FEMININE GENIUS MINISTRIES

PERIMENOPAUSE

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

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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.

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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.

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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 soures 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.

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Reproductive Stages

STRAW CRITERIA

STages of **R**eproductive **A**ging **W**orkshop

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

Menarche First Menstrual Period

FMP (0) Final Menstrual Period

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										
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

Add a little bit of body text

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

**Approximate expected level based on assays using current international pituitary standard[67-69]

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

FSH: Follicle Stimulating Hormone
AMH: Anti-Mullerian Hormone
These are labs your doctor can order.

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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

<u>Protocol suggestions:</u>

- 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

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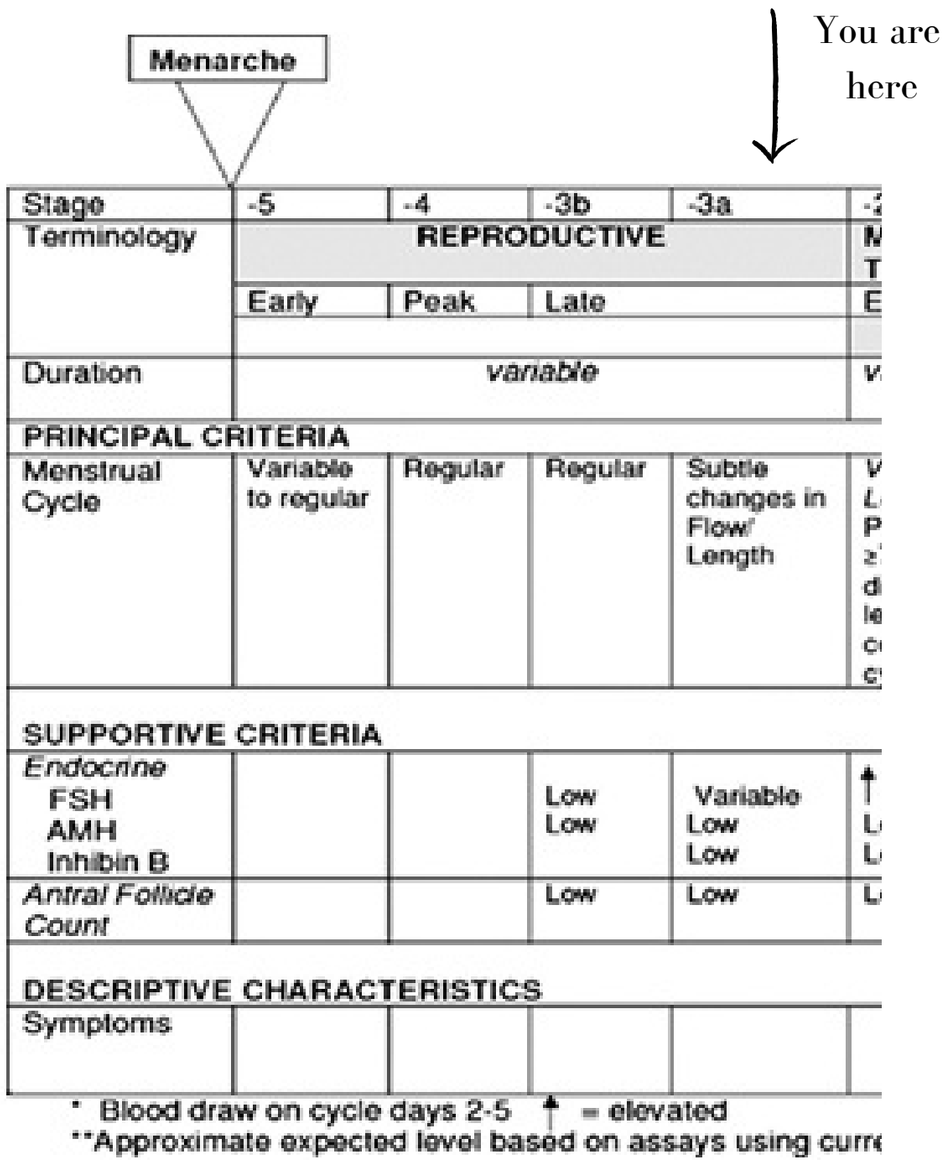


Early Menopause Transition

-2 ON STRAW CATEGORY

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

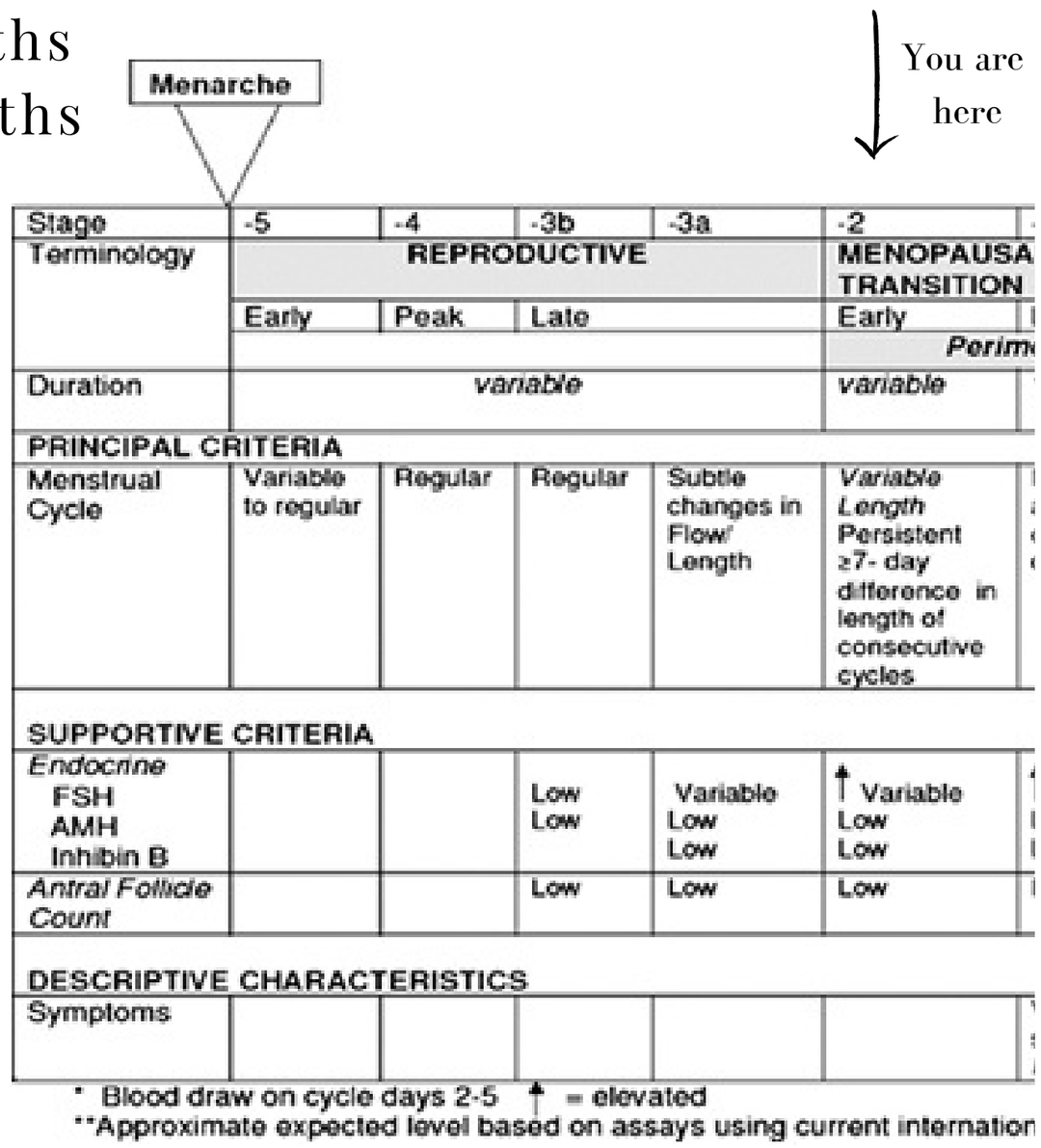
- Cycle becoming irregular (<7 day cycle length variability within last 10 cycles)
  - *Make sure there wasn't an illness/vaccine/stressor causing variability or a condition like thyroid disorder before assuming perimenopause change*
- Less progesterone (short luteal phase)
- More estrogen (follicular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

<u>Tip:</u> Estimated timing of menopause from this point

>47 years old with AMH below 0.1 pmol/L =

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

(Briden, 2021)



Stage	-5	-4	-3b	-3a	-2
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION
	Early	Peak	Late		Early
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 internation

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Early Menopause Transition

-2 ON STRAW CATEGORY

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

<u>Protocol suggestions:</u>

- Use Clearblue monitor; post peak only intercourse
  - Note: some of the irregular cycles will be long and have lengthy period of abstinence. *This phase is temporary, but these cycles are challenging.*
- Confirm ovulation with temp or progesterone. (Meyers, 2021)
- Mira Monitor Option: Infertile days when E3G <100. Once E3G >100, fertile window begins until peak of LH >11 + 3 days.

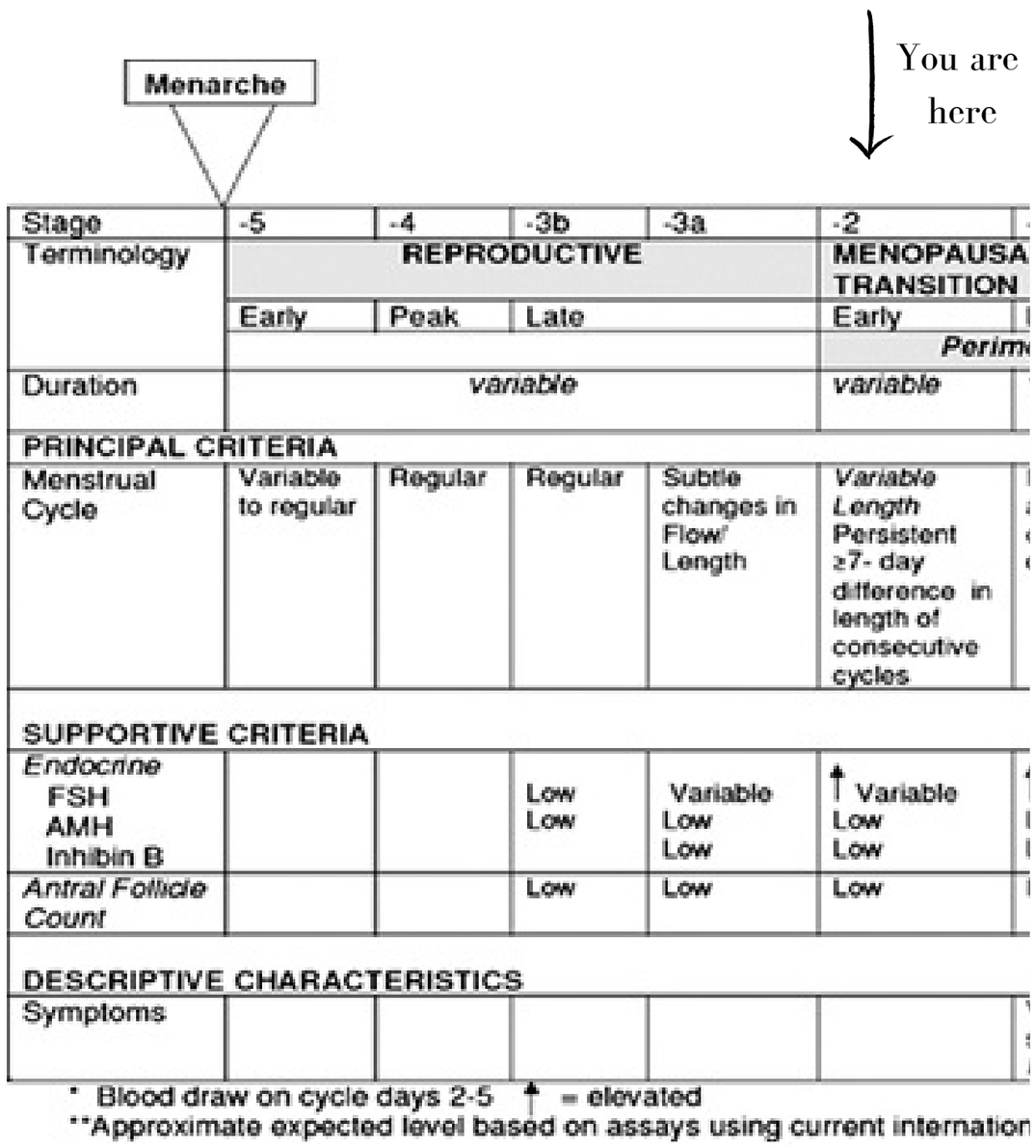
<u>Monitor concern:</u> Clearblue monitor will automatically read high after one high reading, which could add unnecessary abstinence if a peak is not coming soon. It's probably reasonable to still use if you already own one but may not be worth purchasing at this point.

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

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

The alternative protocols <u>have not been</u> fully tested at this point; they are currently being studied.

Alternative 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.



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Late Menopause Transition

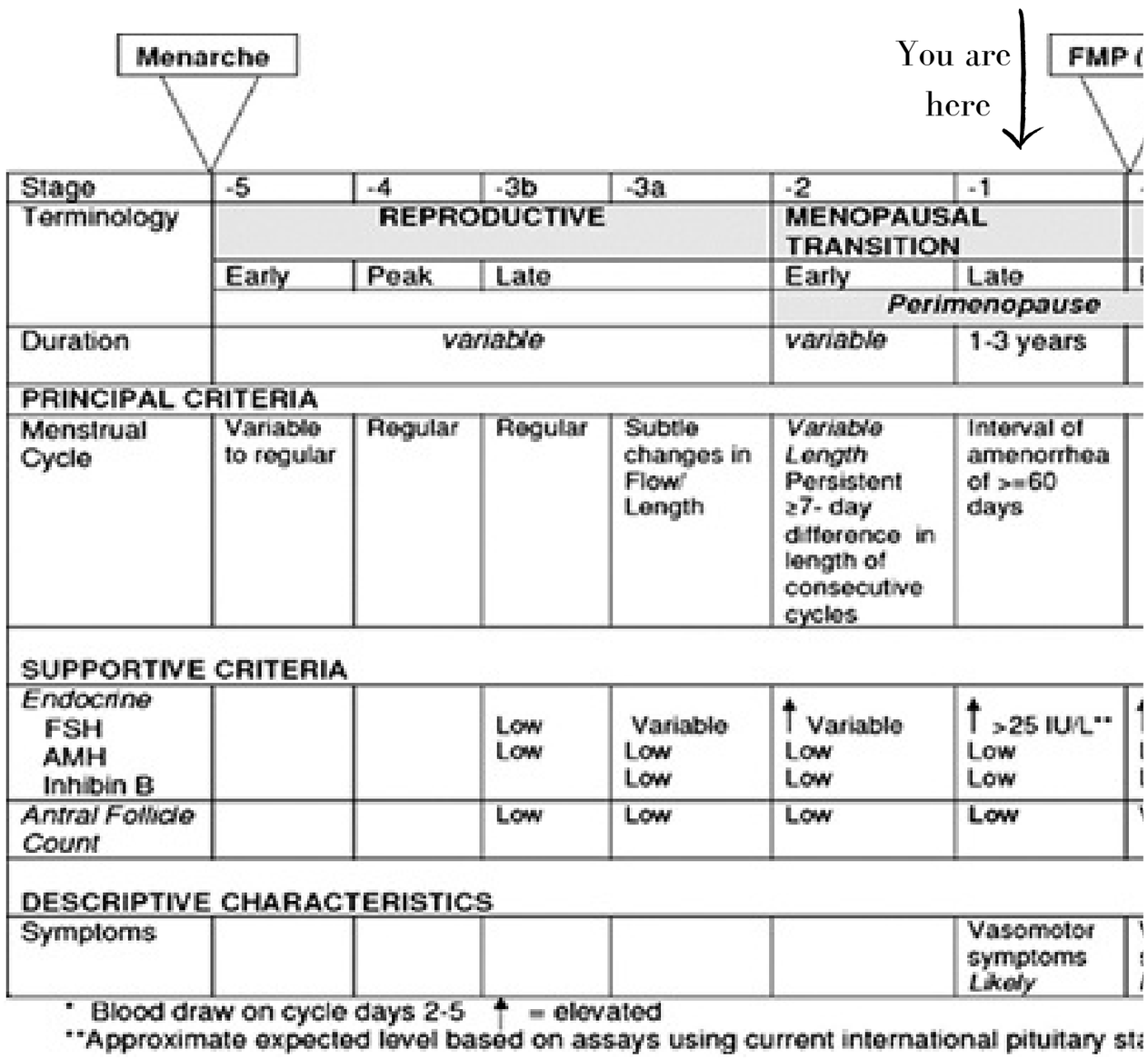
-1 ON STRAW CATEGORY

(~4 YEARS UNTIL MENOPAUSE)

CHANCE OF PREGNANCY <1% WHEN THIS STAGE IS REACHED.

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

<u>Lab:</u> Could be good to check FSH and AMH
If FSH (>25) and AMH (<.5) may not need to chart



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Late Menopause Transition

-1 ON STRAW CATEGORY

(~4 YEARS UNTIL MENOPAUSE)

<u>Protocol suggestions:</u>

- 2 out of 3 rule: Test daily with Clearblue monitor, LH test, and mucus
  - Fertility begins when 2/3 of these are "high"
- LH brand to consider: Premom–can use app for test interpretation
- Confirm any peak with temp or Proov progesterone test. (Meyers, 2021)
- Mira Monitor Option: Infertile days when E3G <100. Once E3G >100, fertile window begins until peak of LH >11 + 3 days

<u>Monitor concern</u>: 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.
Mira monitor 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 <u>have not been</u> fully tested at this point; they are currently being studied. The "2 out of 3 rule" 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.

Menarche — You are here — FMP

Stage	-5	-4	-3b	-3a	-2	-1
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION	
	Early	Peak	Late		Early	Late
	variable				*variable*	*Perimenopause* 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				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

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Early Post-Menopause Transitio

+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

<u>Protocol suggestions:</u>

- 2 out of 3 rule: Test daily with Clearblue monitor, LH test, and mucus
  - Fertility begins when 2/3 of these are "high"
    - LH brand to consider: Premom–can use app (abstain when high)
- Confirm any peak with temp or Proov progesterone test (Meyers, 2021)
- Mira Monitor Option: Infertile days when E3G <100. Once E3G >100, fertile window begins until peak of LH >11 + 3 days

The alternative protocols <u>have not been</u> 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.

Menarche

FMP (0)

You are here

Stage	-5	-4	-3b	-3a	-2	-1	+1 a	+1b
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION		PO	
	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								
FSH			Low	Variable	↑ Variable	↑ >25 IU/L**	↑ Variable	
AMH			Low	Low	Low	Low	Low	
Inhibin B				Low	Low	Low	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 standard[67-69]

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<u>1 year with no period:</u>

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

(Briden, 2021)

Sleep

- 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)

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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)

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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.

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Reference and Resources

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