The Boonie Breakdown Podcast
Episode 253- Empowering Reproductive Health: Navigating PCOS, Endometriosis, and Fertility with Lisa Hendrickson-Jack

Transcript

Introduction and Sponsor Message

[0:01] Support for today's episode comes from Dame Products, a sexual wellness brand with the goal of closing the pleasure gap for people with vulvas.
And I personally love the versatility of the products.
Even if it says it's a G-spot vibrator, you can get creative and use it on your clitoris, your nipple, your neck, so many options.
And as a Boonie Breakdown listener, you can receive 10% off your purchase by using the code BOONIE10.
That's BOONIE, all cap letters, 10. Head on over to Dame.com and get yours today.
The content in this episode is not meant to be a substitute for professional medical advice, diagnosis, or treatment.
Always seek the advice of your own physician or other qualified medical health provider for any questions you have on your own personal medical conditions.

Lisa Hendrickson Jack's Return

[0:47] Hey y'all, it's your girl Boonie, and you're listening to the Boonie Breakdown Podcast, your source for all things responsible and ratchet.

[0:57] All right, welcome to this week's episode. We have a great responsible episode for this week. I mean, it's such an important conversation.
But Lisa Hendrickson Jack is back on the podcast.
You may remember her from episode 138 periods and fertility awareness.

But she is here this week as well. She is a certified fertility awareness educator and holistic reproductive health practitioner. She trains women and health practitioners to use the menstrual cycle as a vital sign in their practices.
She just released a new book, Real Food for Fertility, and she co-authored that book with another RN.
This conversation is so important.

[1:41] We talk about PCOS, endometriosis, fibroids, how our diet can impact our fertility process, not only just for women.
But we also talk about how men sometimes escape the burden of fertility issues because so much of the emphasis is put on women.
So you want to stick around for this conversation.

Pick of the Week: Longer Days Ahead

[2:03] All right, we're going to hop right into my pick of the week.
This week, you know, we just all need a little bit more sunshine.
And so I'm just happy that we just have two more weeks of these dark days.
The days days are getting longer.
So in two weeks, we spring those clocks forward and we get some longer days.
And so when the longer days come, summer is soon thereafter.
And so that's my pick of the week. Just the days are getting longer and it's nice to see the sun or not sun, but to at least see daylight and it's not pitch black at six o'clock at night.

Housekeeping and Season 13 Update

[2:39] Housekeeping come back later please housekeeping not now all right housekeeping from last week's episode all the men aren't six feet sweetie with our problematic fave brian uh a lot of you found this episode to be pretty funny some good laughs and i also want to thank you all who were appreciative of me putting you onto a new song so if you did not check out last week's episode i think you should go back and check it out it was a funny one i mean it's always funny when the problematic fave is on but you know how we do so check out last week's episode also want to say there are only two new episodes left in this season 13 of the podcast that's right only two more episodes our last episode of season 13 will be airing on monday march 11th monday march 11th and then we will be on hiatus but you guys know with hiatus usually comes live shows, So I'm excited.
So two more episodes and maybe some fun things to do with Boonie in person.

Also, Patreon gang, I want to let you all know that there is a bonus episode on the platform this week.

Bonus Episode Announcement on Patreon

[3:58] It correlates with this week's episode. So, and I think it was just the perfect time for me to give an explanation of what happened last year with me and why I had to take an eight month hiatus and just abruptly just stop the podcast and all those things.
So if you want to check out that bonus episode, it's over on patreon.com backslash the boonie breakdown, and you can support for just as low as $3 a month.
But Ratcheteer gang, you guys are amazing because not only do we do that, it's nice. It's a it's a quaint community but it's a community nonetheless over there and we have a good time especially in discord and and and the girls got me watching uh what is the show love at first sight because i had not watched it since the first up the first season and i didn't even finish that season but they got me watching love not love at first sight love is blind that's the show i'm watching they made me watch that they made me watch the traitor so they have good taste over there and if you want to join us then head on over again patreon.com backslash the booty breakdown.

[4:58] Also, I just want to thank you all for all of the congratulatory messages for our seventh anniversary of the Boonie Breakdown podcast.
It's been a thrill. It's been a delight. This has grown in ways I never thought when I started this.
I never thought I would be doing live shows and having a Patreon and all of these things.
So I'm just so thankful that you guys are still rocking and rolling.
It would be great if we could get some new people into our Ratchet to your gang.
And that's why I asked you all you know share it on Instagram share the reels put the links in your group chats it's the only way we grow is when I get in front of new eyes so again thank you all for so much of your support and if this is your first time listening I hope that you open the Apple podcast Spotify YouTube or you know Amazon music or wherever you listen to your podcast on on and you hit that follow subscribe button and then you can head on over to Instagram, TikTok, Facebook, follow us at the Boonie Breakdown.
All right. So we have fun. We have a good time. Most active on Instagram.
So I welcome any of you all listening for the first time to follow us on social media and the podcast platform.
So that is it for me. So let's get ready to break it down.

[6:18] Music.

Lisa Hendrickson Jack on Fertility Awareness

[6:25] Hi guys so i'm excited this is gonna be a really responsible episode but hopefully a helpful episode um so i am happy to have back to the boonie breakdown lisa henderson jack welcome thank you so much for having me it's been a little while since we've had a chance to chat it's been a little while um i hear some good things are happening in your world you just dropped a new book.
Yeah, it's been it's been a hectic couple of years, really.
This book was almost three years in the making, which is completely wild. Wow.
So we're really excited to finally release it real food for fertility.
It was a work combined work with my good friend and colleague, Lily Nichols, who is a registered dietitian.
So we teamed up with her expertise expertise in nutrition, prenatal nutrition, fertility nutrition, and then of course my background in fertility awareness.
And we just dove into the topic of fertility.

[7:28] I mean, I think it's great because I remember our last conversation, it's just women in our bodies, like they're so complex, but at the same time, very like it's simple, but it's very complex.
And we all have like our own host of issues and especially Black women with fibroids and endometriosis.
And so when you reached out, I was like, oh, this would be a great conversation.

[7:51] And I think for a lot of the audience, pretty timely and helpful.
Helpful so I just want to we're going to do like a quick refresher for people before we get into the the meat of it but I remember from our last conversation you talked about the basis of how many women just really don't even understand their menstrual cycle and just the cycle of your your body and so can you just do a quick breakdown of our menstrual cycle and the four cycles within within that cycle yeah for sure you know it's so crazy because we learn about so much stuff that we'll never use again like I remember in in was it elementary or junior high maybe high school you learn about like the inner ear and you learn about all the parts of the eye and I'm not saying that that's not good interesting stuff but when was the like you never like once you leave that class you literally never look at that again unless you're becoming an optometrist or some sort of ear doctor and when you just said that I was like oh my god we totally did have to know the parts of of the ear.
Like, I don't know why that's like, I'm always, like, there's something that stands out to me.
I'm always thinking about this ear stuff because when it comes to our fertility and our menstrual cycle, I mean, this is how we make our families, this is how we have our kids.

So I think that this is a lot more timely and that we should be learning about it, but either way, we don't, which is why, who gave me a megaphone? But.

[9:12] But so to break it down a little bit, I mean, when we think about the menstrual cycle, typically when I say menstrual cycle, I think most women go straight to the period. So most women kind of think, oh, it's just the period.
But if we take you through the whole menstrual cycle, the first day of your menstrual cycle is actually the first day of your true flow.
And so we could talk a little bit about the period parameters.
But before we do, let's kind of take you through. So we have the period.
And then once it's finished, we're in that pre-ovulatory phase.
So we can break the menstrual cycle into two halves, the pre-ovulatory and post-ovulatory.
And so typically what's happening before we ovulate is our body's preparing to ovulate.
And as our ovaries are making those eggs, those follicles are developing, those follicles are kicking out estrogen.
And that estrogen is what goes on to make that cervical fluid.
If anyone's ever paid attention to that clear, stretchy stuff that you might notice as you approach ovulation or those days that you notice like a wet, slippery sensation when you're wiping. wiping.
I always joke like your hand hits the back of the toilet seat kind of thing.
And so that is a sign of fertility. When you're noticing that cervical fluid, those are your fertile days.
Those are the days where if you were to have unprotected sex, you're most likely to conceive.
And then once you ovulate, typically mid-cycle in a healthy cycle, you would then release the egg.
And once you release the egg, those follicles that used to be kicking out all that estrogen, the residual...

[10:38] Follicles called the corpus luteum once you've ovulated and then that produces progesterone and progesterone shuts down that cervical fluid production you end up having those dry days and in a healthy cycle the second half would be about 12 to 14 days from ovulation to your next period so it's interesting i think when you break it down that way because then there's a whole lot more parts to it so when i refer to the menstrual cycle as a vital sign we can actually look at all those different aspects we can look at the period we can look at the overall cycle length we can We can look at what happens in the pre-ovulatory phase, the quality of your cervical fluid, how many days you're observing it, when ovulation is taking place, and also the post-ovulatory phase, what's happening during those days.

And we can really break it down and learn, you know, how our, let's say if something goes wrong with any of those phases, that can tell us a lot of information about what could be happening in our overall health.
Yeah, I think you said a lot there, right? Right.
And so many of those things are kind of indicators like when we I know you're in Canada and we're in the U.S. But like, you know, when you go for your physical there, they ask you those questions like, when was the date of your last menstrual cycle? Right.
And I liked how when I went to a new doctor for my physical, they didn't necessarily ask that.
But they asked the question, like, how many days in between your cycles versus the last time, you know, did you have your period? The question was like, did you have a period last month? And you know, what was the length?

[12:05] And I was like, that was the first time somebody's ever asked me the length.
And that triggered another conversation because my cycle was very, it was very short.
And this was a change.
Like before I had a full like 27 day, but it had shrunk to 21 days, 2021 days.
And so it was like, whoa, what's happening here that your cycle shifted this way? So, yeah, hearing you say all that, for me...

Advocating for Your Health and Understanding Cycles

[12:31] Was affirming for some of these conversations that I'd recently had with doctors about my own cycle.
And it's good that they were asking, because I think for a lot of women, they're not necessarily being asked that question.
There's, interestingly, that question yields so much more information, how many days between periods versus when was the last day, because then we're assuming that your periods are 28 days, right, based on their model.
Yeah, and I think that's the other thing, the assumption of, you know, people who have irregular cycles, abnormal bleeding, heavy bleeding, you know, inconsistent bleeding.
We think whatever our period is doing and our cycle is doing is normal.
And you don't know what is abnormal if it's not, you know, processed right, you're not asked the right questions, or you don't even know if something's wrong, right?
You may not be having pain, but it could be something else that is triggering an issue here or something is is off.
Well, we can briefly go through the normal parameters.

I mean, I gave the overview of the cycle, but so typically for a woman of reproductive age, the overall length of a cycle that we would consider normal would be anywhere from 24 to 35 days with an average of about 29 days.
And it does change a little bit as we get into our early to mid 40s, because as we get a bit older and enter into that, those 10 years before our last period, so the average age of menopause is about 51, 52.

[13:53] And so the 10 years before that period of time, we often start to see some cycle changes.
So although the average length of the cycle is about 29 days overall, when we get closer to that phase of life, it could be closer to 26 days, meaning that we're more likely to have more shorter periods.

[14:11] More, I don't want to say the wrong, like more likely to have shorter cycles.
And that's a result of earlier ovulation that can start to happen as we get into our 40s and to our mid 40s.
So that in of itself is interesting because you mentioned irregular cycles.
And I think that that term is thrown around a lot.
So, you know, if your cycle sometimes 29 days and then it's 27 and 32, you might think that that's irregular, but that's not because some fluctuation is normal.
What we we consider irregular as if the cycle is regularly more than eight days apart.
So if you were 21 days and then 45 days or, you know, 30 days and then 40 days, that would actually be more irregular because it's got that, you know, fluctuation more than eight days.

[14:53] Gotcha. Yeah. And you can just imagine they don't tell you.
No, they don't. And so they could just say, oh, do you have irregular cycles?
And you in your mind, you could think, well, you know, it's not always 28 days, so it it must be regular.
But that's not necessarily the case. And then in terms of the period itself, I think it's useful to have a few parameters on that.
Because what I would say is that you only ever really see your period.
And as much as you talk to your girlfriends, I'm guessing, you know, maybe this is different, but you probably haven't asked how many times they change their cup during their cycle or, you know, how many times they change their pads.
So no matter what we experience, we kind of think everyone's experience is kind of like that.
So a period, I usually say, they should have a beginning, a middle, and an end, and then be over.

So it should start, although it's very common to have several days of spotting before you actually start to flow, that doesn't mean that that's optimal.
So, you know, having a little bit of spotting, like the day that it starts is a little bit different, but having several days leading up to it could be a sign of low progesterone or something else.
And similarly, it should have an ending. So if it just continues to trail on, or you have bleeding, you know, different times in your cycle, we would also consider that to be abnormal.

[16:00] And in terms of the bleeding, although there's some debate in the literature, you know, 25 to 80 mils, so something like one to three ounces is considered normal.
What's interesting is that it doesn't mean that women don't bleed more than that.
I mean, I have fibroids, so they're small, but it's always had an effect, reasons why you might bleed heavier.
So it doesn't mean that women don't bleed more than 80 milliliters.
But if you're regularly bleeding more than that, you have to be aware that you're more likely to be deficient in iron. So that's something you should be checking out.
And it could be related to something.
So this is one piece of information, I think, especially black women, given our increased risk of fibroids.
Although, interestingly, you know, almost all women, not almost all women, but there's a really high percentage of women by the time that they're 50 who have fibroids.
So it's very, very common, but it is, there is a higher instance in Black women, of course.
And so we need to know what a normal period volume is, because you might have these really heavy periods, everyone in your family might have had these really heavy periods, and you might think that it's normal. And what's.

[17:09] Even if you go to a doctor, sometimes they're just going to tell you to go on the pill. They're not necessarily going to screen you, give you an ultrasound, all that kind of stuff.
So if you know what's normal, then at least you can advocate for that.
And you have to speak up for yourself and ask them to examine you.
And it's not fun to have the internal and external ultrasound where they do, I call it the magic wand, you know, not in a good way.
But I mean, that's what we need. We need to get a full examination, especially if we're bleeding really heavy, because we should know if there's something going on. And I remember when I was in my early 20s, my mom had a hysterectomy when I was quite young.
I think I was like between 8 and 12 or something like that.

And my aunt came to visit and she had had a hysterectomy too.
So I was just privy to all these conversations at a young age.

[17:52] And so I independently kind of forced my doctors to get me an ultrasound so that I could find out if I had fibroids because I didn't want to suffer the same fate.
I didn't want to end up also having to have a hysterectomy, you know, before the age of 50.
So, yeah, I think, too, like you said something there about advocating for yourself, because a lot of times doctors and it sucks where they take a cookie cutter approach to all their patients and they don't dig deeper unless you're sitting there beating the drum for yourself to say, I know my body, something's off here.
We got to go do more testing. And sometimes you may have to go outside of your doctor.
Right. Like if you have, I know that may be a luxury for some people who have health insurance, don't have health insurance, but if you are serious about your own body, you may have to say, you know what, I like you, Dr.
So-and-so, but I'm going to go over here and get a second opinion or have somebody at least take me seriously to listen to what's happening.
Because, you know, those vaginal sonograms, they're not fun, but we got to get that information.
We need to know what's going on. Yeah, you gotta, you gotta do it.

[19:03] I know I went to one, this is such a tangent, but I went to an ultrasound one time and it was the room where they normally do the vaginal sonograms was not available.
So they didn't have the proper table.
And this table was like pressed up against the wall. It was like a, and they're like, get on here.
And I'm like, okay, but she's trying to like.

[19:29] Turn the I don't know the wand right because you're they make you insert it but then they take over and she's holding it and she's like trying to like angle it but she can't because she the way the table was it just was not the right situation so she kept being like can you lift your hips up lift your hips up more more because she was trying to like and I'm like this is very uncomfortable oh my gosh can I go I'll share my little story because my story I was so irritated So I was however many months pregnant getting the magic wand treatment in this place. The table part was okay.
But this woman saw something that, you know, when they see something that they don't know what it is and you don't know and they're not telling you and everyone's still smiling.
And she left the wand in my vagina and, like, left the room to get assistance.

And I'm laying there, like, with this thing just in there, just like, what is happening? Am I on TV? Is someone going to jump out of the curtain?

[20:25] Why is this happening? Yeah, that was, I knew that they found something because she was like, oh, huh.
And then they're making all these, and I'm like, she definitely sees something on the left side because she kept like, but yeah, it's not a comfortable experience, but it does not hurt either. It's not painful.
So I don't want someone listening to be like, oh God, I'm scared. Don't be scared. Don't be scared. But that aside, yes. I mean, the one positive thing about it is that it's uncomfortable because it's always uncomfortable to have a doctor examining your vagina in any situation.
They don't make it fun. I mean, however, even your annual exam, right?
It's not painful. It's not, you know, so you're right to kind of give that disclaimer for somebody who says, we're not really selling it.

[21:12] You're not selling it. It is not painful at all. It's not painful at all.

Impact of Fibroids on Fertility

[21:18] You mentioned fibroids and how, you know, Black women are disproportionately affected by them. and you hear so many stories.
I recently was just talking to somebody who was like, I'm going in to have a myomectomy to remove fibroids.
I've known several women who've done that. I've known women who've had them removed and they've come back or they thought they were going in to take out two and they took out 12.
And so it is a very common thing.
It's unfortunate fortunate that it's so common and so many women are dealing with them.
But I know we have fibroids, endometriosis, PCOS, and it's so many things that kind of make it harder for, you know, women to conceive if they're on this fertility journey and they want to have families.
And so what, you know, in your research, and I know it's in the book, but like, what are some tips that you would tell how women who have these issues, but are on this path to, you know, wanting to make their own families.

[22:21] I mean, each of those issues is big in their own right. So we could start talking a little bit about fibroids.
And so I'm looking at some of the stats here to share.

So up to 40% of women of reproductive age have fibroids.
But when, as I, and I had mentioned that it's a pretty significant percentage of women over 50.
So over 70% of women by the age of 50, And that stat is over 80% in Black women. So, I mean, that does mean, though, that it's extremely common.

[22:57] And I think what's challenging about fibroids is that it really depends on the location and the size.
So every single woman who has fibroids isn't necessarily going to be symptomatic depending on where it's located. So I think that's the first piece where we don't want everyone to, because it is so common.
So we don't want to think that every single person with fibroids is necessarily going to have a challenge conceiving, but depending on where they're located, and especially if they're inside disrupting the endometrial wall, they can interfere with endometrial receptivity.
So I think from the standpoint that we were talking about so far, which is if you do have certain symptoms, women with fibroids are more likely to have heavier bleeding.
And depending on the location of the fibroids, it can cause pain and discomfort, especially if they become larger.
So I think it is useful to kind of check yourself out, make sure that you're advocating for yourself and things of that nature.
In terms of what to do about it, you know, with fibroids, they are responsive to estrogen.
So I think that it is helpful to start thinking about what are some of the ways that our body might be bombarded with synthetic chemicals that are like estrogen.
There's a lot of interesting connections to fibroids. One of them is vitamin D, which is really interesting.
There was a couple of studies that I was looking at.

[24:24] So throwing out a couple more stats that I think are really interesting, especially as a black woman living in Canada, and it's winter, and it doesn't matter how much the sun is shining, like you're not getting any vitamin D. Yeah.

[24:35] And so depending and even if you're living in a sunny place, I mean, how often are you outside?

Vitamin D and Fibroid Connection

[24:39] And a couple of fun facts for anyone who doesn't know, you know, if a white person were to go outside in a bathing suit for 20 minutes, it would take me as a black person an hour in a bathing suit to get the same amount of vitamin D, because the

melanin really does yeah it does its job yeah um so this could be one of the reasons why there's a higher instance in black women because even if even like if you're living in a warm place if you're outside with your full outfit on and the only thing you have in the sun is your face for a couple minutes it's just you're not necessarily getting enough um so women with with sufficient vitamin D levels have a 32% lower risk of developing fibroids, which is interesting.
And there was this one study where they gave the women a high dose of vitamin D.
So, you know, consult with your provider and everything, but they were giving these women 50,000 IUs of vitamin D once a week.
So it kind of amounts to 7,000 IUs a day, which is over the recommended allowance.
Wow, yeah, that's a lot. Yeah.
But is it? But they were doing this in this particular study for eight weeks, and they found that the uterine fibroids decreased in size in the study group versus the control group.
So I'm not necessarily saying like, go out and do that. But I'm just shedding light on the fact that there is a well known association between, you know, vitamin D deficiency and fibroids.

[25:56] And there's other potential, again, think about the things that you might need to balance hormones.
So, you know, there is a potential connection to vitamin A intake and fibroids.
And I'm not talking about like beta carotene and carrots, but like liver, cod liver oil.
Everyone's favorite. Oh, shivering.

[26:15] Cod liver oil. Everyone's favorite, right? But interestingly, I mean, vitamin A and fertility and reproduction, there's a really, really interesting link.
There's studies showing the connection between vitamin D and sperm health and egg quality.
There's animal studies that show that, you know, if you have female animals that are made to be deficient in vitamin A.
So given a vitamin A deficient diet, they're not able to reproduce.
They have, they call it fetal reabsorption in these animals, but it's like essentially miscarriage or, you know, things of that nature.
So there is a really significant connection between vitamin A and fertility.

[26:54] And women with a higher vitamin A intake have a lower instance of fibroid.

Real Food for Fertility Approach

[26:59] So, So, you know, our book, Real Food for Fertility, it's taking kind of a multi-pronged approach.

And so the primary thing that we're talking about is getting your nutritional status in check.
And so the whole concept of talking about real food is to look at what we're eating.
We're living in a sea of, you know, processed food.
And so it's interesting. Lily defines real food, you know, as when you think about what real food is, we look look at it, we know what it is.
I look at a banana, I know what it is.
If I look at, you know, sugar in a bag, I have no idea where it came from.
And if we use those products to create a bunch of processed food, then what happens is we lose a lot of micronutrients.
And although we're getting lots of calories, we're not necessarily getting.

[27:46] The nutritional profile that we need. So it's really interesting to think about some of these factors.
Alcohol consumption can significantly raise your estrogen in your body.

[27:58] Caffeine, high caffeine intake is associated with an increased risk of fibroids. Oh, wow.
So there's just a lot of different components. And I also haven't even mentioned toxins, chemicals. I was going to say that. Yeah.
Especially when it comes to Black women. Yeah, I'm gonna say to like our diet.

[28:20] I'm on this whole thing here. Like, every other day in America, there's some article where it's like honey nut Cheerios or and I'm like, like, nothing is safe.
Like the food that our food system here is so broken that I think when you start to read these articles, and what is the most dangerous snack because all of this stuff is processed with chemicals and toxins.

Black Women and Product Safety

[28:43] Toxins it's it is yeah i mean the pesticide can it can get really overwhelming it's daunting like what can i eat you know it doesn't have to be perfect i think it starts with awareness and the awareness part can be really difficult but i want to pick on some of the products for black women because years ago i interviewed this this woman i did like a two-part series because there was this british woman or woman from the uk i don't remember she's specifically from britain but a black woman who had looked into this whole issue with regards to the products that black women use and there was a study with multiple um i i interviewed i think the lead researcher on the study but there was a number of them on the study and they had taken all of these products specifically marketed to black women for our hair right like all the sprays and all things and they

looked at what the label said on it and they compared it to what was in the product so they took the product and tested.
And there was a lot of things in the product that were not on the label, and some of those things were actually banned.

[29:42] And so what she was arguing was that between the combination of the researcher and this, you know, this blogger that I interviewed, they were talking about the fact that the products themselves often have all these chemicals in addition to whatever they're saying.
So there's tons of chemicals, fragrance, parabens, you know, phthalates, just all of this stuff that is estrogenic in the body and doesn't do any good if we have something like fibroids, like they can make it worse.
And in addition to that, what was so interesting is how, I think her name was Tola.
But she was talking about how black women use products differently.
So currently I have my hair locked, so I don't use a lot of products anymore.

[30:19] But of course I used to straighten my hair and all the things.
And so that in of itself, right?
What is in the straight, you know, anything that can burn your skin in minutes, it's probably not good for you. Not good for you, yeah.
All the products that you use after that. So when I used to straighten my hair, you know, I had the sprays, I had the lotions, I had the creams, I had the this, the that, the thing that you use to, what was it?
The silicone stuff to make it, you know, so you could splatter, like all the things.
Things and one of the things that really stood out to me was when we use these products we don't just use it once you know i wasn't washing my hair every day i was watching it every couple weeks and so you use it you use it over and over and over and it sits in your hair and so she was saying you know black women we use products differently so it kind of like exponentially exposes us repeatedly um to these products and and often the products made for us are not necessarily the best quality to begin with.

[31:08] Yeah. And I think I was saying that to one of my friends, just like jokingly, because we're seeing all these studies here.
And I think even the FDA in America is thinking about banning chemical relaxers that most Black women have historically used to straighten their hair.
And it's all these class action lawsuits now where lawyers are like, do you have five words?
Did someone in your family have a gynecological cancer?

Because they're making Making these connections to the hair, chemical hair straighteners that we use.
And I'm like, yeah, it's a major thing that most Black women had in common.
Now, I, too, have been natural for 17, 18 years at this point.
So it's been a really long time since I've done those.
But I remember that ritual. I think my first perm when I was like seven or something, 21-ish. That's a long time to be doing that, like you said.
And on the mousse, the hairsprays, the gels, I'm sure all of that stuff.
And we don't know what the impact.
And I remember because I took I took hair like cosmetology in high school.
And so and I grew up in like a small town in Canada. So I was the only black person like in the school.
I say that because so what I was doing in the hair thing was like I was working mostly on.

[32:29] You know white hair right or or non-black hair i could say because it wasn't just all white people but it was non-black hair and what was interesting was that like the harshest chemicals that i used in that experience were hair dye and bleach and i remember you know you'd put that like they would tell you to wear gloves and you can't put it in the head like it was this whole big thing about the bleach and i remember thinking like it just makes them itchy sometimes like legit chemical burns in my head every time yeah and that was after applying all of the vaseline to the yeah all over your edges so i put it on the whole thing i would end like not even the edges i would put all over and i would still get these chemical burns so i mean not to i'm not trying to i i used it to like i get it like i'm not even trying to say i want to take a take away that option for black women we want to do what we want to do to our hair like i'm not even saying that but i'm just saying there is something to be said for that and interestingly uh i was interviewing interviewing someone about, and I think it was more about the endometriosis question of, you know, what could be related to it and things like that.
And one of the interesting theories goes beyond like what you used as a youth or a child or a teen.
But when your mother was pregnant with you.

[33:45] And you were at that specific developmental stage where your endometrium was developing, developing and if she used chemicals at that point that that could be linked to a higher risk of something like endometriosis that blew my mind i mean.

[34:00] It's incredible to think about that, right? But not, it makes plausible sense, right? At the same time, right?
They're telling, you know, mothers, you can't drink, you can't do all these other things.

Who knows what other habits are, you know, altering your own, you have no idea what could be happening. But I can just picture someone listening and be like, OK, well, you know, you know, so that's not the point.
I think we have to have these conversations.
I think it's important for us to not be scared to have them because I read a lot of research and often there's this nonsense that they're writing in there.
They're, you know, they complain about if we tell women about the side effects of these things, and it's like for the birth control pill, for example, like if we tell them about the side effects, then we're going to discourage them from using it and we want them to use it.
So there's always this kind of paternalistic nonsense and we don't want to tell them what's going to go.
And, you know, so yeah, it can be really hard to hear this stuff and it can be really challenging to actually think about how some of these chemicals could be affecting us.
But we have to have these conversations. conversations.
Nobody thinks that hair straightener who's had their hair straightened is good for them.
You wouldn't eat it.
Yeah. I mean, it's couldn't, you literally couldn't eat it.

[35:08] You couldn't. And even for me, I dyed my hair for years after going natural, but it's been at least now eight years where I have not, my little gray hair is coming in in the front, but I haven't even dyed my hair.
It's like, I'm going to let it be. I know it may be something else.
I'm sure the the retinol that I'm putting to stop the aging doesn't help.
But, you know, it's like, that's one thing I can know. I can make sure that it's not seeping in through my scalp.
But I'm trying to be mindful and picking more clean beauty products, at least because, yeah, you never know how your body, what's seeping in and how your body's responding.
You just mentioned another thing because, yeah.

[35:54] I think this is, I don't know if I want to say controversial, but maybe it could be for some people, but like hormonal birth control, right?
Like many women have gone to their doctors, myself included.
I'm having this issue. And the first response, it's never, you know, diet or what are you?
It's always like, oh, we can give you the pill. You can get on the IU Marina.
You can get on this. So they're always pushing some form of birth control to fix any gynecological issue.
And so I know there may be some listeners who are listening, trying to start these families.

Like, how does the hormonal contraceptive affect fertility?
And when do you recommend that women would come off of these if they're trying to conceive?
Yeah, I mean, I think that it's a little less controversial these days.
I feel like when I started my podcast, I'm in the 10th year of podcasting here.
And I remember, yeah, how old am I? Like, what's going on?

[36:58] But I remember when I was talking about it, you know, back then, and it seemed like it was more of a thing, like people were coming for you, like, you're trying to take away our pills.
And but I feel like after the pills been out since 1960.
So like, how many years is that? You know, it's been a long time.
I think that there's enough evidence and research that we're able to talk a bit more critically about it without being accused of being anti-feminist or whatever.
And going back to my earlier comment that as women, we need to know, we have to be able to have these conversations.
We need to be informed of the side effects so that we can therefore make informed choices.
And so I think there's a lot of things to know about the pill.
The first being that the pill does not cure actual, like anything.
It doesn't cure anything.
It doesn't actually treat anything. thing. And even when I say that, there's going to be people coming out of the woodwork and medical people saying like, that's not true.
But so what the pill does is it suppresses symptoms.

[37:54] So yeah, for many women, not even all, if they have certain negative symptoms regarding their period, so whether that's some pain, excessive bleeding, irregular cycles, it can take away that symptom.
But I like to use analogies when I talk about these things. And so imagine that I have like like a summer house, like that would be so nice.
Right. So I have a summer house, like a cottage on the lake.
I don't actually, but I'm dreaming. And so that I have to put this on a chest.
And unfortunately the pipes burst.
So I go to my cottage and like the pipes have burst and like the water is just like, like everywhere. Right.
So the pill is like shutting off the water.

[38:31] And leaving the pipes. Totally bursted. Is that a word? Bursted?
And so then like, obviously, like that totally fixed my problem, right?
So I fix all the floors and I do all the things, but I don't fix the pipes.

And then what happens when I turn on the water again?
And so this is how we can think about the pill. You know, if you have irregular cycles that meet the definition, so the 45 day to the 30 day to whatever, and you go on the pill, Well, you get a refreshing, you know, comforting bleed every 28 days.

[39:01] It's not a menstrual period because you didn't ovulate.
We can call it a withdrawal bleed because you were given artificial hormones for, you know, that three to four week period.
And then you were taken off the artificial hormones during that sugar pill week and that influx of artificial hormones and then the drop, complete drop to nothing for several days causes your body to react.

The Impact of Hormonal Birth Control

[39:21] And that's what causes you to have this bleed. bleed and it's almost like your body resetting itself and if you were to continue to be off the hormones you would eventually go on to ovulate again but then you take the artificial hormones again and it goes back to suppressing ovulation so that is not a period and that this is like the lie because you're told oh you're going to go on the pill it's going to regulate your cycles and then you have a bleed every 28 days and they're like see it's all fixed but if you come off of it what happens what happens is you go back to whatever it was before because it didn't can actually fix anything yeah that happened to me when i i issues i had in my 20s and they were like oh you should get on this and i did or you know all three different versions of the pills i can't remember which ones and then they were like oh get on a low dose maybe these are too much for you and then i'm like okay then that still didn't work and they're like oh try the shot and then i get on depo and then depo is my least i hate if there's one that i hate.

[40:22] The depo depo i'm i say ever once i came and i was on it for like three years and in my mind like 20s it's like oh it's so great because i didn't have a period at all right so it's like this is amazing did they tell you about the black label on it no like the bone density issue how like they did like once i was already on it like oh you can you can lose bone density um and then, And something was just like, I don't know.
I wasn't, I just said, I don't want to do this anymore. So I just stopped.

[40:55] And that is when...
All hell broke loose like i have my one friend was like oh it took me a year to get my period back and i'm like a year no mine was back in a week and then i bled for two weeks i was off for two weeks i bled for two weeks i was off for two weeks that went on for a few months and then it was like okay then it was like each month it was like the

two weeks was getting longer but i mean by the cycle was completely shot like yeah i don't know it took my body at least 18 months to get back to a decent regular rhythm.

[41:30] Well, that's my main issue with Depo. It's not just because I have a specific like fascination with it.
It's that, so there was an interesting study because your initial question was, you know, how can these hormonal contraceptives impact fertility?
And so there's different ways we can look at it. There's some studies that look at how long it takes your cycle to normalize, like in your experience after you come off of them. There's some cycles or some studies that look at how long it takes women to get pregnant after they come off of them and there was an interesting study that actually compared women who were not on hormonal birth control maybe using condoms to women who were coming off of a variety of different contraceptives so the combined oral contraceptive the synthetic estrogen progestin mix and it also had the ring, I think, the IUD, the implant, and it also had the shot.
And so in that particular study, the women who came off just stopped using their condoms conceived in an average of four months from stopping.
The women who came off of the combined contraceptives and the women who used it long-term, long-term was defined as two or more years, took an average of eight months.
So it took twice as long for the women who had come off the contraceptives.
And then the depo was right around 18 months.
So 15 to 18 months, depending on if it was quote long-term or short term.
And that's my issue with Depo.
It takes the longest to, for your body to restore.

[42:55] Yeah, I can say that was definitely my experience.
It was that 18 months was pretty hellish because it was just like, what is happening?
And it wasn't light spotting. It was like two weeks of flow.
And i'm like this is insanity um so yeah that was the last time i've done a hormonal birth control because i'm like yeah it just my body just never responded well to them and i was kept trying to make it a thing and then i finally said no and i mean everyone has a different experience so i'm not here saying no one should ever use i mean i used birth control when i was a teenager because Because they had these heavy and very painful periods as well.
And so our general recommendation then for someone who's trying to conceive or who's planning to conceive in the future, if you have the ability to, if you have a little bit of lead time...
If you've never really had cycle issues per se, like you were not put on the pill because you had irregular cycles or anything like that, like you basically just needed birth control

and you went on it, then our recommendation is to consider coming off anywhere from 6 to 12 months ahead of time.
And that's because based on the research, it takes some time for your body to recover. There's a temporary period of subfertility.

[44:16] It takes an average of 9 to 12 cycles for your body to fully normalize post-contraceptives.
So there's an interesting study that looked at the cycle characteristics, and they compared a group of women who had used the pill before, you know, and they were just coming off of it to a group of women who had never used it.
And it took anywhere from 9 to 12 cycles before those two groups started to be indistinguishable.
So it doesn't mean that it would take you a year to conceive.
So I think that's an important distinction.

Preparing for Pregnancy: Coming Off Birth Control

[44:43] Function it's very possible that you might conceive shortly after coming off of it or even on it because yeah you probably like myself probably know women who actually did conceive while taking it but the point is that when you come off of it statistically there is this period of subfertility so not all women are going to have this delay in the return of their fertility but some will and you don't know if it's going to be you so we're kind of looking at this like insurance like i don't plan to get an accident i think everything's going to be fine but i still have have insurance.
So, you know, if you know that the pill can have this negative effect on fertility, then you can plan ahead.
And if you're able to, what we're suggesting is coming off before you are actually ready to get pregnant.
So you're still actively avoiding, but you're just switching your birth control method to something non-hormonal to give your body time to sort itself out, to give your cycles normalized.
Now, if you did go on the pill because you had issues, so if you did have irregular cycles, out of control bleeding.

[45:37] Ridiculous mood swings, like the PMS, PMDD combo, really excessive pain.
Like if you went on the pill because you had existing issues, again, in my analogy, the pill doesn't actually fix it, it masks it.
So it shuts down ovarian function.
And so then whatever issues you have, the symptoms aren't there, but that's not because they're fixed.

That's just because you're shutting down ovulation, like quite literally, and therefore you're not seeing those symptoms anymore. more.
So then if you are in that category, you would be more likely for that, whatever it is, to just come back and then you have to kind of deal with it.
So we recommend if you're in that category to consider if possible, as much as 18 months to two years.
And I feel like when I say that, that sounds like such a long time, but I've worked with women who were in that category, come off the birth control pill and they're, you know, they don't ovulate for a long time.
And we don't expect that to happen but if someone had a history of that kind of irregular ovulation.

[46:31] Then who's you know like what would happen so if you come off the pill right when you're trying to conceive and then you your ovulation does not start for several months and then even when it starts your cycle still regular if you didn't know that that was a possibility then you're also going to have that added stress of trying to conceive on top of all of that whereas if you you gave yourself some time ahead, you have an alternate method of birth control, your cycles might be kind of wonky when you come off, but you have the built-in time to let your body sort it out.
If you need to see a specialist, if you need to sort out your diet, if you need to do some changes, interventions, or whatever, you have time to do that, then you're just much more likely to be able to conceive naturally when you're ready.

[47:14] I love it. I was going to say this too.
Like, I know before we wrap up that we put a lot of the fertility burden on women, right? Because they're the carrier. And so just curious if in your food fertility book, if there's any conversation around how men, their role in the fertility journey, like what they can do to make sure that they're able to do the right thing.
They have optimal sperm health for the fertility journey like this is not just all on women here.

[47:51] But just curious because maybe somebody listening is going to buy the book and make their partner read it and they're going to read it together but just passing some of the burden and I don't want to use the word burden but passing some of the responsibility pass it yes so you'll be happy Happy to discover that, yes, we like men are put on full blast here. Wonderful.
Yes, full blast. We have an extensive chapter. Actually, once upon a time, I was thinking about writing a sperm book and I even made a cover and everything.
So I went like ham on this.

And so what's interesting is that, like you said, we're the ones that have the visual evidence of the pregnancy and all the things.
And I always like to say the joke that, you know, I have three children for my husband and, you know, I was the one that carried them for nine months, right?
Like walk forward and backwards in the snow.
But like I carried these babies for nine months, whatever, they come out looking just like their dad.

[48:48] So he is 50% of the genetic material.
But, you know, jokes aside, it's so interesting when you get into the weeds with the science and the research because, you know, Lily talks about in the book how there is a connection between his sperm health and your placental development.
And the placental development, if it's not optimal, can increase your risk of miscarriage and other poor pregnancy outcomes.
So his sperm quality can actually affect your pregnancy and even your risk of miscarriage and even some childhood diseases.
So there's a really interesting link to it. So, you know, the men, their contribution is exceeding. It's just as important. Yes.

[49:30] Well, and coming from my background with fertility awareness, so the whole thing with fertility awareness is understanding your cycle and understanding that you're not fertile every day.
There's a short window of fertility we can pay attention to, we can track our cervical fluid.
And so I spent my whole 20s avoiding pregnancy this way.
And, you know, basically avoiding sperm like the plague during the window.
But you can imagine my surprise when I started working with clients.
And, you know, you're seeing couples who are timing sex accurately, because of course, with this method of tracking, I can see when they're timing intercourse, cycle after cycle after cycle, and nothing's happening.
So at some point, you have to ask, you know, what is going on with his sperm.
And from a statistical standpoint, when we look at couples who have been trying to conceive for a year or more without success, if they take a look collectively at that group of men, Again, their sperm parameters are poorer than the couples who conceive within a year.
So statistically, we're not even calling out your partner specifically.

[50:29] Statistically, if you've been trying to conceive for a while and it's not happening, he's much more likely to have less than optimal sperm.
So there's a few, I think, important stats to kind of put it out there.

You know, the average man today compared to the average man in the 40s has at least a 60 to 70 percent lower sperm count. Oh my gosh.
Yeah. So the average, there was a study that I was looking at.
The average man from the forties had a sperm concentration of about 113 million sperm per milliliter.

[51:01] Compared to the average man today who has about 50 million sperm per milliliter.
So this isn't even like your partner, we're singling him out.
Like this is like a huge issue that's happening worldwide with all these men with the sperm counts declining.
And you don't even have to look far. You could just do a little search and you'll find all the articles, all the new stuff, because they're always talking about this whole decline in sperm count.
And what's interesting as well is for any couple that I've worked with, any woman that I've worked with, who's trying to conceive, and her partner has been tested, you know, pretty much all told that he's totally fine.

Men's Role in Fertility

[51:36] And when you don't really understand the guidelines, so the guidelines that they base this on are from a 2010 World Health Organization document.
And I mean, I could go into that, it's a really interesting story of how they came up with the numbers.
But basically, when they're looking at the lab results, if he's higher than their requirements, you know, The lab range is not intended to tell us what is optimal for natural conception.
It's designed to tell us who probably needs medical intervention.

[52:08] So when you're told that he's fine, it doesn't mean that his sperm is optimal for natural conception.
And what we talk about in the book, because there's an interesting study that we refer to that actually looked at what would be optimal. Like at what level would his poor sperm start to reduce your chances of conception like cycle to cycle?
And we compared that to what the World Health Organization numbers state.
And so we have between that level of what would be optimal and what they define as normal is what we would consider that subfertile gray area.
A lot of men would fall into this area where their sperm is good enough to be given like a thumbs up by their doctor, but it's not hitting the optimal.
And that doesn't mean he can't get pregnant, right?

Or that his partner can't get pregnant.
But what it means from a practical standpoint, if his sperm is not optimal, is it could take quite a bit longer for that conception to happen.

[53:04] That was a thorough, comprehensive breakdown.
I'm like, but I like it because I know so many women beat themselves up like, why aren't I getting pregnant? Why aren't I getting pregnant?

Fertility Burden and Responsibility

[53:15] Not realizing that it's two parts to this equation, right?
And lots of times I do feel like the men get to skirt by without having some of this burden or even being looked at.
So there you go. So we're going to do the breakdown really quick and I'm going to say a word.
You can say the first thing that comes to mind.
Be another word, a sound, a phrase, whatever.

[53:43] First one, Black women. Rock.
Ortho-tricycline.

[53:56] Cravings. Chocolate.
Fertility.
Babies. Diet.
Trends. I don't know why that's coming to my mind. That's not a good one.
But that's what came to mind. Health.
Normal cycles.
Babies.
Smiles. And last one. The speculum.

[54:32] Duck lips. That's actually pretty funny.
All right, Lisa, if you can tell everyone where they can follow you on social media, where they can find your book, anything that you want to plug.
Well, thank you so much, first of all, for having me and for such a great conversation today. This was so much fun.

[54:53] The newest book is Real Food for Fertility. And everything we talked about today is in the book.

Real Food for Fertility: Comprehensive Insights

[54:58] So don't let the title make you think that it's only about food.
We talk about birth control. We talk about sperm and egg quality, fibroids, endometriosis, PCOS has a whole chapter, hypothalamic amenorrhea.
Like it's really comprehensive.
You won't be disappointed. You can find it on Amazon.
You can also go to our website, realfoodforfertility.com. You can find me on Instagram.
That's where I like to hang out at Fertility Friday.
If this conversation interested you and you like podcasts, you can search Fertility Friday on your favorite podcast player.
Awesome. So I will be sure to link those in the show notes and on the booniebreakdown.com.
And Lisa, again, thanks for dropping by again.
Thanks so much for having me. This was so much fun. All right.
That is it for this week's episode.
I want to give a huge thank you to Lisa Hendrickson-Jack for coming back to the podcast.
Be sure to support her, follow and check out her new book, Real Food for Fertility.
It's linked in the show notes and on the booniebreakdown.com.
Also be sure to support our sponsor, Dane Products. You can use the code Boonie10 to save on your purchase. All right.

[56:04] If you listened and you enjoyed this episode, I encourage you to subscribe to the podcast on Apple Podcasts, Spotify, Amazon Music, iHeartRadio, YouTube, or any apps that you listen to your favorites on.
Don't forget to leave us those five-star reviews too. You could have a review on a future episode.
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Have a dope ass week. Stay healthy, safe, and sane. Thank you for listening.
And remember, the Ratchet and Me always honors the Ratchet and You.
Homaste. Until next time.

[56:34] Music.