask for referral to a physical therapist
- Zinc supplementation
- Consider if any medications could be affecting pleasure/desire

Daily life:

- Use lubricant during intercourse
- Do not smoke
- Functional movement

(Briden, 2021)

Weight gain

- Eat adequate protein
- Identify and reverse insulin resistance
- Try gentle intermittent fasting
- Move your body to build muscle
- Avoid high-dose fructose

Reduce Osteoporosis and Heart Attack/Stroke Risk

- Maintain a healthy lifestyle:
- Identify and reverse insulin resistance
- Limit alcohol and junk food
- Move your body to build muscle
- Don't smoke

This is not a comprehensive list of all options for these symptoms, nor is it a list of every symptom a woman may encounter in perimenopause and menopause.

If you'd like to learn more, we encourage you to read “The Hormone Repair” manual by Lara Briden, ND and to listen to the “Hormone Genius” podcast.

Note: We do not agree with every recommendation in every resource we provide. Some recommend therapeutics or actions that we do not endorse, so please read everything with a cautious and thoughtful approach. When in doubt, consult your provider and/or priest for clarification.



Reference and Resources

American College of Obstetricians and Gynecologists. (2020). *Having a baby after age 35: How aging affects fertility and pregnancy*. ACOG. Retrieved February 21, 2022, from <https://www.acog.org/womens-health/faqs/having-a-baby-after-age-35-how-aging-affects-fertility-and-pregnancy>

American Society for Reproductive Medicine. (2012). *Age and Fertility*. Birmingham, AL. Retrieved February 21, 2022, from https://www.reproductivefacts.org/globalassets/rf/news-and-publications/bookletsfact-sheets/english-fact-sheets-and-info-booklets/Age_and_Fertility.pdf.

Briden, L. (2021). *Hormone Repair Manual: Every Woman's Guide to healthy hormones after 40*. Macmillan/Pan Macmillan Australia.

Fung, J., Mayer, E., & Ramos, M. (2020). *Life in the fasting lane: How to make intermittent fasting a lifestyle--and reap the benefits of weight loss and Better Health*. Harper Wave.

Harlow SD, Gass M, Hall JE, et al. Executive summary of the Stages of Reproductive Aging Workshop + 10: addressing the unfinished agenda of staging reproductive aging. *Menopause*. 2012;19(4):387-395. doi:10.1097/gme.0b013e31824d8f40

Kenney, T. & Rathjen, J. (Producers). (2020-present). *The Hormone Genius* [Audio podcast]. <https://www.hormonegenius.com/the-hormone-genius-podcast/>

Kushner DH. *Fertility in women after age forty-five*. *Int J Fertil*. 1979;24(4):289-90. PMID: 45103.

Laufer N, Simon A, Samueloff A, Yaffe H, Milwidsky A, Gielchinsky Y. *Successful spontaneous pregnancies in women older than 45 years*. *Fertil Steril*. 2004 May;81(5):1328-32. doi: 10.1016/j.fertnstert.2003.09.056. PMID: 15136098.

Meyers, M. (2021, August). *The Marquette Method and Peri-menopause: Review for healthcare professionals*. Marquette Method NFP Research Summit IX. Milwaukee; Marquette University.

