Dr Catherine Black

Head of WOOMB NZ

HRT and Natural Fertility Regulation - Concurrent Workshop Repeated

Sunday, 18 August 2013	Start 8:30am	Duration: 55mins	Picasso
	Start 9:35am	Duration: 55mins	Picasso

HRT AND NATURAL FERTILITY REGULATION

Dr Catherine Black

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Head of WOOMB NZ

Summary

Physiology of menopause

Managing fertility

Symptoms of menopause

Management of these:
- Non-hormonal
- Hormonal

Patient resources

What is menopause?

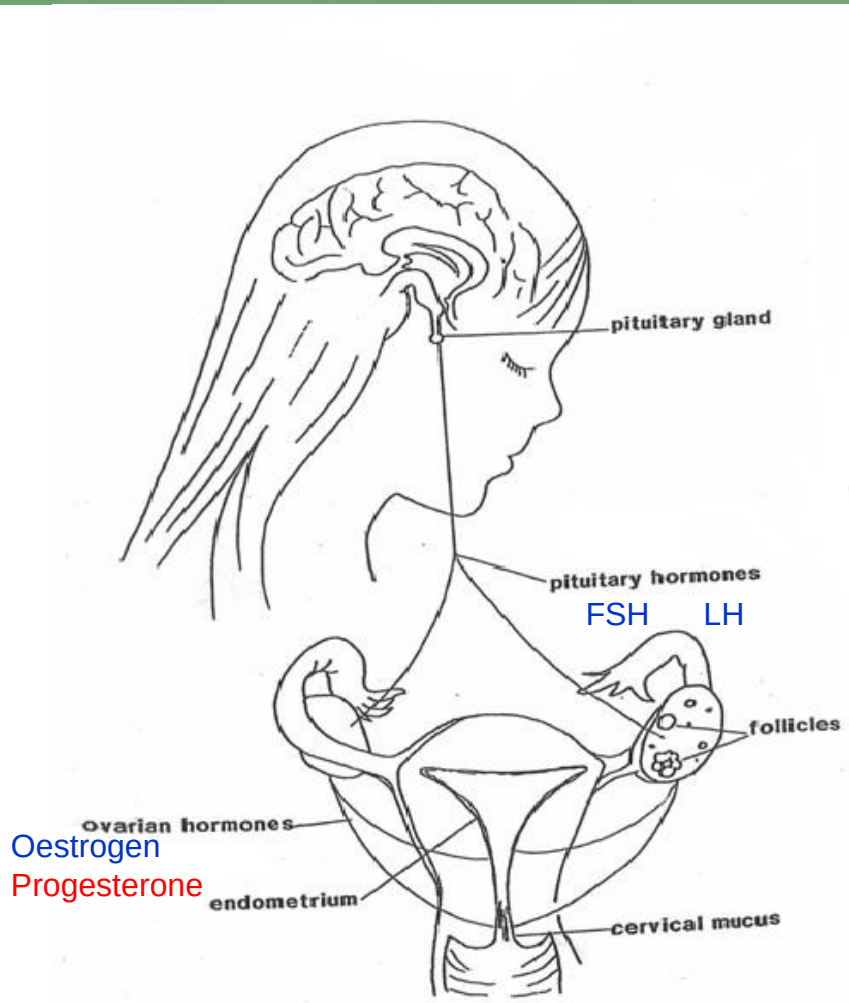
What is the climacteric?

The climacteric

The window of declining fertility associated with a change in the frequency and/or volume of menstruation and ending when the woman returns to a state of hormonal homeostasis and stability.

The normal menstrual cycle

Female Reproductive System



At the onset of the menopause transition

Continuum in decline of fertility

Fewer ovulatory cycles
Ovulation with short luteal phase
Anovulatory cycles
Irregular vaginal bleeding
Unchanging cervical mucus symptom indicating lengthening periods of infertility

Infertility

1 year after the LMP >50yrs

2 years after the LMP <50yrs

How the cervical mucus symptom can be used to avoid pregnancy.

Billings Ovulation Method™

A natural way to:

- Monitor ovarian function
- Postpone Pregnancy
- Monitor Reproductive Health

Billings Ovulation Method™

Research began in 1953. Ongoing research has confirmed validity of this safe, effective and reliable method

Drs John and Evelyn Billings

Professor Jim Brown

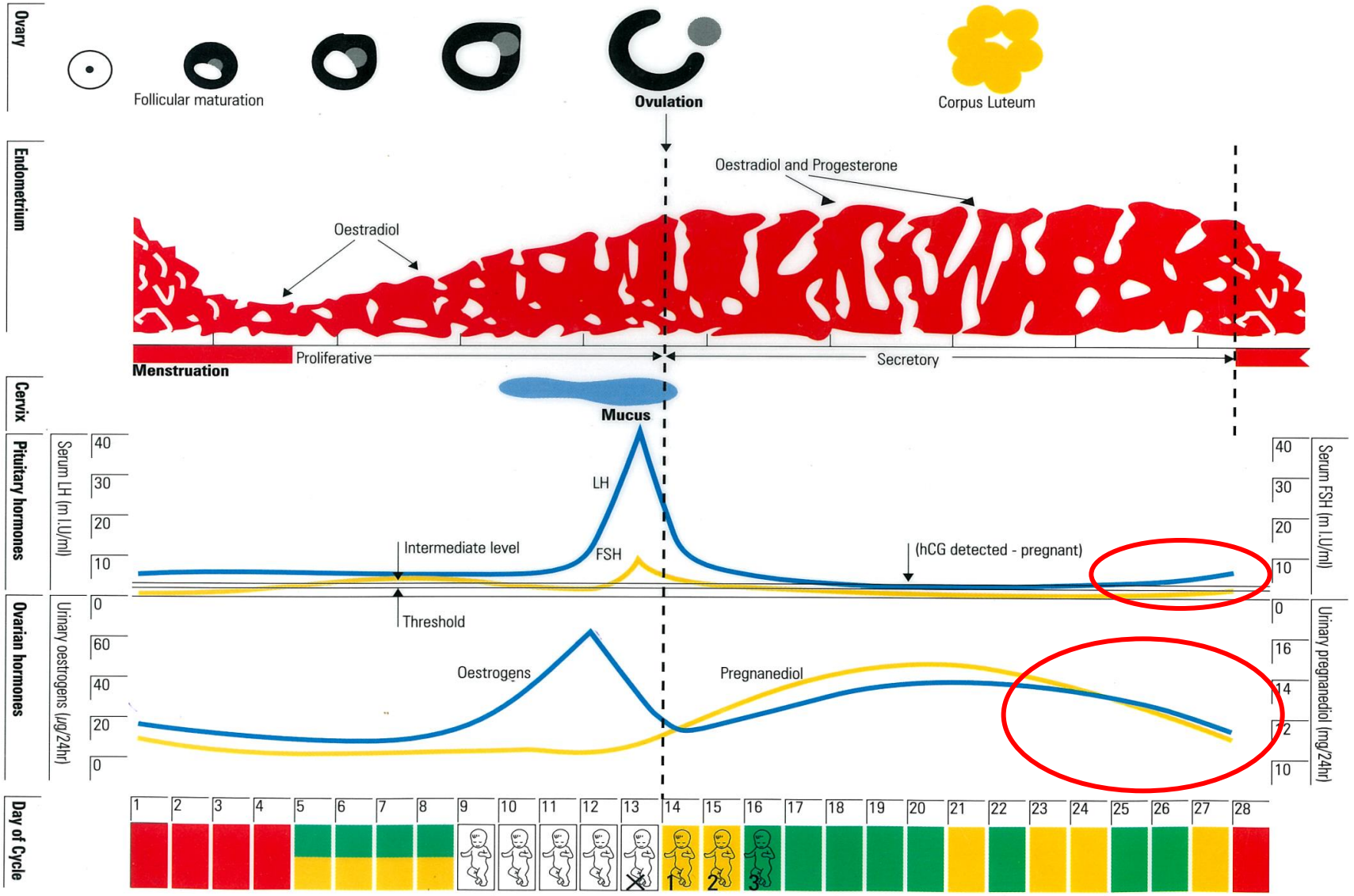
The review, "Types of ovarian activity in women and their significance: the continuum (a reinterpretation of early findings)" has been posthumously published in *Human Reproduction Update 2010*.

The Billings Method™ - a Kiwi method after all?

The efficacy of the Billings Ovulation Method™ to prevent pregnancy

Tonga; *Lancet* 1972; 2:813-16
WHO; *Fertility and Sterility* 1981; 36:152-58
China; 1996, Centre for Study and Research in the Natural Regulation of Fertility

Method user failure rate 0.5% comparable to the combined OCP.



OESTRADIOL and PROGESTERONE levels fall

suppression of FSH and LH lifted – new CYCLE commences

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
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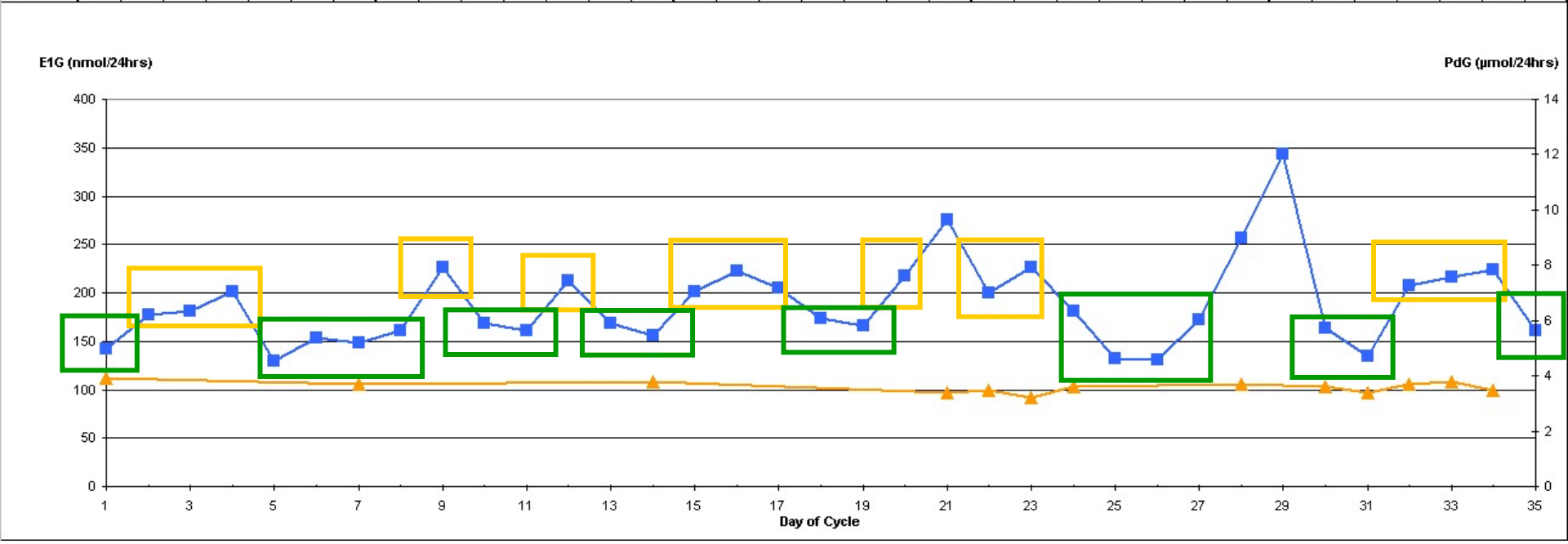
Sensation/ Appearance of Discharge	dry	damp	damp	damp	dry	dry	dry	dry	damp	dry	dry	damp	dry	dry	damp	damp	damp	dry	dry	damp	wet white thick	damp	damp	dry	dry	dry	dry	wet white thick	wet	dry	dry	damp	damp	damp	dry
E1G (nmol/24hrs)	142	177	181	201	130	154	149	161	227	169	161	212	168	156	201	223	205	174	166	217	276	200	227	181	132	131	172	257	344	164	134	207	216	224	161
PdG (µmol/24hrs)	3.9						3.7							3.8							3.4	3.5	3.2	3.6				3.7		3.6	3.4	3.7	3.8	3.5	



Days of low oestrogen levels – BIP of dry

Slightly elevated oestrogen levels – BIP of discharge

The slide rule and Rules of the Method.

Billings Ovulation Method™ Summary

4 Rules

3 Early Day Rules

Peak Rule

Early Day Rule 1

Avoid intercourse on days of heavy bleeding during menstruation.

Early Day Rule 1

Reason:

Ovulation might occur quite early in the cycle and menstrual bleeding could obscure mucus.

Early Day Rule 1

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
				• ••			 x	 1	 2	 3								
Date ___/___/___	•	•	•	• ••	0 ••	0 ••	0 x	| 1	| 2	| 3	|	|	|	|	|	|	|	|
Description of Mucus: Sensation/ Appearance	Wet	Wet	Wet	Wet spotting	slippery spotting	slippery stretchy spotting	slippery clear **Peak** swollen vulva	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry	dry

Ovulation can occur as early as day 5. Menstrual bleeding would obscure beginning of fertile phase.

Early Day Rule 2

Alternate evenings are available for intercourse when these days have been recognised as infertile. (Basic Infertile Pattern)

Early Day Rule 2

Reason:

If the woman is lying down the fluid mucus that leaves the cervix in the beginning of the fertile phase, collects in the upper part of the vagina. The woman needs to be in an upright position for a few hours for this cervical mucus to make its presence felt at the vulva.

Seminal fluid on the day following intercourse could obscure the mucus.

It is important to allow time for the seminal fluid to disappear and to confirm the BIP is still present by avoiding intercourse on consecutive evenings.

Early Day Rule 3

Avoid intercourse on days of discharge or bleeding which interrupts the Basic Infertile Pattern.

Allow 3 days of BIP afterwards before intercourse is resumed on the fourth evening. Rule 2 continues.

Early Day Rule 3

Reason:

Waiting will enable the woman to either recognise the Peak in which case the Peak Rule is used……

Or when the change is an interruption of the BIP caused by raised oestrogens, the hormonal level will return to a basic low level and the woman will recognise a return of the BIP.

She counts 3 days to enable the oestrogens to settle at the basic low level, before resuming intercourse applying Early Day Rule 2.

Peak Rule

From the beginning of the 4th day past the Peak until the end of the cycle, intercourse is available every day at any time.

What happens when a woman's level of oestrogen rises and falls?

hot flushes and night sweats
insomnia
reduced energy
memory loss
loss of confidence
anxiety
palpitations
bloating/IBS
urinary frequency
reduced libido
painful joints and tendons
brittle nails and hair
headache
dry eyes, mouth and vagina

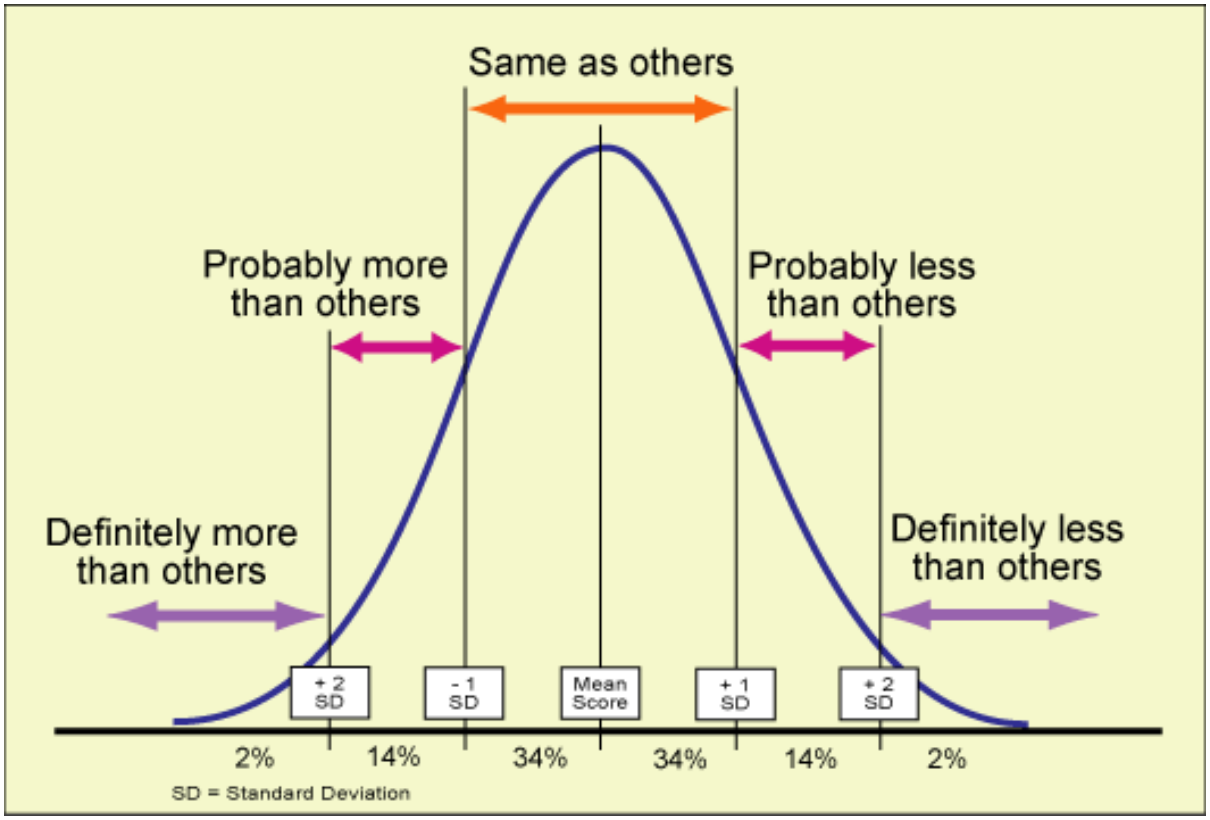
History examination and investigations

Investigations

CBC CRP
TSH
Ca + PO4 (Parathyroid)
Fasting lipid + BSL
MSU
Vitamin D level
Iron studies
Pap Mam BMD
Pelvic ultrasound

Reassure the woman

duration of transition varies from a few weeks to a few months …


Same as others
Probably more than others
Probably less than others
Definitely more than others
Definitely less than others
+ 2 SD
- 1 SD
Mean Score
+ 1 SD
+ 2 SD
2%
14%
34%
34%
14%
2%
SD = Standard Deviation

Why does she get better?

The wonderful world of the

oestrogen Receptor (ER)

Non hormonal remedies

1. Explain the biology of the menopause and treat what is causing the most problems

2. The treatment of H/F, N/S and insomnia
   calcium 500mg at night
   Blackmores magnesium 600mg at night
   black cohosh (Remifemin)

3. Plant oestrogens soya and clover (Promensil)

4. Sylk for painful intercourse

5. Exercise and stress management

6. CBT mindfulness treatment for anxiety, insomnia and hot flushes

Hormonal treatments

Main contraindications

Thromboembolic disease

Undiagnosed vaginal bleeding

Current oestrogen dependent tumour

Genotype for breast and ovarian cancer

BMI > 30

Women likely to benefit from hormone therapy

Surgical menopause
Post tubal ligation
Post hysterectomy
Post ovarian surgery
Family history of early menopause
Premature ovarian failure spontaneous
Sufferers from Premenstrual Dysphoria and post natal depression

Hormonal treatments

Short term low dose natural oestrogen:
oestradiol progynova 1mg
transdermal oestradiol 25 microg

Intact uterus: cyclical natural progesterone:
utrogestan 200mg for 12 days

Breast Cancer

- Lifetime risk in women after 50 yrs 1 in 12
- Five years of hormone therapy increases breast cancer rate to 1 in 9
- WHI study showed no increase in breast cancer after 6.8 years of oestrogen only therapy

Cardiovascular disease

No increase in CV disease if hormone therapy commenced at the time of menopause

Summary

Non hormonal management of the menopause transition is recommended in the first instance. Severe persistent symptoms in women can be safely treated with low dose short term natural hormone therapy.

Hysterectomised women on oestrogen only therapy, are not at increased risk of either breast cancer, or CV disease if treatment is initiated at the time of menopause.

Menopause resources for patients

- General www.menopause.org.au
- Menopause in NZ Guide. Beverly Lawton Random House Press 2006 – chapter on Body Bank Program
- New natural alternatives to HRT. Marilyn Glenville. Greenwich Editions 2004
- HRT. Website on Womens Health Initiative Study www.nhlbi.nih.gov/whi
- HRT & Complementary Medicine Safety www.nhmrc.gov.au/publications/synopsis/wh35syn.htm
- Breast cancer www.cancernz.org.nz
- Osteoporosis www.bones.org.nz
- Mindfulness in a frantic world. Mark Williams et al with CD

Summary

The peri menopause can be a time of great turbulence in women's lives. Understanding their fertility by observing their cervical mucus symptom can empower woman to understand where they are in the continuum of fertility. An accredited Billings Ovulation Method™ (BOM) Teacher can give them the confidence to practice the BOM to prevent pregnancy. Abnormal bleeding or mucus patterns can be observed and promptly referred for early investigation.

Resources for the Billings Ovulation Method™

www.thebillingsovulationmethod.org
www.woombinternational.org

www.fertilitypinpoint.com
www.nfpcharting.com

Telephone: **0800 NZ FERTILITY**

Acknowledgements

- Drs Evelyn and John Billings
- Professor James Brown and St Michael NFP Services
- Professor Erik Odeblad
- WOOMB International and all Billings Method Teachers
- All women throughout the world who have participated in studies and trials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Thank you