

GUIDE

# WHY DON'T I HAVE ANY PROGESTERONE?

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A guide to determining why your progesterone is negligible and how to get back ovulating regularly.

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# There are two common reasons why your progesterone levels are negligible

1

## THE TEST HAS BEEN TAKEN AT THE WRONG TIME IN YOUR CYCLE

You only produce progesterone **AFTER** you've ovulated. If the progesterone test has been taken before you've ovulated, it's only natural that your progesterone levels will be very low. We need to test about **7 days after ovulation** for the result to be meaningful. If you don't know how to accurately identify when you're ovulating, we have a masterclass in Ovie teaching you how to do this). Don't rely on ovulation predictor kits, they are inaccurate for most women with PCOS.

2

## YOU AREN'T OVULATING REGULARLY

It's really common in PCOS to have long cycles i.e. greater than 35 days. Many women have cycles 40,50, or 90 days long, or haven't had a period in years. If this sounds like you, it means that you're not ovulating regularly. So when your doctor tests your progesterone on day 21, it'll show you have very low progesterone, because you haven't ovulated yet! You can test at the right time (refer above to point 1) and also get back to ovulating more regularly.

# HOW TO OVULATE REGULARLY WITH PCOS

## HOW DOES HAVING PCOS AFFECT OVULATION?

Your menstrual cycle is like a synchronized orchestra of hormones. None of the hormones that make up your menstrual cycle act alone—they are all perfectly linked to influence each other. So if one hormone is too high or too low, or is released at the wrong time, then it disrupts the whole cycle. This is precisely the way that any team sport works. If one player is off their game or playing out of position, it affects the whole team.

The first part of your cycle starts with estrogen rising. This signals the uterine lining (uterine bed) to start developing in readiness for a fertilized egg (called a zygote) to implant in it. Think about estrogen as a mother hen, nesting away.

As estrogen is rising, another hormone, follicle-stimulating hormone (FSH), starts to increase. FSH does what it says on the tin: It stimulates the follicles (the baby eggs) to grow. While hundreds of eggs are developing in your ovaries at all times, only the strongest and largest of them is chosen to go on and be the dominant egg. Your body doesn't want to waste a whole lot of energy developing eggs that are never going to grow to size; it literally wants to put all its eggs into one basket. Once the dominant egg is chosen, it is grown to full size so it can be released.

As FSH peaks, at the end of the follicular phase, our next hormone comes into play—luteinizing hormone (LH). LH is here for a good time, not a long time. Its job is to lay low for the first part of your cycle, not drawing too much attention to itself and just slowly creeping up; then, when the time is perfect, it shoots up rapidly. This massive spike of LH causes the dominant egg to be projected out of the ovary and into the fallopian tube, so that it's ready to meet any awaiting sperm. This is called ovulation, and is the start of what we call the luteal phase which is where progesterone is produced.

## HOW DOES HAVING PCOS AFFECT OVULATION?

In PCOS, there is often an increase in the androgen hormones and the consequence is that our synchronized hormonal team—estrogen, FSH, LH, and progesterone—gets very unsynchronized and your body struggles to ovulate. But while this is the case at the moment this can be fixed, quite easily for most people.

Ovulating regularly and good hormonal health isn't just important for getting pregnant. It helps with reducing PMS symptoms, mood, breast health, heart health and bone health.

PCOS is a result of our genes not playing nicely with our environment. While we can't change our genes, we can change our environment and therefore what's driving our PCOS hormonal imbalance. The most common environmental drivers are:

- Insulin resistance
- High levels of stress hormones
- Chronic Inflammation
- Hypothyroidism
- Hormonal birth control (this is more of a temporary state where you may develop PCOS-like symptoms after coming off birth control).

**You can have one or many of above drivers.**

**It's really important to identify your personal drivers, as this informs your treatment plan:**

- What medications will be helpful for you
- What food to eat
- What supplements to take
- What types of movement will be the most beneficial
- And what other lifestyle changes will be the most important for you- sleep, stress management, etc

You aren't expected to do this yourself. This is exactly what we do at [Ovie](#). We first identify your drivers and then match you with a treatment plan which could be medication or lifestyle or a combination of both. Whatever you prefer!

There is no silver bullet treatment for all women and people with PCOS, we are all individual and need a different approach.

If you took your car to a mechanic because the engine was making a clunking sound, you would expect them to identify the problem first and then find an appropriate solution, not just tell you that the entire engine will need to be replaced.

You should expect the same for your PCOS.

**When this is done correctly, most women and people with PCOS can get back ovulating within 3 months.**

## HOW TO IDENTIFY YOUR DRIVERS AND A TREATMENT PLAN

This can be done through lab tests and/or symptoms. This is exactly what we do at [Ovie](#).

### STRESS HORMONES

Stress hormones, are best identified through looking at a variety of your symptoms such as:

- How long does it take you to get to sleep?
- Do you wake between 2-4am regularly?
- How do you feel after exercise? More energised or more exhausted?
- Do you feel tired mid afternoon?
- Do you depend on coffee to 'get going' in the morning

Not one symptom is enough to determine if stress hormones are affecting you, but a validated questionnaire can determine this. This is what we use in Ovie

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### INSULIN

Insulin resistance can be determined through lab tests and symptoms, but most of the common lab tests performed, like HbA1c and fasting blood glucose aren't sensitive enough to pick up earlier stage insulin resistance, where it's affecting your PCOS symptoms but not yet pushing you close to Type 2 diabetes. Insulin resistance can also be identified through statistically significant symptoms and body measurements.

#### TEST:

- The most sensitive is the Insulin Response to Glucose test, sometimes called the Insulin assay.

#### SYMPTOMS:

- Do you feel really tired after lunch
- Do you crave sweets in the afternoon or after dinner
- Do you feel hungry 2 hours after eating?
- Do you suffer from 'food noise'
- Do you gain weight around your belly?

Again, not one symptom is enough to determine if you have insulin resistance, but a clinically validated assessment tool can determine this. We use both in Ovie.

### CHRONIC INFLAMMATION

Chronic inflammation can be determined through lab tests and symptoms.

#### TESTS:

- CRP

#### SYMPTOMS:

- Do you have joint stiffness?
- Do you get swelling or bloating?
- have you been diagnosed with an immune/ autoimmune condition?



## THYROID

Low or high thyroid or autoimmune thyroid conditions can only be diagnosed via blood tests, but symptoms and family history can indicate if you need a test.

### TESTS:

TSH, T4, T3, TPO and TGA antibodies

### SYMPTOMS:

- Have any of your immediate family been diagnosed with a thyroid condition?
- Do you feel cold or have cold hands and feet?
- Do you gain weight easily even on a low calorie diet?
- Is your hair thinning?
- Do you feel constantly tired?

Don't feel like you need to do this all on your own. We can help you identify your drivers and find the sustainable, effective treatment plan for you. We do this through a combination of 1:1 consultations and self paced learning modules and over 80% of women report feeling better in just 3 weeks!