



Healthy Moms Podcast

BY **Wellness Mama**[®]
simple answers for healthier families

Episode 108: Why the Birth Control Pill Screws up
Hormones & What to Use Instead

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Katie: Hello, and welcome to "The Healthy Moms Podcast." I'm Katie from wellnessmama.com, and I'm here today to talk about periods with someone who's very knowledgeable about them and really all things women's health. So Nicole Jardim is a certified women's health coach and the creator of "Fix Your Period," which is a series of programs that really help women to reclaim their hormonal health in a fun and sassy way. And she's helped thousands of women from all over the world who are struggling with everything from PCOS to infertility to PMS and so much more. She also co-hosts "The Period Party," which is a really fun podcast you can find on iTunes, and, of course, those links will be in the show notes. But welcome, Nicole. Thanks for being here.

Nicole: Hi, Katie. Thank you so much for having me.

Katie: I think it's gonna be fun. In the past, I had a podcast about things related to periods in it. Like, women were so interested. I think there are a lot of women struggling with underlying issues related to their hormones and monthly cycle so I'm excited to delve into this with you, too. And I know one topic that you have written about and that you are knowledgeable about is the birth control pill. It's also a somewhat controversial topic, obviously, but you refer to these as a "lifestyle drug." So, to start, like, I think most people know what they are, but why...what does this mean, that it's a "lifestyle drug," and why do you think women need to understand that distinction?

Nicole: Oh, such a great question. Originally, the purpose of the oral contraceptives, as far as physicians and consumers were concerned, was that it was for the prevention of pregnancy, which, of course, is a basic healthcare need for all women. But, unfortunately, what has changed over the last few decades is how these contraceptives, specifically the birth control pill, have been marketed by the pharmaceutical industry to consumers, like us. Pharmaceutical companies advertised birth control pills expressly for the purpose of birth control from about the 1960s, when the pill was first invented, to the 1980s, and then it all changed in, like, the mid-'80s, especially when direct-to-consumer advertising became legal during that decade. And in the U.S. especially, it seems that marketing decisions, rather than scientific innovations around birth control, have really guided the development and positioning of contraceptive products, since about 1990 or so. And, believe it or not, the vast array of birth control options in the market today are just relying on the science that's over 50 years old.

So there really only two ways that birth control works, right? It's like, by preventing ovulation or preventing fertilization of an egg, and these are the same methods that have been in use since 1960, when the first pill was released on the market. And the pill uses synthetic progesterone only or a combination of synthetic estrogen and progesterone to prevent ovulation or fertilization. Even the IUD that, you know, have a big resurgence now, they've been around since the 1920s and were actually only slightly improved in the 1960s,

when new models came out. And the newer methods, like the shot, known as the Depo Shot, the implant, known as the NEXPLANON, the patch, the vaginal ring, which is the NuvaRing, all of these use technologies that were developed in the '60s and '70s. So they're just different ways of delivering the same synthetic hormones into the bloodstream.

So it's really important for us to understand that all of these, you know, like, basically all of these birth control options are based on over 50 years old worth of science. And, like, when it comes to contraception, technological innovation has been completely stagnant for many decades. There are two factors that contributed to bringing about this change, and the first is the industry's move away from research and development in birth control. And then second, there was this growth of a class of medications known as lifestyle drugs. And so Big Pharma basically just abandoned different avenues of research, and instead, they moved their marketing of all the existing contraceptives away from their intended use of birth control and then started promoting these "lifestyle drugs." And these are drugs that are just marketed to improve a person's quality of life by treating conditions, like peripheral conditions, and not treating something as serious as preventing pregnancy. And so these conditions are things like acne or PMS or PMDD or heavy periods or period cramps. I think the one that gets me the most is regulating periods. This one drives me a little crazy because the pill definitely does not regulate a period. And I think this is just reflected in modern-day use of hormonal birth control.

In fact, there was a study done in 2011 that basically highlighted the fact that 14% of pill users, or about 1.5 million women, rely on the pill exclusively for non-contraceptive purposes. And then, this study also found that 58% of all pill users rely on this method at least in-part for purposes other than pregnancy prevention. Meaning that only about 42% of people use the pill exclusively for contraceptive reasons, which is kind of unbelievable. So, all of these women claim they're taking hormonal contraceptives to help them with other problems outside of actual pregnancy prevention. But they've just been misled by a pharmaceutical industry that had little incentive to come up with, or spend the money researching, better birth control options. And instead just opted for the cheaper route, which was to market these products for different health problems.

Katie: That makes sense, although it does seem a little bit, like you said, a little scary to be taking really strong hormones for something like acne when, at least from the nutritional side, which is my background, there are so many other things you can address that will help with that. But, so, I think the pushback I get, because I've written about this in the past, too, is people thinking, like, "Obviously, the birth control pill, or any kind of hormonal contraceptive, can't actually be harmful because so many people use it. Obviously, if we're allowed to use it, it must be tested." So, let's talk about, like, a little bit deeper, what are some of the biological effects of this, and are there actually harmful effects to women?

Nicole: Yes. Well, it's so funny that you said that. Well, not funny, actually, but interesting that you said that, "Yes, this has to be tested, obviously, and shown to be safe." But there have been many drugs that have been tested and shown to be safe and then are actually pulled from the market. So I think that it's important for us, as women, to have truly informed consent, and what that means is being able to go to your doctor and knowing what questions to ask about the type of birth control that you're being prescribed rather than just being given a sort of blanket response. And when we're talking about whether the birth control pill is really harmful to a woman's health or her fertility, I want to actually tell a bit of a story, because I think that that's one of the best ways to highlight just how potentially harmful it can be.

So, there was a young lady who did my "Fix Your Period" course. This was relatively recently. She's 27, and she was on hormonal birth control for many years, probably about the better part of 10 years. So, I think her journey began when she was about 16. She started the pill, and she was in my course because she hadn't had a period since she was 21 and had just been diagnosed with PCOS, and her test results showed really high follicle-stimulating hormone, or FSH. And for those of you who don't know, FSH basically comes from your brain, it stimulates your ovaries to produce estrogen, and the little eggs in your ovaries basically produce estrogen, tells your brain that you're producing estrogen, and then the brain slows down FSH. If your ovaries don't respond, then your brain will just produce more and more FSH. So, basically, this girl, at 21, had high

FSH, which is actually considered a symptom of menopause, when your ovaries stop working completely. And so she was very concerned because she also, in addition to having the high FSH, was not menstruating. And so she tried to quit the pill, but her doctor basically just gave her a progesterone shot and told her to go back on the pill. And the progesterone shot was to just see if she could actually have a period. She faithfully went back on the pill. She said nothing was explained to her, and she just went back on. And she felt like she was too young to understand her health well at the time. And, again, this is where I think truly informed consent comes in. And so, she then switched to the Mirena IUD, which is the hormonal IUD, and is now in, you know, when we spoke about a month and a half ago, birth control free, so hormone free for about six months. But she still has amenorrhea, meaning she still has not had a period. So, we're going on over six years of not having a period. In addition to all of this, she went vegan when she was 13 and actually only recently started to introduce some animal products into her diet. So, she felt like she was doing all of the right things by following her doctor's advice and going vegan, because that was what she was told to do as well by a health practitioner. And so, she had no idea that this could potentially permanently impact her fertility.

Now, fast forward, she's 27, and she's now seeing a reproductive endocrinologist, who has diagnosed her with premature ovarian failure. And it looks like she had that from the time she was about 21, when she was not having a period and her levels of specific hormones were high.

And so, it's really, really unfortunate, because what I see so often now is young women who have, had no idea what the decisions they made when they were in their teens or early twenties would have such an impact on their health...their overall health, their menstrual health, their fertility later on in life. And more often than not, what I see is a woman comes off the pill thinking that she'll just, you know, bounce right back and get pregnant, and then that's actually not the case. So, the short answer is, yes, the pill can be really harmful to a woman's overall health and in fact leave permanent damage.

Katie: Yeah, and from at least the research I've seen, too, it seems like a lot of factors, like the younger a woman is on it, the longer she's on it, even genetic factors, obviously, play a big role. But I cringe when I hear of people who have put their, like, 13 or 14-year-old daughter on the pill because they have acne, or because they get cramps, and I'm just thinking, like, "Oh, my goodness. There are so many other alternatives." And especially the fertility thing. I mean, we're seeing a huge rise in infertility as a society, and other problems, and the woman you mentioned, she went through all those years taking synthetic hormones when they weren't helping at all, and now, her body's gonna have to deal with that. So it's really sad to see. From what I've read, as well, aren't there some potential, like, really serious side effects that can come with hormonal contraceptives as far as...they mention blood clots pretty commonly, but, I mean, isn't it also a low-level carcinogen, or some of them, at least?

Nicole: Yeah, absolutely. It has been. So, basically, the synthetic estrogen, it has been stated by the World Health Organization that it is a low-level carcinogen. And we're just, like I was saying before about informed consent, we...nobody ever reads those little leaflets in any of the medications that they take. And it states pretty much all of that in there, but in addition to not reading it, a doctor is really not explaining exactly what could potentially happen. And like this young lady, she won't be able to have children naturally. I mean, she's technically never gonna have...I can't say never. Never, never, never. But, you know, she may never have a period again, and she said that she can't even harvest her eggs because there was no ovarian activity at all, according to the testing that she's done. So this is a lifetime of problems. I mean, she now has to go on hormone replacement therapy to build up her sex hormones, especially estrogen, because, of course, your bone health is so determined by the levels of estrogen in your body. So it's just a lot of different factors that play into all of this.

Katie: Yeah, for sure. And you mentioned that women expect to just come off the pill and get pregnant and often don't find that's the case. So it seems like there are some obvious potential fertility issues with long-term pill use, but also post-birth control syndrome. That's something that you've talked about before. So, what is that, and is it actually a thing, or what does it mean?

Nicole: Yeah, it is definitely a thing. And I see it happening in varying degrees to so many women. Of course, the girl I just mentioned, that's very extreme, but there are other symptoms as well. And so, basically, it, you know, includes, like, a constellation of problems that will usually arise about one to nine months after ditching the pill, sometimes even longer. And so, like I said, amenorrhea is one of them, which is where you don't have a period after coming off the pill. And, of course, if you have no period, you can't get pregnant naturally, so that's something for everybody to be thinking about.

And then there's things like short cycles that last for less than 25 days or longer cycles that last for more than 35 days or just irregular periods, where your cycles are all over the place. Mood disorders like anxiety, in particular, depression, PMS, and PMDD, especially those emotional symptoms involved with that, headaches, and migraines. There's the problem of very light periods lasting only one or two days. And then, on the flip side of that, we have very heavy periods that are lasting longer than seven days. And cystic acne and hair loss, I mean, digestive problems, hypothyroidism and other autoimmune conditions. One of the big ones is low sex drive and painful sex, just so, so common. And then, of course, like I just described, this condition called premature ovarian failure. And there are, you know, there are a number of things that are causing this, and there's evidence that indicates that oral contraceptive pills deplete magnesium, selenium, zinc, phosphorus, all very crucial to overall health. There's also a connection with reduced absorption of B6 and folate and B12, which, again, are crucial to a woman's menstrual and reproductive function, as well as her moods.

And, you know, a lot of practitioners, and...there's a little bit of evidence saying that what's causing this is the pill changes our gut flora, which, of course, can impact the absorption of these nutrients. And then, it's sort of anecdotal in my practice, what I've seen, and then, of course, that of other practitioners. But women, you know, we get...they get chronic yeast and bacterial infections on the pill. I definitely had those when I was younger and I was on the pill for five years. And those, of course, tend to improve almost completely, or resolve completely, once they come off.

And, you know, like, the problem with the gut health side of things and use of the pill is that it could be a chicken or an egg thing. Like, did the gut problems cause the hormonal imbalance, or did the pill cause it? And I think what's important is that once this is altered, the gut flora will affect hormone regulation, it'll affect the HPA axis, so how we respond to stress, and then, of course, our body's ability to detoxify. And, you know, certain friendly gut bacteria play a role in the metabolism of estrogen, too, so it would make sense that if a woman is dealing with very heavy, painful periods or even endometriosis after coming off the pill, that this could be the connection. And there's also research on the pill and its connections to Crohn's disease and inflammatory bowel disease. So, basically, if a woman has a genetic predisposition to these chronic gastrointestinal diseases, she's, like, three times more likely to develop the condition if she's used the pill for a certain period of time.

So there's just a lot of different things that the pill is connected to. There are a couple of studies that show that, you know, there's measures of oxidative stress and that women who are on them have higher, you know, higher oxidative stress. Insulin resistance. There's a C-reactive protein, which is another marker for inflammation. All of these show as elevated when women have been on hormonal birth control. So, it's really fascinating to see the connection to the gut health side of things because, I mean, every single client I've ever had who's been on the pill and is experiencing problems has never, ever been told that and never had any idea that there was a connection.

In addition to that, there's the depression side of things. There was a Danish study done last year where they found that women taking the combined birth control pill, so that's estrogen and progesterone, were 23% more likely to be diagnosed with depression than using just the progesterone-only pill, and, sorry, those using the progesterone-only pill were more like 34% more likely to be diagnosed with depression. And progesterone is great for calming and is a good relaxing hormone, but if there's too much of it, it absolutely can mess with your mood. And this was even worse for teenagers who were on these contraceptives. In fact, there was like an 80% increase of depression on the combined pill for teens. So, it's just really, really disheartening, because there are such a wide spectrum of conditions.

I mean, not to mention...the last one I wanted to mention was actually sex drive. That one, I think, is one of the most devastating ones for women because what they don't realize when they take the pill is that the liver can make a protein called sex hormone binding globulin, or SHBG, and it actually increases the production of this protein when on the pill, and SHBG binds to testosterone and, essentially, renders it inactive, but testosterone is responsible for a healthy sex drive. So, if we're not producing the right amounts or our body doesn't have enough testosterone to use, then our sex drive will drop. And so, this is just, obviously, not great for women on so many levels because you take the pill, obviously, to avoid getting pregnant, but then you don't wanna have sex while you're on the pill anyways. So, what's really fascinating is that SHBG is typically about 20 to 30, but a woman on the pill can have an SHBG level of up to 500. On average, it's about 200 to 300. So, basically, this is a huge problem, and what it ends up leading to is...you know, estrogen and testosterone, obviously, they're very important for our vaginal tissues, so...thinning and atrophy of the vaginal tissues, shrinkage of the clitoris and the labia, and then, this can lead to vaginal dryness and pain during sex. And what's really unfortunate is that SHBG does not go down to its original levels in a number of women who take the pill for a long period of time. So, this is, I think, what women need to be informed about. I mean, clitoral shrinkage? We need to know about that, I think.

Katie: Yeah, you're right, and nobody talks about that. And I also find it staggering, the statistic you quoted about the three times increased risk for someone who's genetically predisposed to, like, an autoimmune gut disease, like Crohn's or IBS, because as we're finding out more about epigenetics and how, like, these things can turn on all these different factors in the body, I think and hope that the long-term future of health is gonna really involve understanding the gut a lot better. But that's really staggering and, potentially, a lot scarier than we would realize, and especially now that they're saying depression may have a link in the gut, as well. It makes sense that you would see that.

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Katie: Another thing that I'd love to get your take on, because it's been a pet research project of mine lately, is about basically having too much iron in your body. And they think this is one of the factors, the reason, like, menstruating women have a lower risk of heart disease than men, but once a woman goes through menopause, she has essentially the same risk of heart disease as men. And there are some biohackers, men that purposely give blood once a month just to, like, reduce their iron levels. But it makes sense to me, with all the rising...as far as I know, there are certain contraceptives that actually stop your period altogether. I don't know the names of them, but as far as either stop it altogether or, like, drastically space it out. Do you know

much about the whole iron overload syndrome, and do you think there's a risk related to these contraceptives as well?

Nicole: Yeah, I mean, I think there's a huge risk to these contraceptives. One of them is known as Seasonale, and so it basically will reduce your period to about three times a year, and, of course, women are told that it's totally okay to do that. I don't know tons about the iron overload, but now, I want to look into it. I'm very curious about this. I think that there is also the role that estrogen plays when we're menstruating as younger women that estrogen is very much heart-protective, and then as we get older, when estrogen drops so significantly, it changes our bodies in a way that we are not as protected in terms of, like, our heart function and, like, our buffering of stress, all of these different aspects. But I have, like, a major problem with periods that are coming just three times a year because what we're missing here is the fact that our bodies need to be ovulating in order to operate at their best, and that's, like, the crucial component that, I think, we're missing when it comes to the conventional approach to menstrual health and women's health in general.

Healthy ovulation means that we're gonna have normal levels of estrogen, we're gonna have normal levels of testosterone, progesterone, which, as I mentioned before, is a very soothing, calming hormone. I refer to it as the natural Valium hormone, the anti-anxiety hormone, because it, you know, it has that effect throughout the second half of our cycle, and typically, women with low levels of progesterone will end up with PMS symptoms or even PMDD. So it's really, really critical for us to have that Goldilocks effect of all of our sex hormones, and they should be in those right amounts. And so when we have a situation where a person ovulates maybe three times a year, they're gonna have drastically reduced or drastically imbalanced sex hormone levels.

Katie: That makes perfect sense, and I absolutely agree. When you look at the fact that your period is not a pathological problem, it's a normal part of healthy hormones and healthy life, it makes sense that when you suppress it for the large majority of the times you should normally have it, it would cause a problem. That what you just said, I think that was really fascinating, that we need to ovulate to work our best, hormonally, and it makes perfect sense, but I think that's something that's been largely forgotten in today's world. And I get it. Like, periods are not the most convenient thing. They're not the most fun thing. But there are also...you mentioned there haven't been very many technological advances in the birth control industry, but there have been a lot when it comes to periods. And there's DivaCups, and there's underwear that's specific to it. Like, they've gotten a lot easier. They're not as bad as they used to be. And I wanna circle back to that because you did touch on that a lot at the beginning, but why do you think we're not seeing any innovations in this, and why are women still taking these crazy hormones?

Nicole: Yeah, I mean, I think that from a pharmaceutical perspective, maybe they ran into roadblocks in terms of how to figure out what the next best innovation would be for women in terms of birth control. Unfortunately, I felt like the onus was put on us from the get-go to be responsible for the birth control part of things, and what's so unfortunate is that a woman is fertile, literally fertile, for 24 to 48 hours out of every single month if she's just, you know, by herself, not in a sexual relationship, just 24 to 48 hours every single month, whereas a man is fertile every single day, and yet, for some reason, women are the ones who are responsible for, or we bear the brunt of the birth control responsibility. And I just don't think that's really fair. So I think that that's really what happened, is that in terms of a pharmaceutical solution, there really aren't any other avenues that they can take in terms of where they would go next. I mean, the synthetic hormones was basically it. And like I said earlier, they have devised different ways of delivering those hormones, and that may seem a little innovative, but other than that, there hasn't been much, and I think that that's part of the reason why. I think their scope is very limited.

But on the flip side, there have been a number of innovations in terms of the natural birth control solutions for women in the last, like, five years or so. I always kinda say that the birth control tech world is really ablaze right now because they're coming up with some really great innovations. And so, you know, natural family planning, or the fertility awareness-based methods, you know, I'm a huge advocate for them because I've used it now for well over 10 years at this point. When I got off the pill, I just decided to chart my cycle. Nobody knew what I was doing. Everybody thought I was completely crazy. I mean, some of them still do, but that's okay. And, you

know, there's just a number of fertility awareness-based methods that I recommend, and the one in particular that I think is the best is the symptothermal method. And so what this basically is is you're just measuring your basal body temperature, you're observing cervical fluid patterns because those change according to the hormone changes throughout the month, and then cervical position, which also will change. It'll be higher up during ovulation and lower for the rest of the month.

And so this fertility awareness-based method has been incredible for me because I've been able to figure out how exactly my body works, and it's so, so empowering to be able to have an educated conversation with your doctor about your menstrual cycle, things that might be off, or symptoms that you've noticed long before they would ever have picked something up. For instance, on a Pap smear at your annual visit to a doctor, like, you can tell what's going on with your cervical fluid if you know what's normal for you. If there's something going on, like there's something wrong with it, you can definitely tell long before you would ever see your doctor. And so, all this really requires is a basal thermometer, a period tracking app, which, again, there's a million of those now, which is really cool, and/or a paper chart, if you wanted to record your cycle information on a piece of paper. And, you know, like, some women get formal training for this. Some women read a book. There's practitioners out there now that you can see. So, I think, like, once you get started with this, you're now like the boss of your body, and that is so empowering.

And, you know, people ask me all the time, "Is this just the rhythm method? What is this thing?" And it's not at all. It's like a resounding "no," actually. The rhythm method is just like a calendar-based method. It's not effective at all. It's based entirely on a woman ovulating on day 14 and getting her period on day 28, which is not the norm, for the most part. Women can get periods from 25 to 35 days apart. That's considered normal. Ovulation usually happens between days 12 and 17, usually. So, once you know, though, once you know what's right for your body or how your body actually works, whether you ovulate on day 12 or you ovulate on day 16, then you'll be able to have a clearer understanding. And you have complete control over your fertility, which I think is incredible. And so, now there's, like, so much tech, basically, around these fertility awareness-based methods, and one in particular that I've used for a long time is something called Kindara. And so, basically, that's just an app, and they have a thermometer called the "Wink." So, I've been using that now for a couple of years. I've been using Kindara for many years, and they just came out with this thermometer. And so, basically, it's just a Bluetooth monitor...or, sorry, a Bluetooth thermometer, and you take your temperature first thing in the morning, it immediately puts the information into your phone app, and you're able to then see your temperature patterns and make decisions about your fertility based on that as well as tracking your cervical fluid.

On the flip side, there's another one that I've been using as well. It's called the Daysy. And so, the Daysy is basically a fertility monitor. It's really cool. So, basically, what it does is it will give you a green or a red light depending on whether you're fertile or not. And you're, again, the same thing, taking your temperature first thing in the morning. And the Daysy...they say that they're 99.3% accurate and basically, that's almost as accurate as the birth control pill. So, there are a lot of different options for women, and I think that it does take a little bit more work upfront, but I really believe that women are willing to do that at this point because they are suffering from such extreme side effects.

Katie: I 100% agree, and I love so much that you actually talked about NFP, and I think relative to other health changes, it's actually pretty minor. Like, yeah, maybe it takes a couple minutes a day to actually track your fertility, but it doesn't take as much time as, for instance, making real food compared to going through a drive-through, and you should be willing to make that change. So, I think it's one of those...and it is amazing. I 100% echo what you've said about the data you get just from tracking your cycle and understanding your own body. And I've been also using NFP my entire married life, pretty much, and earlier I had to tell people, I'm like, "I have six kids. I knew they were all possibilities when they were conceived. They were not...we weren't trying to avoid them." So I've always put that out there because most people were like, "Yeah, but you have six kids, so NFP must not work." And I've used the OvaCue, which is a similar thing. It's got the app, and you can input your temperature. It also looks at vaginal and salival pH, which isn't just another input. I like having that data. But I was trained originally in symptothermal as well, and it's incredibly accurate. And I also think the point you

made about, you can have such a much better conversation with your doctor because you actually understand your own hormones...I recently just had my well-woman exam for the year, although it had been like three years, and she's like, "What kind of birth control do you use?" And I, like, braced myself, and I was like, "Um, I actually use NFP." And she was like, "Oh, that's awesome!" And she's like, "Do you actually track?" And we got in this whole conversation, and she's like, "Yeah, no other women these days know that they're on day five of the luteal period of their cycle." Like, it's really cool information to have, and I agree, if something's off, you notice because you're actually paying attention.

Nicole: Yeah, I think it's so...I'm getting all excited...I know. I think it's so great, and it's so amazing to be able to go to your doctor and have that conversation, and they're really open to it. I just have so many women who come to me and say things like, "My doctor laughed at me. My doctor almost kicked me out of their office for using this versus going on the pill. I feel like I'm defying them. What do I do?" And that's just, to me, is so unfortunate because this is an incredible resource on so many levels, not just for birth control, but for many other preventative methods, as well.

Katie: Absolutely. And no, and I should say too, I did have to fire a couple doctors before I found one that was really good because the first couple...it's like they look at you like you're an idiot, and I would always get the, "You know that breastfeeding is not a..." And I'm like, "I know." And they're like, "And you know NFP doesn't work." And I'm like, "It does." Like, we had that conversation so many times. And you're right, the tech is amazing right now. I mean, you can get so much data about your cycle that you truly, I think, can be as accurate as any hormonal contraceptive, hands down, and you're avoiding the hormones. And if anything, if you understand the hormone shifts during your cycle, you can actually do nutritional and supplement things to support that specific part of your cycle and improve your libido and all these things. So, like, I'll kind of vary the supplements I'm taking based on the first half of my cycle versus the second because I know what hormones I'm needing to support, and it just helps your body's natural rhythm.

Nicole: Exactly. It's so great.

Katie: Very cool. I found a fellow NFP user. That's awesome.

Nicole: Yes.

Katie: And we talked about, you know, people use the pill for things that aren't related to contraception. We just gave an alternative for spacing pregnancies, avoiding pregnancies, but I want to not leave women without hope for other problems, as well. So let's talk about some of the other reasons that people take the pill, things like PMS and cramps and irregular cycles and acne and what the other alternatives are there.

Nicole: Yeah, I think that we're, you know, again, like I was saying earlier, we're kind of sold into this idea that we need to be medicated in order to function properly or optimally, which really upsets me because we're told that from a really young age, and I don't believe that we need to be on the pill or any other hormonal contraceptive in order to feel our best or look our best. I mean, acne, hair loss, all of these symptoms that women experience, I mean, in droves, now...period pain, heavy periods, or irregular cycles...all of them are just rooted back to some kind of underlying hormonal imbalance. So, if we could just peel one layer deeper and look at what's going on with our food, for instance, like you just mentioned food, and you can eat in sync with your cycle. There are so many other things as well, of course, like our lifestyle. I think that just as...I hate the word "stress" at this point because I feel like it's just so overused, but the chronic overstimulation in our society, now, that alone causes so many problems. Like, women just don't even realize that cortisol, for instance, that stress hormone, will literally divert your body's resources from making progesterone, which is that soothing, calming hormone I mentioned, and instead what it'll do is make more cortisol so you can just meet that demand that your body is requiring. It's requiring more cortisol so you can just survive. You're in survival mode. I think many of us are. And so what ends up happening is we divert all these resources to more stress hormone production, and our fertility, our menstrual cycle, takes a back seat. So, we end up very depleted. We end up, like I said, in this chronic state of survival mode. And we don't have the capability to have a normal

menstrual cycle, or we end up with, you know, debilitating periods because, again, we probably don't have enough progesterone. That's one of the reasons. And then we have...cortisol affects our gut health, so we then end up with gut health problems, and there's, of course, a conversation between our brain and our guts, so we end up, potentially, with mood issues.

So the list just goes on and on, and what it comes back to, I think, is just really poor food choices. And, again, that's not our fault for the most part because we're not educated about what we should be eating, and then we also have, like I said, this chronic overstimulation in our modern, fast-paced, very "go, go, go" lives. And I think that those two things are the key to having balanced hormones. I mean, again, like, I feel like balanced hormones is like this mythical unicorn, but they really do exist, and we're just instead told to sort of take this shortcut and take the pill, but all it's doing is creating this idea that we're okay when we're not. It's akin to, you know, like, letting the fire rage and, you know, just sort of, like, putting out a little bit of it. We're not addressing the root cause of the problem, and what we need to be doing is that and not be taking a pill that's just gonna sort of, like, blanket over all of these underlying problems.

Katie: Exactly. And I know I have some articles on this, and you do as well. I'll make sure to link to all of those in the show notes. But to someone listening who hopefully maybe recognizes their story in some of the things you've talked about and is considering, perhaps, coming off of the pill and trying more natural options, where would you have them start? What advice would you give to someone? Because, as you said, there can be that whole post-birth control syndrome. What can they do to support their bodies, and how do they do that safely?

Nicole: Yeah. I think it can be really terrifying. I mean, I've had many women say to me, "Yeah, Nicole, that's not happening. I'm not coming off the pill. I'm not trying to have cystic acne again or irregular periods or that kind of period pain ever again." So I completely understand that there is a lot of hesitation when it comes to getting off of something like this. And so the first thing I would say is to really take a look at your diet. Like, take a hard look at your diet. Think about how you can bring more nutrients into your diet because that alone is going to help combat the underlying inflammation that's causing all of these symptoms in the first place, so, like, the acne, or the heavy periods, or the painful periods. So that's the first thing.

So look at your diet. Like, start to bring in lots more leafy green vegetables, start to think about how you can balance your blood sugar. So I'm always telling clients, like, "Make sure you have protein in every meal, you have a good amount of healthy fat in every meal, reduce your carbohydrate intake, and start to really feel what it's like to have balanced blood sugar so you don't have crashes after your meals, you don't feel like you need to have sugar at three in the afternoon or after dinner." All of these will contribute to that feeling of balanced hormones, where you're not, like, dependent, again, on some kind of pill for you to not have acne or whatever symptom that you're dealing with.

And so I always suggest, like, probably about 30 to 60 days before you're actually gonna come off, start to address the dietary side of things. Consider a couple of supplements. I always recommend a B-complex and a magnesium. Those, to me, are pretty crucial at this point for many of us because we just are depleted in them. So a B-complex and a magnesium can be really helpful as well. And so do that. Build up to it. And the more you prepare your body from a dietary perspective and, of course, from a stress perspective as well, the easier the transition will be. So when you do come off, you're not gonna experience what you may have experienced the last three times you tried to come off the pill and had to go back on.

Katie: Yeah, exactly. And, like I said, I know you have resources on those so I'll make sure they're linked in the show notes as well. But for anyone who's just listening and is audio-only right now, where can they find you online to find you for support in this or for other hormonal needs that they may have?

Nicole: Sure. Everyone can find me at nicolejardim.com. My website has a blog. I have a lot of information about all of this. And then there's also Facebook and Instagram as well, and those are just [facebook.com/nicolemjardim](https://www.facebook.com/nicolemjardim), and Instagram is the same, [nicolemjardim](https://www.instagram.com/nicolemjardim).

Katie: Awesome. Well, I love that we got to have this chat, and I love all the work you're doing and will definitely send people your way for help because I think you're helping a ton of women. I know you've helped thousands of women, and you're on the mission to help so many more, but thank you for the work that you do and for your time in being here.

Nicole: Thanks, Katie.

Katie: And thanks to all of you for listening. I'll see you next time on "The Healthy Moms Podcast."

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