The contemporary crisis of inadequate support for the health of women is observed globally in the lack of women’s health education, fertility education, medical management, and holistic pregnancy support. Research by the medical and academic communities has been inadequate in both quantity and the systematic analysis of existing data, especially failing to look for answers that can be used to the benefit of individual female patients, especially in the diagnosis and treatment of ovarian dysfunctions with their symptoms.

While undergoing many changing phases over the duration of her life, a woman’s body demonstrates clear patterns of normal and abnormal health. These patterns can be known and understood by her and her medical providers. An authentic model for education, medical care, and pregnancy support must
thus begin with knowledge of normal and abnormal physiology and physical findings and result in tools that educators and medical providers can integrate into evaluation and treatment of individual women over the spectrum of their reproductive lives. The core foundation for this education and medical care lies in understanding that a woman’s ovulation is a critical vital sign of her health.¹

Ovulation marks the perfect integrity between a woman’s brain and her reproductive system, which does not operate in a vacuum but possesses an integral union with the whole body. When the brain coordinates as it ought to with the body, and the body’s systems, including endocrine activity, respond proportionately then health and ovulation are observed. One then sees normal development of brain, bone, breast, vascular, and other tissues. Ovulation signals that the most delicate of female hormonal activity is unfolding as it ought to—and thus becomes a valuable measure of a girl or woman’s health.

FEMM (Fertility Education & Medical Management) is headquartered in New York City, NY,² and provides a revolutionary new standard for education, medical management, and pregnancy support. FEMM is also a platform for applying a dynamic understanding of a woman’s body and her health to promoting the dignity and potential of women through public policy and law.

Grounded in peer-reviewed research in women’s endocrinology and reproduction developed through its research institute, the Reproductive Health Research Institute (RHRI), in Santiago, Chile, FEMM is designed to teach women and to train teachers and medical providers around the world to serve at the grassroots level. FEMM trains doctors and nurses to offer targeted reproductive education and medical management solutions within pre-existing clinics. FEMM provides the educational and medical training model, as well as expertise, research, and training support for providers to optimize the care offered to women.

² For more information about FEMM visit www.femmhealth.org. FEMM’s white paper, “The Case for FEMM,” provides the scientific, legal, and policy foundations for its education and healthcare model.
Re-Thinking Education

The need for hormonal health education
Without knowledge about the hormonal interplay of her cycle, a woman’s ability to make empowered, informed health decisions is hindered. Unfortunately, evidence shows that most women do not understand how their bodies work. They also lack health literacy, or awareness of the behaviors that affect their general and reproductive health over the course of their lives, such as exercise, sleep, weight, and nutrition. Women often experience shame and stigma surrounding menstruation, which also leads to poorer health outcomes. A woman equipped with the knowledge to understand her body is empowered to make the health care and family planning decisions that are best for her.

Understanding hormonal biomarkers
There are three general phases of the cycle: pre-ovulatory, which begins at menstruation and is marked by low hormonal activity; ovulatory, a time of significant and rapid hormonal change, which is also the time of fertility; and post-ovulatory, when rising progesterone is the dominant hormonal activity. The cycle ends when progesterone drops, leading to the shedding of the uterine lining (menstruation), and the start of a new cycle. The appropriate activity and interplay of these hormones throughout this process is crucial to a woman’s health and well-being.

Achieving and avoiding pregnancy
Fertilization to begin pregnancy is, for the most part, limited to the few days leading up to and 12-24 hours after ovulation. Because her biomarkers are usually identifiable during this phase of her cycle, a woman can use her knowledge either to achieve or to avoid pregnancy.

Integrating the health of families
In acquiring tools to manage daily health literacy, women can observe changes in their body, catch hormonal abnormalities as they arise, and then seek medical care to improve their well-being.

The hormone-health applications can impact the integration of healthy practices within an entire family. The mother is tasked with managing her health and fertility for the sake of her spouse and children. The children’s own hormonal development into and beyond puberty can benefit from the lifestyle and home life modeled by both parents, insofar as these dimensions impact the brain and thus hormonal health. The application of the FEMM
education to teens helps them to learn to recognize and respond to dysfunctions as they arise.

**Preventing risky behavior**

Due to the development of a girl’s cervical ectopy, a layer of protection over her cervix that doesn’t fully mature until her mid-twenties, girls between the ages of 15-24 are the most at-risk population in the USA for the acquisition of STDs. The use of modern hormonal contraceptives delays their cervical epithelial maturation, increasing the risk of acquiring an infection. Early sexual debut, as well as risky sexual behavior, contributes to increased risks of infection.

In this context, targeted education to teens about the structure and development of their reproductive systems, as well as the integration of hormonal activity with the entire body to maximize health over a lifetime, lays the foundation for a preventative pedagogy that targets issues such as early sexual debut and sexual violence. When women understand their bodies, as well as how behavioral or medical management choices impact their health and fertility, they acquire powerful tools to order their experiences and choices in accord with standards for health as well as enhancing confidence in their individual value. When men understand the basis of women’s health and fertility, they too can order their choices in accord with standards for health which encourages mutual respect between men and women. Students acquire a holistic foundation for understanding the benefits of delaying sex or returning to a sexually risk-free status.

**Re-Thinking Medical Care**

The most frequent causes of menstrual irregularities associated with ovulatory dysfunctions are hormonal abnormalities. These can be hypothalamic, pituitary, thyroid, adrenal, ovarian, and metabolic disorders. Often healthcare providers have focused on simply regularizing bleeding patterns (such as through oral contraceptives) without paying attention to ovulation or lack of ovulation or caring for the underlying disorders. The fact that women have biomarkers that enable them to recognize ovulation, and hence which stage of the ovarian continuum they are in, allows them to evaluate their own health. Accordingly,

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normal ovulatory activity during reproductive years can be considered a sign of health, because it implies adequate endocrine and gonadal function. Women at times of breastfeeding or pregnancy will also be able to identify their anovulatory state. Periods of transition between anovulation and regular ovulation, such as those found during puberty or perimenopause, can also be identified as a physiological part of the ovarian continuum, with women using their biomarkers to follow their course.

When a woman is equipped with the necessary tools to chart and follow her biomarkers and understand their meaning, she can also communicate her desire for medical care commensurate with the dysfunction manifested. Medical providers equipped with an understanding of the newest advances in reproductive endocrinology can evaluate the activity of approximately a dozen key hormones and targeted, functional tests to enable a more precise diagnosis aimed at normalizing hormonal activity and resolving undesirable symptoms (i.e., facial hair, acne, painful and irregular cycles, patterns of infertility and miscarriage, etc.).

Contemporary treatment aims at resolving ovarian dysfunctions and returning women to spontaneous ovulation with normal cycle phases—rather than simply prompting a schedule for bleeding, stimulating ovulation only with medication, or artificially enhancing luteal phases with bioidentical hormones. This approach sets a new standard for the targeted diagnosis and treatment approach that women deserve.

Re-Thinking Pregnancy Support

Times of pregnancy, postpartum and breastfeeding are opportunities to discuss relevant hormonal changes and expectations for the next stages to follow. A woman can benefit from understanding these significant hormonal events.

Education before, during, and after pregnancy is necessary for the health and well-being of mother and child. FEMM education helps with understanding pregnancy and postpartum changes and provides tools to help women and medical providers deal with the physiologic transitions.

On Integral Partnerships

FEMM invites medical directors of pregnancy care centers to consider a partnership for services to expand the educational
foundation available to the women they serve. In this context, FEMM offers three key services:

- **FEMM Education** teaches women the link between hormones and health, and how to monitor observable hormonal biomarkers. Once women understand their bodies, they can identify normal or abnormal patterns, and seek medical support as informed participants in their own healthcare. Over time, FEMM can also be used as a form of family planning. FEMM trains FEMM Teachers to offer this education.

- The free FEMM app (iPhone, Android // English, Spanish) women can use to chart is automatically programmed to flag abnormalities as they arise.

- **FEMM Medical Management** training offers providers of health care continuing medical education to learn approaches to diagnosis and treatment of the underlying causes of ovarian dysfunction, infertility, and miscarriage, with medical protocols drawing on the most recent research in women's reproductive endocrinology. The protocols are developed by the Reproductive Health Research Institute (RHRI), in Santiago, Chile, directed by Pilar Vigil, MD, PhD, Ob/Gyn. FEMM trains medical providers to apply these protocols to their patients.

## Medical Insights Partnership

The *Medical Insights Journal* is a collaborative partnership effort between Women’s Health Network National (WHNN) and PMC Network (PMCN).

Contact WHNN for more information regarding workflow, patient load, and available product recommendations. WHNN will have an RDMS’ or Medical Director contact you.

[www.whnnational.com](http://www.whnnational.com)

PMCN is a membership-based organization offering real world education and support for pregnancy medical clinics. PMCN recognizes that PMCs are health care facilities with unique needs, and they assist in securing the future of your organization by helping you meet or exceed federal and state regulations and best practices.

[www.pmcnetwork.org](http://www.pmcnetwork.org)
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Weronika Janczuk serves as the North American regional director for the World Youth Alliance (WYA), a global coalition of young people committed to the defense of human dignity and the building of a culture of life. She supports WYA’s affiliate women’s health program, FEMM (Fertility Education & Medical Management), as a FEMM Teacher. As part of her roles, she travels and speaks extensively on topics of the dignity of the human person, human formation, the human heart and the role of subjectivity in philosophical anthropology, women’s healthcare, integral development, policy applications, and more.