Introduction to Birth Control and Fertility

Thank you so much, Dr. Briden, for being with us today. I'm really excited to dove into our topic around birth control and how that might affect future fertility.

So let's get into it. Let's start with like the basics because I think a lot of times we need that. So what exactly is birth control and the the medications that we're putting into our bodies?

Like what? What is it and what is it doing to us? Yeah, it's interesting because a lot of us use the term birth control synonymously with hormonal birth control.

Of course, there are non-hormonal methods which we won't probably talk about today, but I mean, obviously we're speaking specifically about contraceptive drugs and how they might affect how they affect the body.

And, you know, how what lasting effects they may or may not have. And even within the category of hormonal birth control or contraceptive drugs, as you know, there's lots of different types.

And I think most people the first one they think about is the oral combined pill, which is a combination of estrogen and progestin, which is delivered either as a pill or as NuvaRing or a patch.

And that method works by essentially suppressing ovarian function, completely switching off the communication between the brain and the ovaries, and it switches off the menstrual cycle and it then weirdly induces a withdrawal bleed that is kind of dosed somewhat arbitrarily dose to be monthly.

Types of Hormonal Contraceptives

But of course there's no medical reason to bleed monthly on that type of hormonal birth control. It's really that's one of the weirdest things in medicine, actually.

It's just it's a it's mimicking a natural cycle. But there was never any reason to do that. And so yes. And then obviously the other types of hormonal birth control would be some of the progestin only methods, and they're all different in terms of their effect on the body.

I think the other thing to consider is the woman who's taking them. I mean, is it as we can discuss, there's a big difference between, you know, an adult woman taking contraceptive drugs for a few years versus a girl who's been put on them from the age of like 11 or something.

You know, this is sort of the more modern way of using them. Yeah. Yeah. So while you just like it blew my mind and all of that, let's kind of break it down into little chunks.

So let's start with what if we're talking about hormonal or oral hormonal contraceptives? Yeah, there's a lot of different groupings of them. So can you give us an overview of like the different types and what that means in terms of what it's doing in the body?

Yeah, the different types of the oral combined. I mean that's really just based on what the dose somewhat and then which type of progestin. But for our purposes, I mean they're all the same in that they all completely switch off ovulation and there's really no variation between them in that basic fact.

I mean, the dose of estrogen and the type of progestin can produce different side effects and there's some nuance to that. But fundamentally, they switch off female physiology.

Does it like literally doesn't matter which type of birth control they're all at the. Which well, which type of combined method. So those are the estrogen methods that have synthetic estrogen and progestin.

I'll just give a nod to or just acknowledge one of the ones that's a little bit different is the hormonal IUD, which is one of the progestin only methods as you're as viewers may know, you can if you're going to take a progestin only method, they sometimes call it progesterone only, but there's no progesterone in any type of hormonal birth control.

As we can discuss, you can take this progestin only pills. They generally do suppress ovulation, although they don't set out to the same way the combined pill does.

And then there's all the progestin only like implants and injections. They also generally suppress ovulation, the hormonal IUD is different in that the dose of the progestin of the live adjustable, that's of the medication that's in the hormonal IUD, it is lower dose compared to a pill or an implant.

And so it doesn't always suppress ovulation. So that is the one method where women can cycle or have essentially natural what are called ovulatory cycles, even though even though they may not have much bleeding, which is a little bit interesting, this may be helpful.

How Birth Control Suppresses Ovulation

One of the ways I compare and contrast just to kind of demonstrate what's going on. So on the combined pill women bleeds as in withdrawal bliss but don't cycle as in don't have a bad cycle whereas conversely on the hormonal IUD, it's possible to cycle as an x and make all the natural hormones but not bleed.

Which is a little weird actually. But yeah. So that's that kind of gives us a sense of maybe the two most of the on the two extremes methods of oral of hormonal birth control that suppress ovulation versus those that don't.

And one thing I just want to bring into the conversation at this point, because it's very important for our topic of how does hormonal birth control affect future fertility?

Population doesn't just happen, right? Like they don't just boom, you know, at 12 years old, just start ovulating like that regularly like it. It's something we have to learn to do.

So that communication between the brain and the ovaries has to go through a maturation process. And that's pretty normal, right? If you think about like it's a complicated orchestration of hormones and that has to be calibrated and practiced.

Essentially, the brain has to practice talking to the ovaries and the ovaries have to like do what they're going to do. And the brain has to learn what you know, what the ovaries are saying and that what the research suggests and I do quote this statistic in the figure in my book period per manual, it can take up to 12 years to mature the menstrual cycle or to mature ovulation.

So what that means, for example, if someone gets a period at 13, kind of used to be used to be kind of an average age of early periods or get first getting a period. It's I said it earlier now, but let's say you get your first period at 13.

Then even if you were, everything is going well and you're having natural cycles and you're never put on hormonal birth control and you're just healthy in every way.

It could feasibly take up to up until your 25 years old to have what I would describe as a fully robust ovulation and a good amount of progesterone, which is the hormone we make after ovulation and a healthy luteal phase, which is that phase after ovulation.

And so logically, if you shut that all down at 14 years old, for example, and then stay on the pill and stay in a suppressed hormonal state, essentially almost like a chemical metabolic state for a decade and a half, and then come off the pill at 35 and want to try to start ovulating.

It makes sense physiologically that you're not necessarily just going to count straight to regular ovulation. I mean, your body never had the chance to mature.

Would do that. Yeah. Yeah. So it sounds like you're saying it might be a difference in what age we started to control in terms of like how well our system developed to be able to communicate with each other.

Yeah. Ovaries. So with my point, yeah. With my patients, if they come to me and they're like, I've come off, I'm 32 and I've come off the pill and I'm not having cycles and I'll be like, the doctor says, I'm not. I'll be waiting and obviously there's lots of troubleshooting to do at that point and try to figure out why.

And there could be lots of reasons that have nothing to do with the pill but one of the first questions I'll ask my patients, just trying to make a plan is how many years of natural cycling did you have before you got on the pill?

It's like, I think about how many years of ovulation did you get under your belt before the system was shut down? And I just had a very helpful like if basically I know if someone had even three or four years of natural cycling, I'm a lot more optimistic about how probably easy it's going to be to store ovulation.

And then it also sounds like there is a little bit of a differentiation between the oral contraceptives versus the IUDs that maybe keep the body ovulating.

So would that be true if they ovulated even if they weren't completely bleeding? It's it's still better than nothing. Yeah. And the thing one thing to understand, actually, young women for young women, it's harder to ovulate just because they're this concept.

Cycle Maturation and Age at Starting the Pill

I don't know if this has come up before the summit called Gynecological Age. It's you know, how many years of cycling or ovulation have you had from, you know, if you count the onset of your period as beginning?

So women with a young gynecological age who, you know, haven't had it so sorry. So, for example, if you put a 15 year old on the hormonal IUD, she may not be able to ovulate with it, whereas an older woman might be because her cycles are more robust and more her hormones are stronger.

Basically to push through that for a young for a girl, it might that low dose of the progestin in the IUD might be enough to suppress ovulation. It does vary quite a bit.

But so in that case. But an answer to your question. Yes. I mean, potentially, even if someone had used the hormonal idea since they were a teenager, if there was some evidence that they were having cycles and ovulating, then like, yeah, I would be more optimistic that yeah, they should be able to keep doing so.

I kind of feel like ovulation and ovulatory cycles are kind of like a one analogy I use with my patients. It's like pushing a big rock to get it moving, like it can take quite a bit to get it going.

But once ovulation is going, it kind of keeps going. You know, it's it's more robust that way. Yeah. Yeah, really interesting. So, yeah, a question that might be happening right now is what if ovulation is still happening with the IUD?

Then how does it actually prevent pregnancy? Right. Well, it's a basic question. It's an important one. It's as you probably know it changes cervical fluid and so it eliminates the fertile mucus, essentially.

And without that, it really pretty hard to conceive. It also thins the uterine lining. So the most probably the two main mechanisms by which you. Shouldn't really hard.

Right so well for one thing the sperm is not going to get in there to start with because there isn't the fertile mucus to bring it in. It's going to change the chemical environment of the uterus.

And the lining itself will not be suitable for implantation. And that does bring up another I'll just I just got to be clear, like I guess the two, if I'm thinking it for asking the question, how does hormonal birth control impact future fertility?

Well, one pretty big question is how does having chemically suppressed relation, how does that then translate into how easy it is to start ovulating again after?

So that's one part. And then but the second thing is there does seem to be a little bit of suggestion. There's not a lot of research like so many things in women's health, but that exposure, long term exposure to progestins may in some women may thin the uterine lining or affect the uterine lining in a way that persists.

And I'm not yet sure of how that all plays out, but certainly a lot of women can. Just to be clear, I mean, lots of women can have the hormone IUD and remove it and then, you know, everything's fine and their uterine lining fine and they can conceive so it's not that straightforward, but it does seem to be a subset of women for whom something's going on with the uterine lining that big, possibly because of exposure, long term exposure to progestins really are contraceptive drugs.

So yeah, it's kind of two parts to the story, but I'm kind of in a way more interested in that. First part is like, what does it take to get ovulation going again?

Yeah, that just gets and the variables are, you know, what type of drugs they were and the woman herself, you know, her age when she started it and all the other factors because yeah.

For women who have trouble ovulating after stopping the pill, just keep in mind it could still be due to something else. Like it could be under eating, it could be PCOS because the whole situation was masked by being on the pill and having an induced bleed.

So patients will say to me, when I stop the pill, I stop getting periods. It's like, no, you haven't had a period since before you took the pill. So right.

Because tablets are not periods and a lot of times when women find this out, it's a big deal like that that's been, you know, potentially a big misunderstanding that they were led to believe that these were actual periods, that their cycle was regulated by the pill.

None of that was true. Their cycle, in terms of their actual hormones was shut down by the pill. And then they had this chemically induced bleed, which meant nothing essentially.

I mean, it prevented the uterine lining from building up, but that's about it. Like it didn't reflect anything going on hormonally. So the first experience when women stop the pill, they start getting periods.

It's like, well, what actually happened is they didn't get their periods back, they didn't start cycling, which is why my question of, you know, I mentioned a few minutes ago, the first question is, well, were you ever able to cycle because I've had patients who maybe you're the same like they I've had patients who late thirties maybe have never had an ability cycle like I think patients are maybe we're on the pill put on the pill quite young came off didn't you know didn't get their period so they used fertility treatment potentially to have children, which is great but then they're even after that.

And then I'm sitting there scratching my head thinking, wow, I think you've never, you know, after the pregnancies didn't get their period back, it's like, okay, you've never actually had a cycle.

Yeah. Your body just has no framework to have communication of hormones happening. Yeah. Have a regular normal cycle. Yeah. So let's let I'm curious about this because I think it's, it's a hard I know we say it often, but it's hard to understand for an average woman who is in the framework of, oh, you're on progesterone, you're fine, you're going to have a bleed.

You know, like the way that it's being framed is so different from what's happening. Yeah, it's it's hard to make that

leap, right? It's hard to get to the point of, Oh, I get it.

The pill bleed is not a real bleed because our body is still bleeding, right? Yeah. Well, let's. See. I've been suffering for this with this forever.

IUDs, Ovulation, and Fertility After Stopping

Well, let's yeah, let's start with the fact that contraceptive drugs are not hormones. I said they're not. I mean, they're hormone like, but they're not our hormones.

So our two main hormones are estradiol and progesterone. And those hormones, to be clear, I mean, they're obviously very important for fertility, which is the topic of this summit.

But to be clear, those hormones are very important for other things, too, like they affect general health, they affect bone health, they affect brain, they affect cardiovascular health, they affect metabolic rate.

They affect mood like they're huge. They're important for us in the way that testosterone is important for men. Right. Like there's a lot going on with those hormones.

And to be clear, it's really kind of crazy when you think about it. The synthetic versions of those hormones that are used in hormonal birth control are different.

They have very different effects in the brain, particularly progesterone versus progestin in the brain is like night and day. They are so different from each other, which is why, for example, some of the research is suggesting that women who take hormonal birth control have a different brain structure measurably.

Brain different brain shape compared to women who cycle naturally because they're not women on the pill or don't make any progesterone. And progesterone is actually both estrogen and progesterone. But progesterone in particular is quite important for brain health.

Well, they're both important, but I'm more interested in progesterone because it's so different from the progestin that are used in hormonal birth control.

So the idea has been sort of the plan has been we'll just will use the combined methods of hormonal birth control to completely switch off ovarian function and so completely turn off the tap of estradiol and progesterone.

Our two main hormones. And then we'll give back these synthetic versions of those hormones and we'll just hope for the best. Basically, we'll just hope those are going to be good enough for everything that women need in terms of their general health.

And the science is now showing that is was wishful thinking. That is not the case. Women do not do as well on processed tons versus their own progesterone.

Yeah. So that's so another to understand. Yeah. So if we like, if we break this down even further, then what is the like mean things that you could point to like how is progestin different from progesterone and how it's impacting our body?

Yeah, well, we could do a whole interview just on this, the many differences, but I guess I'll give some examples. And just to be clear, there's lots of different progestins.

So depending on which one, they can have very different effects. So for example, some progestins are quite testosterone. Like they're derived from testosterone.

They cause testosterone symptoms like hair loss and skin breakouts and weight gain, whereas some progestin like Drospirenone and yes, they're very anti testosterone, so they have a whole other set of effects.

But progesterone alone, it's so real progesterone that we either make or we take in the form of premature summer. You get adjusted. And those are a couple of brands of body identical progesterone that is available not for contraception, but for treating period problems.

Real progesterone is interesting in the brain, for example, in that it's converts to what's called a neuro steroid, which is like a hormonal neurotransmitter.

Essentially, it converts to something what's called alo pregnant, alone, and it's Ella pregnant is very nourishing to the brain. It's somewhat tranquilizing, as most women feel.

It's like the Valium hormone. Most of us feel really great on it, although some women can feel not so great on it. And no progestin converts to Ella, pregnant, alone.

So right there there's a huge difference. That's one of the examples. Another example is that the testosterone, like Progestins, typically cause hair loss, especially in sensitive women, whereas progesterone promotes healthy hair growth.

As everyone knows during pregnancy, it's progesterone that, yeah, you can think thickening hair. So that's another example. Another example would be that most all progestins actually are associated with a slight increase in risk of breast cancer, whereas Claudia didn't kill her real progesterone.

Yeah, some debate around it, but it seems to have no increased risk of breast cancer. It may, according to some experts, may even have sort of a risk reduction effect like a big protective or helpful for breast tissue.

So that's a list of some of the examples. Obviously, as a better example, doing fertility treatment, real progesterone is used progestins are not used generally to try to hold a pregnancy because that's progesterone.

So yeah. Yeah. So let's there's so many I have so many questions, but if someone, let's say someone is aware and she's like, I'm 25, I don't want to get pregnant yet, but I want to like plan to get pregnant by 30, 35.

But she's not been on project like contraception yet. So in this phase, would it would it still be harmful? I guess so. Let's say she's had ten years of normal cycling without any contraception.

She's now with a partner. She's like, we want to hold off for a few years. I'm just working through like a scenario. Well, that would be a scenario where likely she could then take constant of drugs for, you know, five or ten years and then go back to full fertility.

Fertility doesn't bounce back immediately.

Progesterone vs. Progestin

There has been a little bit of research on this, usually a delay in terms of, you know, reestablishing ovulation at between several months up to, I think the longest one, you know, a year, 18 months for some of them.

But yeah, that would be the best case scenario of a a adult woman with who has developed or matured her menstrual cycle. Everything's healthy. Yes. That's the scenario of, you know, then you can shut it down with contraceptive drugs for a few years and it'll probably bounce back.

That was the early research because when the pill was first invented, it was obviously used in women. It was only used for married women. So it's used in women who are already adults who had established M. S., might have had babies already.

And then in those early trials, they were able to establish it's reversible, right? Like you come off the pill and you can start ovulating again. So but I guess the point I raised was at the beginning, we can't therefore take that experience for those women and apply that to someone who started the pill at like 11, which is happening now and

used it continuously for 15 or 20 years.

That then tries to come off and start populating. I think that's going to be a very different scenario. Yeah. So there's no one size fits all. I wish there were like, you know know we can't say it's not possible to say that hormonal birth control has no impact on future fertility.

That's totally fine. And conversely, it's not possible to say that it's always a problem because in lots of cases it's not, and most cases like it is fine.

So it's really about what I've talked about, like trying to just summarize, you know, trying to always frame it by ovulation is like how many ovulation have you managed to have in your lifetime if you know, like you know and then the other part of it.

Yes, sorry. The other part of it would be just being aware of other reasons that periods that ovulation doesn't happen and not always just assuming it's post pill.

So that's that's a bit of a trap too is thinking well like in a scenario might be someone who doesn't get it doesn't start ovulating after coming off hormonal birth control but the actual underlying reason is underwriting and has been like that for many years and the pill does mask that.

So then that then is an opportunity. It's just like then it's like an unmasking of and revealing what has kind of been there all along. So yeah, different ways to think about it.

Do you have any other. Yeah. Let's suppose let's take this all the way through. So at that point, if she, this woman were to start eating and getting the right amount of her body and all of that.

Yeah. We would potentially like help restore or restart you. Yeah. Many, yeah, many times with my patients. The even if being on the pill for a decade and a half is part of what's suppressed there there in function, there's usually if there's other things like under editing or PCOS or something else or thyroid or whatever it is, then the best clinical strategy is still to address those things, like to promote ovulation in any way possible, to remove any obstacles to ovulation that might also exist and just give the body a bit of time, give the body a bit of slack.

Basically, I think this is what take away, I guess for post pill fertility is is just not panicking like to think okay the body wow so I think okay I realistically haven't ovulated for the last 20 years of being on the pill or whatever so maybe my body just needs a bit of time and I know that.

I know time is not always possible if you know, women are already in their late thirties and feeling very eager. But with some of my patients, I'm at least I at least just give you just give yourself, you know, a few months or six months to see if you can ovulate based on, you know, hopefully having corrected any underlying problem like under eating is a common ones.

We have to keep mentioning that. Yeah, it's very common reason for not ovulating. And I just want to make a connection for people because we're yeah. We're talking like I get it.

But ovulation is the key trigger of making progesterone in the body. Right? Yeah. Without ovulation, there's no progesterone. Yeah. Yeah, yeah. So and then.

Yeah, go ahead. Yeah, no, go ahead. Your progesterone then helps to helps the whole system actually. Just sort of interesting. So you can only make progesterone by ovulating, but then progesterone itself kind of feeds back to the brain and helps to mature the whole system really particularly around PCOS.

So he still there's lots of things, lots going on with polycystic ovary syndrome with uterus, lots of but one of the treatments I use and I was I helped write a research paper about this is the beneficial role of progesterone real progesterone which in the states would be pretty trim or compared to progesterone that can when take can cyclically are kind of mimicking or luteal phase or ovulatory cycle that can feed back to the brain, help to mature the

system and actually promote future ovulation which is obviously very different from regulating the cycle with the pill, which I just to say again produces this bleed but like suppresses the ovaries.

So, you know, you're not sort of correcting the underlying problem in the same way. Yeah. So I have a medical curiosity, which is, yeah, we like the girl listening, don't care as much.

But I'm just curious like, why don't we just use bioidentical progesterone? Because theoretically, we would still prevent pregnancy, right? If our body thinks it has grown in high enough quantities.

Yet after ovulation, there's going to be no implantation. So why not just do that? Yeah, it's a good question. Well, the history, just briefly, I mean, when this was all first being researched and discovered for the purposes of contraception, progesterone could not be taken orally.

So that's one of the reasons they went to Progestins is to get around that problem. Since then, in the recent decades, I'm not sure exactly what point it happened, but they they invented micro nais progesterone.

So it's essentially emulsified progesterone which makes it you can absorb it.

Returning to Ovulation After Birth Control

So in theory, yes, I think the current is around 200 milligrams of progesterone with daily would probably suppress ovulation where no one, you know, no one's using it that way for contraception cause it just hasn't been clinically trialed that way.

But technically, yes, it could have always been progesterone if they maybe had the microRNAs technology a little earlier. Currently, a lot of doctors do use.

I'm sure you do. I'm sure you know, many doctors who do use progesterone rather than progestins for treatment of heavy periods or in some cases premenstrual mode or I just talked about PCOS, so there's a growing role for it and which is very exciting.

Actually, I was just at a I got a chance to talk to a few gynecologists recently throughout the world and yeah, a lot of them are on board and saying, Yeah, we should be using real progesterone more than we have been.

And the reason we're not is kind of more just this inertia. It's like, well, we've always used progestins. And then the other argument has been that progesterone real progesterone is more expensive, depending depending on the country than progestin. So and I guess the third the third thing would be I mentioned it earlier that some women do get a quite negative mood reaction to real progesterone, but identical progesterone, I estimate it's about one in 20 women.

But those poor women, when they take the progesterone and then they just feel terrible and then they think about they'll say things like, what is what are people talking about?

Like, Why would you ever take this? But for most women, it feels quite good. If anyone out there listening or wondering about trying progesterone for something, for fertility enhancement or treatment of period problems, just do know that it's very important.

You take it at bedtime because it's quite tranquilizing or sleep inducing for most people. Yeah. Yeah, yeah. Are there any other side effects that we should consider for birth control that correlate to fertility?

I know we've talked a lot about the ablation suppression. Yeah. The other lining, I mean, it's a good question and I guess it's going to be more nuanced, indirect things.

I mean, certainly contraceptive drugs affects the microbiome, for example, the gut microbiome, the vegetal microbiome, you know, so there's those, you know, in theory, you could have sort of longer lasting effects.

I don't know. Do you have any others to add to the considerations yet? So depletion for the nutrient and that's going to relate to the gut disturbance.

Yeah. And fortunately, nutrient depletion can be restored. So I mean, for example, the pill depletes zinc would be one of the ones that I'm most concerned about.

And you can usually get your zinc status back just with a supplement. So a lot of it can be repaired. I guess I do want to end on a note of hope. Like I've worked with thousands of patients and some of them are pretty distressed about not getting their period back when I stopped the pill and most of them go on to get their period into ovulate.

So even though I've talked about this, you know, 12 years to mature the menstrual cycle, if someone watching this never got an opportunity to do that and I can't go back in time and have spent 12 years maturing their menstrual cycle, I would just say it's probably going to be okay.

Like the body's pretty resilient. The body does want to ovulate if it's given, have a chance so you don't have to have the all the 12 years to mature the next cycle.

You can usually still get something happening in terms of ovulation. But again, it comes back to just realistic expectations, right? Like back to cutting your body a bit of slack and just realizing, I guess one of the ways I phrase it is if if you come off the pill after 15 or 20 years and you don't start obviously eating right away, just understand, it's not that you're broken.

It's not that the problem is you. The problem is the medication you were given for all those years. And your body is just doing a very normal thing of trying to pick up where it left off and trying to figure out how to ovulate.

And most of the time it will get there. And I mean, the other factor I have to finish by saying, like, in terms of achieving a baby, ovulation uterine lining, a couple of things we talked about today, those are only part of the picture, right?

Like there's a whole immune side of things. Actually, that's another place where the pill could potentially play a role because the pill can disrupt immune function.

So there could be immune disturbance that's affecting implantation. And other aspects of fertility is like the whole male side of fertility, which is actually one of the reasons why for me personally as a clinician like I've, I've leaned more to just helping women with their periods rather than helping with fertility, specifically because so much of fertility is male.

And I don't know, you're the same as a doctor, but like I, through the years I would have had these poor female patients are coming to me. They've literally tried everything. They've done everything with their diet.

They're like, What else can I tinker with? What else can I do with? Unlike the problem is your partner. Like there's literally nothing else you can do.

Like you were eating everything. You're ovulating, you're perfect. Your the sperm is not a it's not good. And that could be true even if the guy's been told it's all fine.

As you know, there can be a lot of subtle things done for sperm and semen. And yeah. Definitely gets it. Like 49% of fertility issues are. Yeah, yeah.

It's not the full picture, it's part of the picture. So yeah, I, I'm super passionate about the male side as well. And we want for people that are in heterosexual relationships, we will not work with the female only like yes.

Requirement for the male to be part of the process. And there are times when guys are like, no, I'm perfect. My, my sperm are amazing and we're looking at the results like, this is not amazing, I'm sorry.

Or if it helps it, my experience with, with men, I'm saying how to phrase this. There seems to be more ego involved, like they seem to take it as a real personal failure if their sperm is not good.

And I guess I would just reframe that to any men list.

Other Fertility Factors and Final Advice

You know, it's not your fault. Like the environment, the environmental toxins, there's a lot sperm are very delicate and there is a lot going on that could affect sperm despite a man doing everything right.

Like it's not a personal failure. It's the same for women to. Obviously, infertility is not a personal failure for either sex. But I think maybe that's quite important for men to hear that that is just it's what's happened to them because probably because of the environment.

Yeah. Absolutely. And there's just so many factors on both sides. So it's really important to it's yeah, it's not about what you're doing or not doing.

That's the reason. Exactly. When it comes to birth control. I think a lot of women really get into the mindset of like, oh my God, I did this to myself.

And it's like, no, not really. No, you weren't given a choice or you weren't given all the information. And this is where we get to like make a difference for the next generation.

And like moms that are listening and are like, Oh, I'm going to do something different for my girl because now I know better. Exactly. Yeah. I couldn't have said it better myself. Yeah, it's enough.

Yeah. There's no no role for her. No need to feel guilty or even regret is just what happened. It's just. Yeah, it's the pill has been the norm, so it's pretty hard to withstand that for anyone.

Actually, because everyone's just told this is what you do when you are a teenager. Absolutely. And I and I love what you shared about ending with hope in terms of like all of the things, even if they came out of birth control.

And that's part of the underlying reasons why I believe that happening or why your hormones are out of whack. Yeah. It's okay. Like it's all fixable, right?

We can address most of it, and a majority of people will go on to have healthy, normal cycles and. Okay. Yeah. And just everyone knows some of my patients when they get their first few observations, they're so excited like even, you know, obviously the real excitement will be when they conceive, but there's just an initial like small victories.

And one thing I would say, you know, this thing of like infertility is defined as 12 months of not conceiving or six months depending on your age. With my patients, I do kind of encourage them to not start counting those 12 months until they're actually ovulating.

Like, what's the point in counting months when you're not ovulating because that's not telling you anything, right? So I would be like achieve ovulation and, you know, fix whatever.

And in the meantime, while you're waiting a few months to achieve ovulation, get your get them in on like a good pre-conception supplement and, you know, quit smoking or whatever he has to do.

And then when you're ovulating and you think things are good, then start counting. I don't know if you agree. It's it depends on women's age, I guess, but it doesn't seem really fair to have lost nine months.

The diagnosis fertility because you just couldn't get your period ovulation started four nine months after the pill. Yeah, absolutely. I think. Yeah. The diagnosis aside, I think just like not putting pressure on yourself till Yeah.

Or optimize till certain things are in place that are going to feature fertility. Yeah. It's like stop with the pressure. It's okay. Yeah. Awesome. Well I love birds so much for sharing the space with me and yeah, we will.

We're is a great place for people to connect with you. Oh, I'm easy to find. My blog is larabriden.com. All my social media is Lara Briden. I've got by the time this comes out, I might have three books out in the world I work.

My third book is just sort of underway. It's going to be all around metabolic health, which does have implications for fertility as well, particularly around PCOS.

Yeah, so and people can find me there, ask a question on my blog or on social media. Yep. Awesome. Thank you so much again. Right. Thanks for having me. Yeah.