Hormone Heroines Intro

I think it's important to note that progestin is a synthetic form of progesterone. which progesterone is the hormone that your body naturally produces.

That estrogen, although it's great and we love it and we need it, it's kind of like the wild middle sister. Progesterone is like the older sister that basically has to take care of the middle sister and the younger sister.

Progesterone keeps that at bay. So that's our natural progesterone. In birth controls, it's a progestin, which is a synthetic form. And we're going to get into all the differences on what the different progestins and how they can affect your body.

Do you feel like your hormones have turned against you? Trust us, you're not alone. We're Dr. Serena and Dr. Heidi and on hormone heroines we explore all the root causes that are behind hormone imbalances and we teach you how to thrive through them.

Join us for real talk, expert tips, and even a few laughs. Hello and welcome back to Hormone Heroines. Today we're going to talk about all things birth control.

How Hormonal Birth Control Works

We're going to go over different types of birth controls, how they work, what's the differences between them, and what you should do to try to figure out which is the best one for you.

So let's start with how birth control works. And I'm talking about hormonal birth control at this point. They work in three main ways. One, they stop you from ovulating.

You don't release an egg, it can't get fertilized, you can't get pregnant. Basically tricks your body into thinking you're already pregnant, so then you're not releasing eggs.

The other way it works is that it thickens your cervical mucus, So I like to think about your cervix as a donut, kind of looks like one. It's got a little hole in the center and that hole is always making lots of mucus and the mucus depending on what time you are in your cycle can be thicker or thinner.

When it's thicker it's harder for sperm to get through the cervix and to the uterus into an egg and when it's thinner it's easier so birth control works by also thickening that cervical mucus so sperm can't get through very easily.

And lastly it also tends to keep your uterine lining thinner so the stuff that we bleed out every month and that lining is where a fertilized egg would implant if one got fertilized and happened to stick.

Now, if you're trying to get pregnant and you're having sex regularly, there's about a 30% chance of a successful pregnancy each ovulation cycle. So when you're on birth control, it's pretty unlikely that you're going to even have an egg released, let alone have the semen get through.

And then on top of it, if that were to happen and an egg did get fertilized, it would be less likely to implant because the lining is not all plump and welcoming.

Thick and juicy. Thick and juicy waiting to envelope the little baby. Plump and welcoming for an egg to implant on. So but you know things still happen even when you're on birth control and we have some stories about that later.

Yeah. But it does significantly decrease your chances and they range in the upper 90 percent of as long as they are used correctly. Used properly, yes.

They each have a slight variation but they hover around 99%. That being said, there are two main categories of hormone types of birth controls and those are combos or progestin only.

I think it's important to note that progestin is a synthetic form of progesterone which progesterone is the hormone that your body naturally produces and that is kind of like your balancing calming hormone, go to sleep hormone.

So my analogy is that estrogen, although it's great and we love it and we need it, it's kind of like the wild middle sister and then progesterone is like the older sister that basically has to take care of the middle sister and the younger sister.

So it kind of keeps estrogen in check. So if estrogen is too high, it can make the uterine lining grow way too much and it can cause a whole bunch of other problems that we're not going to get into on this podcast.

But progesterone keeps that at bay. So that's our natural progesterone. Yes, but in birth controls it's a progestin which is a synthetic form and we're going to get into all the differences on what progestins and how they can affect your body.

A combo form, just to be clear, has an estrogen and a progestin in it. So let's kind of go into the different types.

Birth Control Types and Delivery Methods

So there's the combinations, which is the estrogen and progestin. There's a pill that you take every day. There's, there's different types of pills also.

So even the combo pills have different ones. There's phasic ones. So you have different levels of these estrogen and progestins during different parts of your cycle.

We're not going to go too deep into that, but just so you know, those are out there. There is the patch, the birth control patch, which is also estrogen and progestin, and that is changed weekly.

And then there is the ring that is about this big. I like to like go like this, about the size of a hairband. And that is a vaginal ring. So you place that in for three weeks out of the month, and then you take it out and you have a bleed and then you put another one in.

And that is also estrogen and progestin. There are also progestin only options. So there's like the mini pill. There is the shot, which is depo provera.

That lasts for about three months. The implant, which is Nexplanon, that lasts for about three years. And then there's hormonal IEDs like Mirena, Kyla, Kailena, Skyla, Loretta.

And those last anywhere from three to eight years, depending on which one you get. They also vary in size. They do vary in size. getting, so that's the difference.

Yeah, and so the Skyla only lasts for three years, but the Mirena lasts for eight years, and the Mirena has the highest level of that is. And the IUDs are IUD, so intrauterine device, so it's inserted into your uterus.

Yeah, and the Mirena is the biggest size, and the Skyla is the smallest. And a lot of times, I don't think they do it as much now, but a lot of times OB-GYNs would say that the Kylinna is more for women who have not had babies, the Kailena and the Skyla.

And then the Morena is for somebody, if you've already had a baby, it's easier to get in your cervix, but they don't really do that much anymore. I've had a lot of patients come to me that haven't had any children and are on the Morena.

So it's very tiny. It's a tiny little T that's like this big. So it's not huge in the first place, but yeah. But that is

sometimes how they're used for age and parity.

Let's get into the different types of progestins. So this is where things get a little geeky and interesting. First off, you have your first generations and these are the oldest forms of progestins.

They've been around the longest. They tend to be pretty gentle, but the most common side effect is spotting because they're not as strong. You have your second generation ones.

These ones are really powerful for pregnancy prevention, but they can have more androgenic effects, which meaning they can have a little bit more of a testosterone like effect than a natural progesterone would.

And that can cause things like acne, hair changes, and some more mood swings. So a lot of time it's hair thinning. Those things can come up with the second generation ones because of those testosterone-like effects.

However, they are really powerful pregnancy prevention progestins compared to the first generation ones. And then you get your third generation ones. And these ones have less androgenic effects, so less of those testosterone effects.

They tend to often be better for acne and hair, so less of those side effects. And if you already struggle with acne, it might be a better fit. possibly slightly higher clot risk.

Some studies have shown that those third generation ones do have more clot risk than other forms of progestin. That being said, whenever you're on a combo hormonal birth control, a clot risk is still there.

Especially if it's oral. Yeah, especially if it's oral. But In particularly, these third generations tend to have a slightly higher risk compared to those other ones who still have that risk, but the third generations are higher.

And I posit that it's because that type of progestin is not taking care of that little sister estrogen. Yeah. So I feel like it's still doing the same, maybe the same milligrams, right?

Same dose. But because of that particular form of progestin, it's not combating the bad stuff that estrogen can do. So it's not like keeping that little sister in control.

Yeah. It's not balancing the estrogenic effects in the body is our hypothesis. And then you have your fourth generation. So the newest kids on the block, So the most recently made and studied progestins.

These ones are shown to behave more like your natural progesterone. They can reduce bloating, acne, and PMS symptoms. And so these ones tend to be more of the favored ones currently.

We're going to kind of let you know our experience with each one, but I'm going to go through like the first generation one. So this is where it gets really geeky, but we're going to do some really crazy names.

So I might not pronounce them right. They're going to sound funny. So the first generations are the norethin adrone based combo pills. There is also a progestin only one.

We're going to talk about the progestin only ones a little bit later after we go through these. So the first ones I'm talking about are combos. These ones are found in pills like Lowestrin, Junel, Microgestin, and Orthomicroner.

That's the mini pill. Usually they're pretty well tolerated, but sometimes there is breakthrough bleeding, like we said, like with the first generation ones, but these are really good if you want the lowest dose and the most simple, but sometimes it's not strong enough to fully control like acne, PMS, and again, the breakthrough bleeding, it's not going to completely control your bleeding either.

Progestin Generations and Their Effects

Second generation, we've got Let's talk about those because we were both on combo pills. And I was on the OG pill because that was a long time ago. So the first birth control that I was ever put on was that first generation progestin only pill and I had all the side effects.

Like it did not work for me. The nausea, the vomiting, the bleeding. Yeah, just constant bleeding, nausea, vomiting, and I could not stay on it. So then their initial switch was to just put me on that same progestin but with a estrogen in it.

And that did take away the side effects and that actually worked for me for years. And then just to comment. that eventually it didn't, but I do still use these old forms commonly in clinic.

In practice, yeah. Just because they are often well tolerated. I mean, I tend to do more of the combos in the progestin only because clinically I see my patients not tolerating.

Clinically and personally. Yeah, clinically and personally. I see the pattern that I experience in my patients quite frequently. So I tend to use those first generation combos.

pretty regularly, especially if someone's younger and wanting the lower dose, the more gentle and they're just trying to get on birth control for like kind of the first time in their lives.

So I do still use them frequently and have had good and bad experiences with them. Yeah, I've used them. I don't use them as frequently probably as you do.

But I don't, I have used them for sure. Um, okay. And, and when I was on the combo pill, so I went on the combo pill when I was like 16 because I had PMDD.

And so that's what the doctors gave me. Um, and I was on it until I was probably, I think it was 21. I think it was about 21. And then I just, I, it was making me gain weight.

It was making me like lose my hair. It was making me, I was bleeding in between. I was just having a lot of problems. Like it just. stopped working for me, really.

It started making me nauseous all the time. It was almost like I was pregnant all the time, but I wasn't pregnant. So I went off of it. I think that is something to note that we have seen a lot too, is like when you've been on one for a really long time, sometimes it's no longer tolerated.

It starts out like, okay, this works, and then eventually your body changes and it doesn't work anymore. Well, and that can be for a lot of things too.

I mean, all medicines are kind of like that. Yeah, so Just because one starts working, it may not work forever. You still might need to change it. And that's, I've seen that happen a lot.

Yeah, me too. Okay, so let's go to second generation. So second generation is Levonagestral and Norgestrel, which is that's the type of progestin that's in combo pills, but it's also the one that's in IUDs.

So that's found in the Levora, the Seasonale, the Nordette, and then the IUDs, the Mirena, Kailena, Liletta, and Skyla. Now, I will say with This one I have found in the combo pills, but this type of progestin, it is not well tolerated.

I've only used it a couple of times because I've had so many people not like it and come to me and they haven't been able to do it again. They've just had a lot of really bad acne, really bad hair loss, the androgenic effects.

Yeah. And so it's not well tolerated in the combo pills. Now it is the same progestin that is in the IUDs. And in the IUDs, what we posit, or what our hypothesis is, is the reason why it doesn't bother people as much when it's in the IUD is because it is very localized.

Yes, some of it does go systemic, but most of it is just in the uterus, and it's a lower dose too. So I have seen it work great. I love IUDs. I love the Mirena, the Kyelena, the Skyla.

I don't know the Liletta that much. Yeah, I haven't used Liletta. I've used Skyla and Marina mostly. Yeah, I've used the Kailena a couple of times, but usually it's Skyla or Marina.

Yeah, it's usually they want the smallest one or just the longest lasting one. Yeah, exactly. But I have not seen a lot of negative effect from those.

I've seen a lot of good effect where they don't have or have a period. Hormonal. Hormonal effects. I mean, there's always risks with IUDs and there's like a whole other topic of since it is a intrauterine device.

But as far as the hormonal side effects of IUDs, I see the least with the Mirena and the Skyla of any form of birth control. So I think it's probably, clinically, I think it's the most well tolerated.

And personally for me too, because I had the Mirena after I had my first daughter and it was great. Yeah. Loved it. Same for me. So like after I had my first kid, I got the Mirena in and it was my favorite birth control I've ever been on.

Yeah. I didn't have any bloating. I didn't have any periods. I didn't have any sore breasts or anything. I was like, hormonally, I was great. Yeah. The other ones I'd been on, so like the pill, like obviously the mini pill was not for me.

Yeah, obviously. The pill, there were still some side effects, but it did fine. And then I'll talk about the other ones I was on when we get there. But I had the least side effects with Mirena, and I loved being on it.

I felt great. My daughter is on it. My 23-year-old, I think she's on her second one, and it's been really great for her. Yeah. So not to say an IUD is for everyone.

And that being said, I will be honest. When I got my first one inserted, they were not doing any pain management. So I think it's something to note that as of this year, 2025, they have finally come out and said, you should provide women with pain management strategies for the insertion of the IUD.

So if you are considering an IUD, but you are scared to do it because of the pain, because I won't lie, the insertion without pain management is Horrible.

I hate it. It sucks. I didn't think it was that bad, but everybody's cervix is different. It's the tenaculum. Yeah, the tenaculum. Tenaculum is like this claw-y thing that they grab your cervix with and then hold it so that they can stick the…

No, it's like taking two tacks, stabbing your cervix and holding it still while they shove something through the hole. That is what a tenaculum is. Getting the Mirena pushed through wasn't that bad, but the stabbing with the tenaculum hurt.

So that being said, some people tolerate it better than others, but now it is actually required to be an option. Yes, is to offer pain management. So if you are considering it, but you're afraid because of the horror story you've heard, they are now supposed to provide you with pain management for that assertion.

Okay, so third generation is the desogestral and then that one's the one that's in the nuva ring and the combo pill or a combo pill. This is the third generation.

So this is the one that feels a little bit lighter for most women. It can maybe slightly increase the clot risk, but it does help with if you have really bad acne already and you want to use birth control to help with acne, the clearer skin and the like thicker, more voluptuous hair.

that would be the generation that does that. But like we said, it does carry that risk of a little bit more of the clot risk. Yeah. So if you have any family history or personal history of clot risk, you probably don't want to do these ones at all.

And honestly, they're really shouldn't be recommended to you. Yeah. I mean, I do like the NuvaRing though. I do like the NuvaRing. So there's, I mean, I still wouldn't recommend it to someone with a clot history, but the NuvaRing personally, I really loved it for many years.

I was on it. I was probably on that one the longest out of all the birth controls that I've ever been on. And it worked great for me for a really long time.

I think it, so like I definitely had acne when I was younger. It got worse when I went off. the Nubirine, but I was also, I think, stress-induced. Well, and your body was trying to re-regulate.

Yeah. There's also a whole detoxing from birth control. If you'd been on it for a really long time, like I had been, that can affect things as well.

First- and Second-Generation Pills and IUDs

I think the Nubirine, since I am someone who's kind of more acne-prone, I definitely didn't really have any acne on NuvaRing. I did originally with the combo pill when I was younger, but I was also a teenager.

So take all those things into consideration. With the NuvaRing, I had less of those symptoms and I was really happy with it for a long time. I do have a funny story to share though.

Do it. So the NuvaRing, you insert it vaginally, right? So there's a couple of rules with NuvaRing. One is you're supposed to put it in, leave it in for three weeks.

That being said, If you are wanting to have any kind of sexual relations, you can leave it in. Or you can take it out. It's up to you based on your comfort and your partner's comfort.

But if you do take it out, you need to have it back in within three hours of sex. Yes. Otherwise, you have lost your efficacy, meaning it is not going to be as effective as it was if you were following those rules.

Yes. But you get three hours of not having it in without changing that efficacy. So if you take it out, be careful. If you leave it in, be careful. Yes, but if you leave it in also be careful because it can come out when you are not prepared and you want to make sure that you know where it is and that you get it back in before those three hours are up.

My preference was to take it out because to be honest it often does feel uncomfortable to me or my partner depending on the angle and how everyone's feeling like it changes.

But there has been times where I have left it in and it did sneak out on the lake. On her husband's lake. Yes, on my husband's lake. It stayed around him.

It stayed around him and came out. And so if it was darker, Might have lost it. Luckily, didn't lose it. So just as a funny story, be careful when it comes to those things.

Pay attention. Yeah. If you think you left it in, check and make sure it's still in after. Yep. That's hilarious. I know. I'm, your husband's going to be so mad when he watches this episode.

That's life. Yeah. Yeah. I mean, he knew we were going to tell stories. It's fine. Um, okay. So that also with the nuva ring, my youngest daughter actually has really bad PMDD and so premenstrual dysphoric disorder.

So her hormones just kind of go like this and she doesn't have very much of her own natural. So we put her on the NuvaRing. Well, she put her on the NuvaRing.

I'm not her doctor. She's her doctor. And it has been life-changing for her just because it levels out her hormones and gives her some kind of break from her PMDD because it can be really, really, really devastating when you hit those really bad lows.

But, you know, if you're doing it to get more of an effect for your moods or like the mood swings that are for PMS or even like really bad PMS, too. It's also a really good option, too.

Yeah. And I do like to say, like, maneuvering is kind of a good balance between someone who doesn't want to be on the pill because, you know, you have to remember…

Poor estrogen is just bad for you. Yeah, oral estrogen is just not the best way to get estrogen because of first-pass metabolism and how it gets processed through the liver.

So if you're taking oral, you have to be on a much higher dose than if you have it through a transdermal form, which is basically how the newborn ring works or the patch.

So, but also, that being said, so it can be considered a little bit better for those purposes. Also, like if you have more migraines. Yeah, hormonal migraines.

Yeah, hormonal migraines. Which she had those too. Yeah, so those transdermal form patch or maneuvering can be a better option because of that, because when it's processed through the liver, it's more likely to trigger that migraine pathway.

Because it goes into estrone instead of estradiol. But also just for like use. It's kind of that bridge between someone who's like, I don't know if I want to get a long-acting like IUD or implant type of birth control, but they don't want to do a pill because they don't want to have to remember a pill all the time or they don't want to have to take an oral form.

So it's a nice in-between option to use a ring and then you only have to remember it during certain circumstances and change it every three weeks. Well, and my daughter's 15. So she didn't, you know, there was no way she was going to go to a gynecologist and have an IUD placed or even Serena and have an IUD placed because it just, that's no.

That's not a great option for teenagers, but also teenagers, if they really do need it for contraceptive, remembering to take a pill, it can be harder.

So it's kind of one of those that makes it so you don't have to remember. So funny story. My oldest daughter, Morgan, who lives in New York is amazing.

She was on oral birth control when she first got onto birth control. I because she was older and I, you know, she had a long-term, actually she's marrying that long-term boyfriend.

They've been together eight and a half years. You guys, they've been together since they were 14. They're getting married in December. I'm so excited.

But she was on the oral birth control and I wanted, I can't wait to be a grandma, but I did not want to be a grandma then because she was, you know, younger.

She was a young teenager. So I actually set an alarm on my phone and it says Morgan take pill. And so that exactly at the same time of day, I would go make sure, Hey, did you take your pill?

Hey, did you take your pill? And she already had an alarm and she was very, she's a very responsible one. And, but the funny story is, is that I still literally have that alarm on my phone.

It's at 7 a.m. and now I use it more for like timing of getting my youngest one ready for, you know, school and all

the things, but it still says Morgan take pill.

And that was like eight years ago. But what I'm saying is you should really have an alarm to tell you to take that pill every day at the same time. Because it does matter taking it at the same time of day.

So OK, I digress. Let's go back. OK, so fourth generation. Are we on fourth generation? Yeah, fourth generation. OK, so fourth generation is Drospironone and Dianagest and Suggestorone.

Which is the best name. I know, Suggestorone, that's kind of a good name. I can say that one easier. I don't know why they have to make these names so hard.

So that's more like the Anavera ring, which is another different type of ring, another combo pill, and then another progestin only. So this one's more found in like Yaz, Yasmin, Baez, and Natazia, also the Anavera ring, which is the vaginal ring again.

Third- and Fourth-Generation Options

I do, I think they have an implant also, kind of like the Nexplanon, but I don't know much about that. But I've heard that Anavera has both a ring and an implant.

So I've had some experience with the Anavera ring, but not the implant. So I don't know a lot about that one. Yeah, the Anavera for some reason has higher rates of nausea.

And vomiting. Yeah. So even in the clinical trial… The ring. Yeah, the Anavera ring has higher rates of nausea. Yeah, I don't have a good explanation on for that one besides that that particular form of progestin seems to cause more women to have that side effect.

And I've seen that one in practice. So. Yep. Okay. So the reason though these ones are usually these ones are the new ones, they mimic natural progesterone more.

So women often report feeling more emotionally balanced, less bloated, and clearer skin. We just haven't seen that with the Anavera. I have seen it in the Yaz pills, because I have done Yaz and Yasmin pills.

I've never done Baez or Nut Tau, but I've done Yaz and Yasmin pills. And I definitely see good stuff with those. You have a lot of PMS. This might be the ones for you.

Yes, exactly. Or really bad acne. Drospirinone actually that type of progestin also acts like a mild diuretic so it does reduce the water retention that can happen with oral estrogen especially and bloating also a good thing too.

I think those are the only ones that I've really had much experience with in the fourth generation. Yeah, really the, of the fourth generation for me, it's been Yaz and Ana Vera.

So we already chatted about that. Yep. Okay. So then we have the progestin only options. I personally do not like progestin only options. They're good for, they work for some people very well.

and they do tend to be considered safer in certain populations. IUDs I like, but not, yeah. I just, I have not had good results clinically with them, and I know you haven't had good results personally.

Besides the IUD, so just to be clear. Besides the IUD, yeah. To be clear, IUDs are a progestin-only, so like the Mirena and the Skylo, that is a progestin-only.

However, the other forms of progestin-only breast controls, I regularly, more often than not, do not have good results with it. Yeah. I don't even, honestly, I don't know if I've prescribed them in a long time.

Yeah. Not to say I never do, but I would say definitely more than 60% of the time they don't work out. I'm kind of

shocked that some of these are still happening.

Statistically, our practice may not represent the entire population. that's been our personal experiences with family and ourselves as well as our clinic that they tend to have more of the side effects that are reported in those progestin-only forms besides the Mirena which we are the IUDs which we already talked about.

One thing I want to state too is that one thing that I never really I don't know if we really learned this in med school, but I definitely learned it in clinic and with my own daughter.

Progestin-only options, not the IUDs, but some of the ones that I'm going to go over, especially one of them that I'm going to go over, can cause severe depression.

So if you already have depressive issues, these are definitely not the choice for you. So let's go over the first option. Well, real quick, I also want to say that Some women don't qualify for combo forms because of clot risk and postpartum, increased BMI because of those things already increase your risk of clots, then these may be your only option.

Right. So just… But I want you to be aware. Yeah. So because of if you are in one of those categories and have higher risk plots, then these may be your only options.

That being said, You can try whatever one feels best for you because, like I said, they definitely work for some people, just in my experience, not a ton, besides those IUDs, but not everyone's ready for an IUD.

Yeah. I will say I have not had one patient or family member, because I've had a couple of family members on this one that I'm going to talk about, have a good experience.

Depaprovera shot is a progestin only shot. It's Madroxyprogesterone. It's one of Madroxyprogesterone acetate. It's one of the first gens. It is a very unique and strong ovulation suppression, but it causes severe weight gain, severe depression, severe nausea a lot of times.

My cousin had it and it just kind of destroyed her life while she had it. It can also impact bone density. Yeah, which is crazy. I've actually had a young patient who had no other risk factors, but had been on the depot for quite some time, and they were in osteopenia.

Had she had any of the other symptoms too from it, like the weight gain and the depression? Some weight gain, but otherwise, she was tolerating it pretty well, so that's why she stayed on it, but then she stayed on it for quite some time and it turned out to affect her bone density enough to where she hit osteopenia and then definitely had to get off of it.

Yeah. I also found that people don't like to go get a shot every three months. Some people don't like shots at all and to have to go get one every three months is kind of hard to remember and you really have to have the timing right.

Most of the time your doctor or the clinic that your doctor works at should send you like a reminder, but you never know. Yeah. Like I said, it clearly works for some people.

I have not seen a case where it did. I have not seen a case where it hasn't been a problem, I will say. And I don't ever, I've never actually, I don't think I have physically ever prescribed it.

Yeah, I've not prescribed it. I've had patients come to me on it. Yeah, I've had patients come to me on it and I promptly changed them. But that is our clinical and personal experience.

And I do have a really good story for the next one, and I will talk about it after you talk about some too. But the implant, the one that goes in your arm, the Nexlonon, that is also progestin only.

Progestin-Only Methods and Side Effects

That is third generation etanestral. Same one as the NuvaRing, yeah. It's the same one as the NuvaRing, but again, the NuvaRing is a combo. A combo, and it's more localized.

So being in your arm, it's getting into your blood system a lot more than just in the vaginal tissue. Now, the vaginal tissue is highly vascularized, so it has lots and lots of blood vessels in there.

So it does go systemic a little bit, just not as much as when it is in your arm, and it is just progestin only. That one is the third generation, but it's closely related to the desigestral, which you know, is a little bit better, but not as good as some.

Have you had experience with the Nexplanon? Yeah. So that one, I feel like it's kind of 50-50 for me. I never personally got the Nexplanon because when I was ready for a long acting device, I just went with the Merida because I was like, I don't want to go back to a progestin only after my first experience with it.

So it wasn't the choice for me, but I've had patients and friends And I really say it's like 50-50. Some people love it. They don't cycle on it. They do fantastic on it.

And then my other populace, it's like they bleed too much. And I'm like, OK, well, you're bleeding so much, we'd probably get this out. Yeah, one of our mutual friends, we've been trying to get her to get hers out forever.

She bleeds every two weeks. And it's like, what the heck is the point of having it? And it's like, you're always anemic. She's always anemic. She's got other issues.

She's always tired. And I honestly think it has a lot to do with it. So I've seen that pattern a lot with the next one either it works amazing and they love it or they bleed too much because it is that progestin only and that can be one of the more common side effects is the spotting and right more frequently and also the depression.

Yeah. And, you know, that friend that we're talking about definitely has struggles with depression. And I don't know, it could be worse from it. Who knows?

We do have another person that we have worked with that had it in. And after I told her my story of my daughter, which I'll tell you in a second, she got it taken out and noticed a huge difference in her depression.

And so like that's not something I don't remember being taught about that as being that we should have had a warning about. I don't remember. I mean, you know, you don't remember everything from med school, but when I went with my daughter, when she got hers put in and it was not explained to us at all that this could be an issue because she had struggled with a little bit of depression beforehand.

She had PMDD. We just found out she has PCOS and she had that in, I think. Gosh, my daughter, she had it in for, not the youngest one, my oldest one, she had it in for I think like six months, maybe, maybe a year at most.

And her depression just was horrible. It was absolutely horrible. And then I think, I think that was when I was in med school and I was doing more research and I was like, what the heck is going on?

And found out that there has been shown to be a link between that particular implant and aggravated depression. You know, everybody has certain forms of depression or, you know, highs and lows, but this made it really, really, really bad.

As soon as she got it out, she was doing much better. She went and she got the Mirena as soon as she took that out and has been really good ever since.

Yeah, so going back to what we said earlier, since it is the same progestin as the NuvaRing and it's that third generation which does have potentially the higher clot risk than the other ones and what we were talking about

before with we have a theory where that particular type of progestin isn't, you know, making the estrogen behave as much.

Yeah. So that's kind of where our theories come from, why we see it not work for some people, those people who likely tend towards an estrogen dominant picture anyways.

And then she did. Yeah, she does. And so, and then when you get a progestin, which then suppresses your natural progesterone even further, and then it's the progestin that we're assuming based off experience is what we think doesn't have that same balancing act.

It's like the older sister went off to college and now nobody's taking care of the middle sister. That less effective balance between the progestin and your estrogens is probably where we think that comes from.

That's why I think some people love it because they don't have that estrogen dominant picture and it works great for them. Unfortunately, that was not my daughter's case.

And she did tell me I could talk about it today. Okay. Last is the mini pills. Yes. So the mini pills, often it's norethedron or drospirinone. And they're found in the newer formulations.

like Slend is the new one. I actually have a patient that came to me on that one. So the mini pills can be either first generation or fourth generation.

I haven't had great luck with it. The patient that just came to me on Slend, which is the fourth generation progestin, she's having a lot of the same side effects.

Her depression has gotten worse. Her anxiety has actually gotten a lot worse too. She's having breakthrough bleeding. And then she was having a lot of migraines.

Yeah. So I took her off of that and actually, um, she's on nothing right now, just, you know, being careful right now, but, and we're going to try to figure out what is going to be best for her body once she kind of gets her own hormones regulated again.

Um, but yeah, she was having a lot of problems. Yeah. That being said, when I told my story about being on a progestin only pill, it was a first generation one.

So I feel like with the side effects that we already talked about that are common in the first generation, my experience makes a lot of sense. The fourth generation one, you know, We just don't have a lot of experience with it.

Maybe we'll see more benefits with that one as it goes because it does seem like the fourth generation. It's a little bit better because it acts more of a progesterone.

But again, it's just, you know, it depends on the person and it depends on what their estrogen is doing. It depends on what everything else in their body is doing and how they tolerate it.

Everybody's different. Well, that kind of wraps us up actually because really, Not everyone's going to do great on the same one. That's why there's so many different options out there, so many different forms out there.

Hold on. We didn't talk about non-hormonal. Oh, okay. So there are non-hormonal options. Obviously, there's condoms, which are great unless they break or you don't put them on.

You need to put them on at the beginning. You cannot just put them on right before he is finished. You need to put them on at the beginning. Just because.

Because there is semen in the seminal fluid. Yes. Guys, guys. People don't always know this. Yes. But pre-cum

can have sperm in it. Yes. And so that is why pull-out method or putting a condom on later is not effective.

Yes. Not a good way to go. Yeah. For sure. Because you can get a little bit of semen out at any point during your endeavors. Yes. Um, okay. So there's that there's, there's our opinion on that.

There's also the copper IUD Paragard that does not have any hormones. That is good for women who don't want something with hormones or they're not a good fit for hormone, um, birth control, but it is not a good fit.

If you have really heavy periods already or really bad cramping, really any of that kind of stuff, because it will cause it to get worse. And I have seen that.

Or if you have Wilson's disease, which I feel like people forget about, Wilson's disease is a disease where you can't process copper correctly and you can't detox it from your body correctly.

So you can't have a copper IUD on your body if you can't detox the copper. But that one, I have seen that. I've seen people on that one that they love it.

You will still have a period. It's not going to get rid of your period. Yeah, it's non-hormonal. It's not going to affect your hormones at all. It just works by basically disrupting the uterine lining so…

It can't implant. Yeah, so eggs don't implant, and that's how it works.

Non-Hormonal Options and Fertility Awareness

But it is also an IED, so it's still a device that you gotta get inserted. Yep. And it can make things heavier and more painful, so if you already have that one for you…

If you already have really bad periods, you don't… That's not really the one for you. Probably wouldn't be the one I'd try first unless I couldn't do hormones.

Yeah. Yeah. OK. And then there's also family planning. You want to talk about this one? Because you've done it. I've not ever. Yeah. So family planning, really, that is tracking your cycle.

So to be honest, I'm not the best candidate for it because I don't have the history of regular cycles. I think that's a good thing to talk about, though, because there are a lot of people who are trying to use that who don't have regular cycles.

Yes. So the thing about family planning is it works a lot better if you have regular cycles. because then your ovulation gets more predictable. So let's just say if you have a typical cycle, that's about 28 days.

So day one is the first day you start bleeding. Around day 14 is when you're going to ovulate. And then about a week after that is when you should start bleeding.

So it's a week after the luteal phase. Two weeks after. So when it comes to counting that first you have to know when your bleed has happened to start counting.

Typically with family planning methods you have to take your temperature every day and you need to take it before you get out of bed and get moving and around the same time every day because if you like oh I'm going to sleep in on the weekends that can affect your data and make it less accurate less accurate and change those things over time but basically the reason why you track your temperature is because your temperature goes up right around the time that you ovulate so you get a little bit warmer and your temperature spikes around the ovulate and you don't necessarily feel warmer yeah you need so that's why you need to actually you need a basal body thermometer because like everyone says like 98.6 is your temperature but you need like 98.62 And then to monitor that next point on how much it changes.

It takes a lot more work and a lot more effort. And if you don't have regular cycles, it can be very hard to track. Also, if you don't have cervical mucus.

So cervical mucus often happens when you are ovulating. So the cervical mucus, it's kind of like egg white texture. It's thin. That's that thin stuff that allows the sperm to actually get, or helps, not allows, but helps the sperm to get up.

And usually women get a lot more of it right around the time they're ovulating. because their body's trying to prime everything to get pregnant. So if you can't track that and you're not good about taking your temperature every day around the same time and have a regular sleep schedule, family planning is not for you probably.

It might not be the best method. I will say for me personally when I was using it, I was using it when I was okay if I got pregnant. So I was just trying to get to know my cycle and if I did happen to get pregnant, I wasn't like, oh no, Yeah.

So that's why I felt okay with using it with irregular cycles. I wasn't using it to try and get pregnant per se, but I wasn't worried if it happened. There's also an app now.

Yes. So there's an app that comes with a Bluetooth thermometer. So natural cycles, that's what I was using at the time. I did find it to be pretty accurate for how things going because when I did get pregnant, on accident, not on accident, because I wasn't not…

You weren't blocking it. Yeah. It wasn't like you were trying though. So it was kind of on accident, but not… I could pinpoint like when I ovulated and when that happened.

So I do feel like it was pretty accurate even with the irregular cycles. However, it's probably not my recommended one if you're not okay with potentially getting pregnant if you have those things going on.

Anyways. Nothing is 100% though. Yes. I mean, when I was on oral birth control and I took it every single day, I got pregnant with my youngest one, who is now 15. Even if you take it exactly right, I'm that 0.3%. Isn't it 99.7% or something like that effective?

The one I was on, it was 99.7% effective and I was that 0.3% that got pregnant while I used it exactly correctly. I never took it at a different time of day.

I took it every single day. You were just meant to have her. I think she's just stubborn and is like, nope, I'm coming through anyways. She was just meant to be here.

Yeah. Anyways, also, you know, we should mention there are permanent solutions. Those are vasectomies and tubal ligations. And if you are sure that you don't want kids, then those can be options as well.

However, both of those are reversible. It's much easier to reverse a vasectomy though. Most people will tell you a tubal is not reversible. However, sometimes it can be.

Also, sometimes they can grow back. But that being said, if you get a mastectomy, make sure you wait a month before you bank on that being your form of birth in three months.

If they test you for three months, well, yeah, there's been too many babies in mastectomies. We have one. My husband is a vasectomy baby. Oh, that's funny.

Okay, so here's my last little thought about vasectomies. So here's the thing. Without men, inserting their stuff into us, we would not get pregnant. So it should not be our responsibility to have to be on all these birth controls and have to go through all of this if we choose one that doesn't sit right with us.

It literally should be their problem. Or not our sole responsibility. It should not be our sole responsibility. It takes two

to tango. It does. And just because we are the ones who end up pregnant, We're not the ones who do it to ourselves.

They still have the responsibility of the child if that comes to fruition. It needs to be their responsibility too. It's something for men and women to think about that that is an option and women don't have to feel like it's all of their responsibility when it comes to birth control because they do come with lots of side effects.

Not everyone's a candidate for it and You gotta pick what's best for you and your partner and what your family goals are. The vasectomy is a very minor procedure.

Compared to a tubal, yes. Compared to a tubal is a very minor procedure. So, yeah. All right. Well, like I said, sums it up, most important things are you got to pick the one that's right for you.

The one that you originally start with that might feel right at first might not be the one that's right later because our bodies change, our hormones change, and you might be trying lots of different birth controls in your life.

depending on what your family goals are. But that hopefully gives you a little bit more insight. A lot of what we said is our personal opinions and our personal experiences.

So take that for what you will, but we hope it helps you in some way. Thank you and we will see you next week for another podcast on hormone heroines.

Bye. Thanks for watching Hormone Heroines. If this episode spoke to you, follow the show and share it with someone who also needs to hear it. And write a review.

That helps more people find their way back to balance. See you next week.