

The Best Of Mid Life Mom

The Best Of Mid Life Mom's

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Dear Friends,

Well I finally got around to making this little ebook. It contains some of our best articles and ideas..

Now you can enjoy and read them off line, at your leisure.

Sincerely Cris.

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More Good Reading

Making Babies At 40+

Meno Mania

Mom Recommended Reading

Create Your Own Website

Brand This Book

Declining Fertility

The decision of a lifetime for many people is if and when to have a baby. The national trend though seems to be to put off that decision, and that's something doctors want to change.

LISA FLORES ALWAYS WANTED KIDS....

Flores

"Ever since I was little I've always wanted kids."

BUT AT 27, OTHER LIFE GOALS ARE COMPETING WITH ANY MOMMY-TO-BE NOTIONS.

Lisa Flores

"Well I'm currently attending Sac State, right now getting my masters in school counseling. That's a definite goal of mine. My first goal right now is to finish school, I should be done May 2003."

HERE'S WHAT'S SURPRISING...LISA, WHO IS HEALTHY AND ACTIVE, IS ONLY A FEW YEARS AWAY FROM ENTERING A SENSITIVE FERTILITY ZONE.

Dr. Stephen Boyers/Reproductive Endocrinologist

"When you start talking about aging and fertility you're talking about women who are over age 30. They are young, healthy women."

THIRTY...IN TODAY'S TERMS SEEMS SO YOUNG. WOMEN MUST THINK SO, TOO. THEY'RE DELAYING CHILDBEARING LIKE NEVER BEFORE. WITH COLLEGE AND CAREER GOALS BECOMING MORE AND MORE IMPORTANT, THE CONCEPT OF THE BIOLOGICAL CLOCK SEEMS ALMOST ARCHAIC...

Monica Simmons

"I thought it was a joke. I'm a massage therapist. I have my career. I'm established. My husband's my best friend. I thought, 'oh we don't need kids.'"

IF MATERNAL INSTINCTS DO KICK IN, BE IT WHEN A WOMAN IS 40, SHE HAS QUITE A SET OF ROLE MODELS TO LOOK TO...CELEBRITIES LIKE JANE SEYMOUR, MADONNA AND CHERYL TEIGGS PROVE THAT YOU CAN HAVE IT ALL, AND BABIES IN YOUR FORTIES AND EVEN FIFTIES! THROW IN ADVANCES IN FERTILITY TREATMENT AND WOMEN ARE BANKING

ON THE FALSE HOPE THAT THEY HAVE COMPLETE CONTROL OVER THEIR REPRODUCTIVE SYSTEM.

Dr. Boyers

"I have patients all the time when I start to talk about the fact that at 35, 39 and 40 it's a bit tougher to become pregnant...look at me almost incredulously because no one's ever said that

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before, and they have a next door neighbors, who are 40 and just brought the new baby home."

DR. STEPHEN BOYERS, A REPRODUCTIVE ENDOCRINOLOGIST WITH UC DAVIS MEDICAL CENTER, IS IN FAVOR OF A NEW CAMPAIGN

RAISING AWARENESS ABOUT THE AFFECT OF AGE ON FERTILITY.

IT'S A CRUSADE THAT'S LANDED ON THE COVER OF MAGAZINES AND THE MESSAGE IS CLEAR: WHILE TIMES AND TRENDS HAVE CHANGED, OUR BIOLOGY HASN'T.

Dr. Boyers

"Women, on the other hand, are born with every egg they are ever going to have. In fact, they had most of their eggs when they were still a fetus in utero...some 6 or 7 million."

AS A FEMALE AGES, EGGS EITHER GET OVULATED OR DIE. BY PUBERTY A WOMAN HAS ABOUT 400,000 EGGS LEFT, AND WHILE SHE ONLY NEEDS 400 TO OVULATE DURING HER REPRODUCTIVE LIFE SPAN, WAITING SEVERELY DECREASES THE CHANCE OF GETTING PREGNANT.

Dr. Boyers

"In your twenties and early thirties the chance of becoming pregnant from just one ovulation is something like 20 to 30 percent. The same healthy couple...now the woman's age is 40, 5 percent chance."

OLDER LESS ENERGETIC EGGS ALSO HAVE A DIFFICULT TIME IN THE OVULATION PROCESS. SO AS A WOMAN AGES, HALF THE BATTLE IS GETTING PREGNANT, THE OTHER HALF - STAYING PREGNANT.

Dr. Boyers

"We can show from studies that women in their early thirties already have a lower chance to become pregnant than women in their mid twenties...by 35 that's a very obvious decline in fertility...by 40 it's a significant drop off."

Simmons

"I woke up at three in the morning bawling...just couldn't control it...thought something was wrong with me. My husband woke up. He said, 'What's wrong with you?' I said nothing...I think my biological clock fell off the shelf and hit me on the head."

AS FOR MONICA SIMMONS...

Simmons

"People keep asking us if we want a boy or a girl, and Michael's response is either one can ride a dirt bike."

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HER MATERNAL URGES...TO HER SURPRISE...SUDDENLY KICKED IN, AND SHE'S EXPECTING HER FIRST CHILD AROUND HER TWENTY-NINTH BIRTHDAY. LISA, ARMED WITH THE LATEST FERTILITY NEWS, IS NOT TOO CONCERNED ABOUT HER FERTILITY CONSIDERING HER CIRCUMSTANCES.

Flores

"As for me, you know I get a little nervous about being older and having children, but I think being healthy and as active as I am, I'm not too worried."

WHILE AT 30 FERTILITY STARTS TO GO DOWN, MANY WOMEN DO GET PREGNANT, SO THE ULTIMATE QUESTION SEEMS TO BE THIS: IS THERE A MAGIC AGE WHERE FERTILITY ISSUES NEED TO BE ADDRESSED?

Dr. Boyers

"If you're 35 and you've not had a child and you want to have a child at the time, you should be worried."

THE POINT IS NOT TO ENCOURAGE PREMATURE PREGNANCIES IN WOMEN WHO AREN'T READY TO HAVE A LITTLE ONE BUT TO EDUCATE AND INFORM WOMEN THAT THINKING ABOUT BRINGING A BABY INTO THE WORLD MAY NEED TO START SOONER RATHER THAN LATER.

A survey of thousands of women found that women have an excellent understanding of birth control, but that they overestimate the age in which fertility declines...thinking pregnancy is possible a lot later than it truly is.

From The

UC DAVIS SCHOOL OF

MEDICINE AND MEDICAL CENTER RESEARCH ARCHIVES

Basic Infertility Testing

If you are struggling with infertility and trying to conceive or carry a pregnancy to delivery, you may find the following may address some of your concerns.

Basically if you fall under any of the following you should seek specialized help.

- ◆ Regular unprotected intercourse with no pregnancy for a year
- ◆ Trying 6 months when 35 years of age or older
- ◆ Irregular menstrual cycles
- ◆ A history of pelvic pain or other problems such as infection or abdominal or reproductive surgery
- ◆ DES Exposure
- ◆ Two or more miscarriage

Male problems that may alert you to a problem may include:

- ◆ Reproductive surgery
- ◆ Low sperm count and./or problems with morphology etc.
- ◆ Urinary infections

The following is a listing of tests generally included in a woman's routine fertility work-up. Please note that every doctor has his or her own standards, and the following is intended to be used as a basic guideline only.

YOUR FIRST APPOINTMENT:

If possible try to schedule your first appointment during the first week of your cycle so that you don't "waste" a cycle. Baseline tests for follicle stimulating hormone (FSH) and luteinizing hormone (LH) must be done on day three of your cycle. If your consultation should take place before that, you'll be instructed to come in for these tests on day three of your cycle. Additional tests will be conducted on the day of Luteinizing Hormone (LH) surge (mid-cycle), and again about seven days after ovulation.

At the first appointment, most doctors also do routine screening of both partners---AIDS, hepatitis, etc. Medical histories for both partners will be taken. Try to keep track of the length of your menstrual cycles for several months beforehand. Charting Basal Body Temps (BBTs) for several months will also give your doctor some insights.

YOUR SECOND APPOINTMENT:

This appointment should be scheduled on the day of your LH surge, (BEFORE ovulation). In most cases, you may be directed to use a home ovulation test kits and call for an appointment on the day you detect a surge. Included in this exam will be:

Cervical Mucus Tests These include a post coital test (PCT) to see that the sperm can penetrate and survive in the cervical mucus and a bacterial screening. It is important to note that the appropriate time to do PCTs is just before ovulation, around the time of luteinizing hormone (LH) surge, when mucus is the most "fertile." PCTs at other times may give false results.

Ultrasound Exams On the day of LH surge, Ultrasound Exams are used to assess the thickness of the endometrium (lining of the uterus), monitor follicle development and assess

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the condition of the uterus and ovaries. If the lining is thin, it indicates a hormonal problem. Fibroid tumors and ovarian cysts can often be detected via ultrasound, as well as abnormalities of the shape of the uterus. In some cases, endometriosis can also be detected. Many doctors order a second ultrasound two or three days after the first. This second ultrasound confirms that the follicle actually did release the egg, and can rule out luteinized unruptured follicle (LUF) syndrome, a situation in which eggs ripen but do not release from the follicle.

Hormone Tests If the blood test at your first appointment indicated a high LH to FSH ratio, an indication of polycystic ovarian disease (PCOD), your doctor will order an "Androgen Panel" to check levels of free testosterone and dihydroepiandrosterone (DHEAS). Prolactin and Progesterone should be tested seven days post LH surge.

After the initial workup, many doctors continue with some of the following tests.

HYSTEROSALPINGOGRAM (HSG):

This test is used to examine a woman's uterus and fallopian tubes. It is essentially an x-ray procedure in which a radio-opaque dye is injected through the cervix into the uterus and fallopian tubes. This "dye" appears white on the x-ray, and allows the radiologist and your doctor to see if there are any abnormalities, such as an unusually shaped uterus, tumors, scar tissue or blockages in the fallopian tubes. If you are trying to get pregnant in the same cycle as an HSG, make sure to schedule the test PRIOR to ovulation so that there is no danger of "flushing out" a released egg or developing embryo. Although most women report only minor cramping and short-term discomfort during this procedure, some women, especially those who DO have blockages, report intense pain. Speak to your doctor about taking a pain medication about 30 minutes prior to the actual procedure.

HYSTEROSCOPY

If a uterine abnormality is suspected after the HSG, your doctor may opt for this procedure, performed with a thin telescope mounted with a fiber optic light, called a hysteroscope. The hysteroscope is inserted through the cervix into the uterus and enables the doctor to see any uterine abnormalities or growths. "Photos" are taken for future reference. This procedure usually is performed in the early half of a woman's cycle so that the build-up of the endometrium does not obscure the doctor's view. However, if the doctor is planning to do an endometrial biopsy at the same time, it is done near the end of the cycle.

LAPAROSCOPY

A narrow fiber optic telescope is inserted through a woman's abdomen to look at the uterus, fallopian tubes, and ovaries and to discern endometriosis or pelvic adhesions, and is the best diagnostic tool for evaluating the ovaries. This test is usually done two or three days before menstruation is expected, and only after an HCG beta blood test ensures the woman is not pregnant.

ENDOMETRIAL BIOPSY

This procedure involves a scraping a small amount of tissue from the endometrium shortly before menstruation is due between 11 and 13 days from LH surge. It should ONLY be performed after an HCG blood test shows the woman is not pregnant. This test is used to

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determine if a woman has a luteal phase defect, a hormonal imbalance which prevents a woman from sustaining a pregnancy because not enough progesterone is produced.

Once a diagnosis has been made there are many forms of treatment that can be undertaken, to assist couples with a successful conception and delivery.

Discovery May Rewrite Book On Human Menstrual Cycle

Written by: HELEN BRANSWELL

Provided by: Canadian Press

TORONTO (CP) — Saskatchewan researchers have made a discovery that could force the rewriting of text books on the female menstrual cycle, which could in turn lead to better infertility treatments, oral contraceptives and fewer "oops" babies.

The team, based at the University of Saskatchewan, discovered that many women actually have the potential to ovulate more than once per cycle, a finding that challenges the dogma on the human cycle.

"A significant portion of the population has either two major waves or three major waves during the cycle and that means they have the potential to ovulate at any one of those three times," said Dr. Roger Pierson, lead author on the study, which is published in the current issue of Fertility and Sterility.

"They might not necessarily ovulate because other hormones are keeping the signal from the brain from getting to the ovaries.... But life happens and there isn't always perfect control."

The findings could help to explain a number of the mysteries about conception: why the rhythm method is such a lousy form of birth control; why oral contraceptives don't work for some women and why some women can be impregnated very early or very late in their cycles, for instance.

They may also point to ways to improve the rather dismal success rates of in vitro fertilization techniques, said Dr. Bruce Murphy, a professor of reproductive biology at the Universite de Montreal.

"It could radically improve the success of this super-ovulatory treatment," said Murphy, referring to the treatment in which women are induced through drug therapy to produce more than one egg for IVF purposes.

Murphy called the findings "quite convincing."

"To me it's quite solid and I think it will be accepted," he said.

While Murphy was not involved in the research, he is on the advisory board of the Canadian Institute of Health Research's Human Development and Child and Youth Health Institute, which funded the study.

Pierson and his co-authors studied a group of 63 women, aged 18 through 40, with normal menstrual cycles. Some had had as many as four children, while others had had none. For this type of research, this sample size is quite large, both Pierson and Murphy said.

All the women underwent a trans-vaginal ultrasound every day for about six weeks, allowing the researchers to get a clear picture of the activity of the ovaries over the period of a full menstrual cycle.

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For nearly 50 years, Pierson explained, science had thought it knew how the ovaries worked. The school of thought evolved from the study of hormone levels in blood and dissection of ovaries removed for medical reasons.

The thinking was that once a cycle a group of 15 to 20 follicles — fluid-filled sacs containing an egg — would develop. One, through a process that is not understood, would become dominant and would develop to a point where release of the egg — ovulation — could occur, on or around Day 14 of a 28-day cycle. (Ovulation doesn't always occur; sometimes a follicle will regress and die without releasing its egg.)

But the ultrasound pictures told another story.

Instead of one long wave of follicular development, women underwent two or three waves of development during their 28-day cycle.

Most of the women — 50 of the 63 — had normal ovarian cycles and none of these women ovulated more than once during the period of study. But about 40 per cent of them also developed a dominant follicle during one of the waves that didn't lead to ovulation, Pierson said, suggesting that under the right circumstances they could have ovulated twice in a cycle.

Thirteen of the women had abnormal ovarian cycles. Of this subgroup, two women actually ovulated twice in a cycle, noted Pierson, a reproductive endocrinologist and director of the university's reproductive biology research unit.

The researchers also found that some women ovulated as late as Day 21 of their cycle — a finding which explains why Day 14 can't be reliably assumed to be the magic time to have or refrain from sex, depending on whether you want to get pregnant or are desperate not to.

"What it tells us is there's this broad span of biological variation and that this text book-like cycle just doesn't exist," Pierson said.

"That's why we've got to really think about changing the way we're teaching people about the menstrual cycle."

Pierson said the findings should have implications for IVF techniques and oral contraceptives. For women who can't rely on oral contraceptives, "it's the biological foundation for why those problems occur."

"Certainly when we think about women undergoing fertility therapy, we're going to have to consider different times for different drugs and different types of drugs," he added.

Natural Ways to Enhance Fertility

Nans and Jonathan started planning their family even before they were married. "That was something we both wanted — at least two children," says Nans. Ten years later, they have tried every kind of fertility treatment available, some of them painful and all of them expensive. "What seemed like such a simple desire has become an impossible quest," says Nans. They are now looking into adoption, but still wish with all their hearts to conceive.

Stories like Nans' and Jonathan's are more and more common today — much more so than they were even fifty years ago. Studies show that the average sperm count has decreased by 48 percent since 1940.

Women's fertility is also on the decline. There are many theories about why this is the case, but many researchers believe increased pesticides and chemical fertilizers could be a cause, as well as the high levels of stress associated with modern life.

Couples such as Nans and Jonathan may now find help from ayurveda, which places great emphasis on health and well-being during conception and beyond. Not only does ayurveda explain how to increase fertility with diet, behaviors, and herbal supplements, it focuses on how to create truly healthy children.

The ayurvedic ideal goes far beyond merely conceiving. Instead the emphasis is on creating a child who is mentally, physically, emotionally, and spiritually healthy — a wise and well-rounded child who will contribute to society and become an enlightened citizen.

Factors Involved in Creating a Healthy Child

What are the factors involved in creating a healthy child? According to ayurveda, conception takes place due to healthy sperm, healthy ovum, and a healthy uterus. For both men and women, reproductive health depends on the health of the shukra dhatu, or reproductive tissue. In women the shukra tissue creates the ovum as part of the monthly cycle, and in men the semen is formed due to sexual stimulation.

The shukra tissue itself is created as part of a long chain of metabolic transformations, starting with the digestion of food and including the transformation of food to nutrient fluid, blood, muscle, fat, bone, bone marrow and finally, to shukra tissue.

Healthy shukra tissue, then, according to ayurveda, depends on the health of all the other tissues in the body.

Diet and Behaviors to Boost Fertility

"There are two kinds of foods and herbs that help enhance shukra dhatu, and therefore help enhance fertility," says Vaidya Mishra, ayurvedic expert. "One is called bringhana, and these foods enhance shukra by enhancing all the seven dhatus. Vrishya foods and herbs target shukra dhatu in particular."

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Because the first six dhatus are the raw material for forming the reproductive dhatu, all of the dhatus must be completely healthy in order to form healthy reproductive tissue. That's why the bringhana diet, which nourishes all the seven dhatus, are so important if you wish to conceive.

Foods to Nourish All Seven Dhatus (Bringhana)

Fresh, organic fruits and vegetables

Whole grains

Dairy proteins, including milk, lassi, and panir (a fresh cheese made of milk)

Mung dhal

Soaked almonds or soaked walnuts (you can grind them and add them to your vegetables)

Sweet, juicy fruits such as mangoes, peaches, plums, and pears

Dried fruits such as dates, figs, and raisins

Stewed apple for breakfast

If your digestion is strong, eat urad dhal (available at Indian grocery stores) cooked with equal parts turmeric, cumin, coriander, and fennel.

A banana cooked in ghee, cinnamon and cardamom is a tasty and wholesome dessert for people with strong digestion

Foods to Enhance the Reproductive Tissue (Vrishya)

asparagus

broccoli

milk

milk–date shake

milk–mango shake

rice pudding

spices such as ajwain powder, cumin (which purifies the uterus in women and the genitourinary tract in men), turmeric (to improve the interaction between hormones and targeted tissues), and black cumin.

In general, it's important to eat a wide variety of foods in order to receive all the essential nutrients. "Keep trying new vegetables and fruits, and rotate your menus to make sure you're not eating the same thing day after day," advises Vaidya Mishra.

Increasing Fertility Later in Life

Are there special tips for couples that want to conceive after the age of forty? Vaidya Mishra recommends that both the woman and man focus more on the diet and routine, on vrishya and bringhana diet.

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"Avoid stress as much as possible," he says. "Go to bed on time and don't miss your morning massage. Take care of your protein needs, including some dairy protein in your diet, such as panir, milk and lassi. Engage in a spiritual practice such as the Transcendental Meditation® technique."

For women, it is particularly important to take care of yourself during menstruation. Follow the ayurvedic guidelines for that time: avoid traveling, avoid skipping meals, eat foods that are warm, light, and easy to digest, and try to avoid foods or aromas that are highly chemicalized. And take real rest during your menstrual cycle.

"If you want to conceive when you are older, you need to be extra careful about your overall health," advises Vaidya Mishra.

If You Don't Want to Conceive

Even if you don't want to conceive, there is a value in enhancing the shukra tissue. Shukra has a dual function, not only producing the sperm and ovum but also ojas, the finest product of digestion. Ojas creates vigor, bliss, lightness, stamina, immunity, luster in the skin, sparkle in the eyes, and clarity of mind.

"Ojas is vital to the health and happiness of everyone," says Vaidya Mishra. "Anyone who wants to mental clarity, immunity, and spiritual well-being will find these recommendations useful, because they enhance the shukra tissue and thus enhance ojas."

Note : This ayurvedic information is educational and is not intended to replace standard medical care or advice.

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Artificial Insemination

Is It The Right Answer For You ?

Artificial insemination (AI) places sperm directly in the cervix or uterus. It's useful when dealing with some of the following problems:

- When the male partner's semen contains very low numbers of sperm.
- When unexplained infertility exists in both partners.

Artificial Insemination By Donor

The simplest, most widely used, and least invasive of the technologies that a woman may consider is donor insemination (DI). This procedure does not require professional help, and you can do it at home.

It can be used by women who wish to get pregnant without having a male partner, or by women whose male partner has fertility problems or those who risk passing on a hereditary disease.

To use DI on your own, ideally you should have no fertility problems. Or be using a fertility drug such as Clomid to increase your chances of ovulation. To find out if and when you are likely to ovulate, you can chart your basal body temperature and mucus consistency for a few months in advance.

A urine test kit, available in any drug store can help you find the right time, for the insemination procedure, by detecting the hormone surge that precedes ovulation by about 24 hours. These kits contain detailed instructions and are simple to use.

Choosing A Sperm Donor

There are several ways of obtaining semen. You could simply ask a male friend or acquaintance to donate sperm.

Or you can get inseminated with the help of a health care practitioner at a clinic with access to a sperm bank.

Women who cannot afford frozen semen or clinic and physician fees, and who opt for fresh semen, are at a greater risk for HIV and other infections.

If you must use fresh semen, it's safest if your donor has been celibate or at least monogamous for at least six months. He should have a drug and alcohol free history and ideally should have had recent HIV testing.

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Insemination

When you inseminate, the semen should be at body temperature. When you know that you are about to ovulate, ask your donor to ejaculate into a clean container. This semen should be used within 30 minutes for best results.

Place the semen into a syringe, (*available in drug stores and farm supplies*) then gently insert the syringe into your vagina while you lie flat on your back with your buttocks up on a pillow. Empty the syringe into your vagina to deposit the semen as close to your cervix as possible. Continue lying in this position for about 10 minutes.

Success Rates

Success rates will depend on you and your partner's particular problem and your age. Most couples who turn to AI have a 5 to 25 percent chance of becoming pregnant with each cycle. Your chances could be closer to 25 –30 percent if you are taking fertility drugs.

It's estimated that more than 50,000 women in North America have used DI successfully

Certainly DI isn't right for everybody. It raises different questions for different people. Religious questions, legal questions, or moral questions.

When exploring any of the reproductive therapies, please remember, that if it doesn't feel right, then just don't do it!

PREGNANCY OVER 40

To wait or not to wait? It sounds like a simple enough question, but to women wanting children it's not simple at all.

More and more women now are challenging traditional thinking and letting that biological clock tick.

25, 21, 30, 19, 23, 34

ARE YOU WONDERING WHAT ALL THESE WOMEN ARE TALKING ABOUT??? THEY'RE CONFESSING THEIR MAGIC AGE – HOW OLD THEY WERE WHEN THEY HAD THEIR FIRST BABY. MANY WOMEN BECOME MOMS IN THEIR TWENTIES AND THIRTIES. BUT THERE'S AN INCREASING TREND TO SAVE THOSE DIAPER DAYS FOR A LITTLE LATER.

ANN SHUMAN:

"The thought of having kids never crossed my mind, it would have interfered with everything that I was doing. When I met my husband I realized this was the person I would want to raise a family with."

ANN SHUMAN HAD HER FIRST CHILD, NATALIE, WHEN SHE WAS FORTY, AND HER SECOND CHILD, DANIEL, WHEN SHE WAS FORTY THREE. A DEMANDING NURSING CAREER AND LOVE OF TRAVEL AND ADVENTURE PUSHED MOTHERHOOD TO THE BACK BURNER. AND SHE'S NOT

ALONE – THE NUMBER OF WOMEN HAVING BABIES AFTER FORTY HAS DOUBLED IN THE LAST TEN

YEARS. BUT HAVING KIDS LATER CAN IMPACT YOU AND YOUR BABY'S HEALTH. KNOWING THIS,

MANY WOMEN LOOK TO THEIR DOCTOR FOR ANSWERS.

DR. BILL GILBERT:

"I went to the literature and found that there really was not much in the literature describing women having babies over forty."

DR. BILL GILBERT IS CHIEF OF MATERNAL FETAL MEDICINE AT THE UC DAVIS SCHOOL OF MEDICINE AND MEDICAL CENTER.

HE WANTED NITTY-GRITTY DETAILS ABOUT PREGNANCY OVER FORTY, SO HE CONDUCTED A STUDY THAT LOOKED AT OVER TWENTY-FOUR THOUSAND (24,000) WOMEN WHO WERE DELIVERING THEIR FIRST CHILD AFTER THE AGE OF FORTY.

DR. BILL GILBERT:

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"There was a dramatic increase in the cesarean section rate as well as an increase in the operative vaginal delivery rate which is forceps or vacuum.

DR. GILBERT ALSO FOUND THAT FIRST-TIME OLDER MOTHERS HAD AN EIGHTY-PERCENT INCREASED RISK OF HAVING HIGH BLOOD PRESSURE DURING PREGNANCY, AND THAT THEY WERE AT HIGHER RISK FOR GESTATIONAL DIABETES AND OTHER COMPLICATIONS LINKED TO LABOR AND PREGNANCY.

DR. BILL GILBERT:

"If you compare as a group of women in their twenties to a group of women in their forties pregnant or non-pregnant, the older group is going to have a higher incidence of hypertension, diabetes and so forth.

AND THOSE ARE THE RISKS IF YOU CAN GET PREGNANT IN THE FIRST PLACE.

THAT BIOLOGICAL CLOCK IS ALIVE AND TICKING AND MANY WOMEN OVER FORTY HAVE TO FIGHT MOTHER NATURE.

FEMALES ARE BORN WITH ABOUT TWO MILLION EGGS IN THEIR OVARIES, BUT AS THEY AGE THAT NUMBER CHANGES.

DR. BILL GILBERT:

"By the age of forty you have about five or ten thousand eggs, so the sheer number of eggs that can ovulate and therefore cause a pregnancy are dramatically decreased."

BUT ANN AND HER HUSBAND BRAD BEAT THOSE ODDS. ANN FOUND HERSELF PREGNANT PAST THE CRUCIAL AGE OF THIRTY-FIVE AND SHE KNEW THERE COULD BE PROBLEMS.

ANN SHUMAN:

"The genetic risks were the things I was kind of worried about as far as having a pregnancy and carrying it through, and the side effects I didn't worry about any of that. I didn't worry about labor and delivery."

ANN DID END UP HAVING A COMPLICATED DELIVERY WITH HER FIRST CHILD. BUT HER SECOND DELIVERY WENT SMOOTHLY. SHE FEELS OTHER WOMEN SHOULDN'T LET FEAR HOLD THEM BACK IF THEY WANT CHILDREN OVER FORTY.

ANN SHUMAN:

"I did have a C-section, but again the outcome was a perfectly healthy baby. And I think that's what women need to hear, that you know pregnancy can be fine. Mine were great, they can be fine. Delivery can be fine, but there's that increased risk, but they're watching for it."

DR GILBERT'S STUDY HIGHLIGHTED THOSE RISKS BUT HE STILL ENCOURAGES WOMEN OVER FORTY WHO REALLY WANT CHILDREN TO GET PREGNANT

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DR. BILL GILBERT:

"The most important thing I think is that although there was the significant increase risk in the pregnancy, the vast majority of the pregnancies did very well."

MEDICAL FACTS ASIDE, SOME PEOPLE FEEL THERE ARE BENEFITS TO PURSUING OTHER LIFE GOALS BEFORE HAVING CHILDREN. OLDER MOMS OFFER A DIFFERENT PERSPECTIVE ON MOTHERHOOD.

DR. BILL GILBERT:

"A lot of times earlier in our lives we are not quite as mature, maybe not quite as ready to deal with the pregnancy issues. We haven't worked out our own issues. Of course in the forties a family makes a conscious choice to have a baby. They're usually pretty well set financially, they're pretty well set emotionally, this is really a wanted pregnancy."

ANN SHUMAN

"I have a lot of friends who when they were younger had there kids and now, they're grandmothers, and now they're going traveling, they're doing all the things that I did younger. I also have equally as many friends that are waiting until they're older and more mature and ready and that is comforting."

ANN MENTIONED ONE MORE BONUS TO HAVING KIDS LATER IN LIFE: NO MATTER WHAT HER AGE IS, HER LITTLE BUNDLES OF JOY WILL KEEP HER YOUNG AT HEART.

If you are over 40 doctors recommend that you get your own health under control first, and this getting your blood pressure under control, that your exercising and eating right, and getting plenty of rest.

From The

UC DAVIS SCHOOL OF MEDICINE AND MEDICAL CENTER RESEARCH ARCHIVES

Pregnancy Over 50

Journal of the American Medical Association, concludes there is no medical reason why women over the age of 50 should not try to become pregnant if they use in vitro fertilization and donated eggs.

Although the women in the study had an increased risk of preeclampsia (pregnancy-induced hypertension) and gestational diabetes, their pregnancy rates, multiple gestation rates and miscarriage rates were similar to those of younger women undergoing the same procedures. The majority of women delivered their babies by Caesarean section.

"What is interesting and not unexpected is that when you use donated eggs, the pregnancy outcomes, for all intents and purposes, are just as good," says Dr. William M. Gilbert, a professor of obstetrics and gynecology at the University of California at Davis. "It's the egg that drives things."

Egg donation took hold in the United States in the mid-1980s as a way for younger women who had had premature ovarian failure to have babies. "What we didn't realize at the time is how much it would open the whole area of older women being able to get pregnant," says Dr. Richard J. Paulson, lead author of the study and director of the fertility program at the University of Southern California's Keck School of Medicine.

Paulson had been working with women under the age of 40, some of whom crossed that age threshold while they were still in the program. When in vitro fertilization was performed in this older bracket of women, Paulson was still able to get extremely high success rates. That's when he had his "ah-ha moment."

"Women over 40 were getting pregnant at the same rate as women under 40," Paulson says. "We realized that women had not one biological clock but two. The biological clock for the egg gets very weak at 40. The uterus and the rest of the reproductive tract seems to do just fine."

Here, Paulson and his colleagues looked at 77 postmenopausal women aged 50 or older (the range was 50 to 63, with an average age of almost 53) who conceived via IVF with donor eggs. After conceiving, the women were given a supplementation of estrogen and progesterone until the 12th week, at which time the placenta took over making all the hormones they needed.

All of the women were screened for medical conditions and, as a result, were in exceptionally good health.

The total pregnancy rate was 45.5 percent. Of the 77 women, 54.5 percent had live births. Of the 45 live births, there were 31 single babies, 12 twins and two sets of triplets. Three women became pregnant twice. This was the first delivery for 58 percent of the mothers and, for those first babies, the average gestation age at delivery was 38.4 weeks and the average birth weight 6.64 pounds.

Some 25 percent of patients had mild preeclampsia, while 10 percent had severe preeclampsia. Gestational diabetes requiring diet modification occurred in 17.5 percent; 2.5 percent required insulin. There were no neonatal or maternal deaths.

The Best Of Mid Life Mom

"They do have complications; we know that. Now we have an idea of what the complications are going to be," Paulson says.

Preeclampsia and gestational diabetes are nothing to scoff at. "Severe preeclampsia can be a condition that puts the mother's life and limb at risk. The vast majority end up doing fine, but we don't have a lot of experience with women in their 50s having severe preeclampsia," Gilbert says. "This is not something without risk and we shouldn't enter it lightly."

Complications seemed to become substantially worse in women over the age of 55. That is the cut-off age that Paulson is working with, at least for now.

"Fifty-year-olds are running marathons and doing all kinds of other things. Being 50 years old in 2002 is very different from being 50 years old 50 years ago," Paulson says. "Even when I was growing up, someone who was 50 was old or middle-aged. That's changed, and things may change even more in another 10 or 20 years because we're so much more aware of how we take care of ourselves. We're starting healthy lifestyles earlier in life."

The study did not address any issues that might arise after the baby is born, such as how easy it will be for an older woman to take care of a newborn.

And older women wanting to get pregnant still need to remember one thing. "The big issue is the donated eggs, and women have to be willing to accept that once you're beyond 42 or 45, the chances of being successful with your own egg are dramatically decreased," Gilbert says. "I think it's important to remind women who think they can have babies through their 50s that it will not be their own eggs. It's no different from adopting a kid."

What To Do

For more on IVF and egg donation, visit the [American Society for Reproductive Medicine](#) or the [InterNational Council on Infertility Information Dissemination](#)

Effects Of Cannabis On Conception, & Pregnancy.

Cannabis (marijuana, hash, hash oil) continues to be a very controversial drug. To legalize or not legalize is the question in many places today.

If our perfectly legal, drugs such as caffeine, nicotine and alcohol are all proven to cause various conception and pregnancy problems, then why should I think that cannabis would be any safer?

While drug activists may be quick to tell you about how cannabis can be safely used as a herbal treatment for morning sickness, and while marijuana may be considerably safer than say "thalidomide" (*we all know about that disaster prescribed for morning sickness*) you really need to wonder and question the safety of using this very common recreational drug during conception, pregnancy or breast feeding.

Studies have proven that cannabis is higher in toxic carcinogens than cigarettes. Studies have shown cellular damage to the lungs of cannabis smokers, who smoked only two joints of cannabis a day, to be as harmful as the damage caused by 28 tobacco cigarettes

The active ingredient in cannabis is tetrahydrocannabinol, or THC, which gives the following effects, a false sense of well-being; difficulty concentrating; distortions in time, and visual or auditory, hallucinations. Other effects can include, increased heart rate, reddening of the eyes, and extreme sleepiness.

The effect of Cannabis on reproduction also appears pretty conclusive. Marijuana reportedly lowers sperm production and testosterone secretion.

According to several studies, pregnant women who continue to smoke cannabis are at a greater risk of their children being born with birth defects, of giving birth to low birth weight babies, and to delivering prematurely.

Studies have shown an increased risk of certain cancers, such as leukemia, in children whose mother's smoked cannabis while pregnant.

Other recent research suggests that exposure to cannabis in the womb can affect the mental development of the child, later in life. At an early age these children showed some, reduced verbal and memory skills. By school age, the researchers noted, an increase in impulsiveness and a decrease in attentiveness in children whose mothers used cannabis heavily.

Another study conducted on breast-fed infants, (*accessed from moderate to heavy cannabis smoking mothers*), found they were exposed to marijuana via the mother's milk. Marijuana exposure via the mother's milk during the first month after birth appeared to be associated with a decrease in infant motor development.

While I'm sure there are many other stories and studies on the web that will dispute the ones represented here, I can only say, why take a chance on something so important.

Eating for two doesn't mean eating twice as much

Only getting twice as much nutrition from what you do eat

You want increase the amounts of calcium, protein, certain vitamins and minerals such as folic acid and iron, you take in.. If your diet is poor, you should start now eating, healthy well-balanced meals. Limit junk food, since it has nothing but empty calories.

To meet your additional daily need for calcium, protein, and the vitamins and minerals you need, most health experts advise the following foods.

- nine or more servings of breads, cereals, and grains (whole grains are best)
- seven or more servings of fruits and vegetables (preferably rich in vitamin C and one in vitamin A)
- at least three servings of milk or milk products.
- at least three servings of protein such as, lean meat, poultry, fish, eggs, beans or peas.

This may seem like a lot of food, but remember that a single serving means, one slice of bread equals one serving for the bread and grains, 8oz of milk, a half-cup of cottage cheese or one slice of cheese equals a milk serving, and a protein serving is just one egg or a piece of meat, fish or poultry about the size of the palm of your hand.

Eat only small amount of fats, oils, or sugars.

Every mom should talk to her own doctor or dietician about her own particular special needs

Some studies suggest that drinking more than four cups of coffee a day can lead to miscarriage, low birth weight, and sudden infant death syndrome (SIDS). Be aware that caffeine is also found in tea, soft drinks, cocoa, and chocolate.

Drinking alcohol during pregnancy can cause severe physical defects, learning disabilities, and emotional problems in children, so many experts recommend that you give up alcohol for your entire pregnancy.

A vitamin-mineral supplement is also a good idea. Take a folic acid supplement before you conceive, and early in your pregnancy. Studies show a lack of this B vitamin has been linked to neural tube birth defects such as spina bifida. Later you may need to take iron or calcium supplements. Follow your doctors advice.

Remember that both your health and your baby's growth and health is directly related to what you eat before and during your pregnancy. Get into the habit of eating well, now and for life.

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Who Said You're To Old To Make Babies?

It's very interesting to listen to the reaction from friends and family when they learn that you're actually planning to have a baby when you're in the 40 plus range.

After they, have done all they can to convince you that your really just experiencing a mid life crisis, involving temporary insanity, you then get to face your friendly doctor with their doom and gloom statistics, about poor fertility, high miscarriage rates, defects, and more.

It certainly doesn't do much for your ego to hear the constant downside of later life pregnancy

And while it is certainly true that there are some increased risks and potential problems with mature moms, there is also a positive side to all of this.

Fact is a larger number of women are waiting until later in life to either start their families, or increase their families' size.

The biggest hurdle to overcome is a decrease in your fertility levels. Your doctor can do test to determined your current level and can help to increase your chances of success.

The risks are not as bad as you've probably been led to believe, as most women will carry and deliver a normal healthy baby.

Being an older mom myself, I found I had more patience, than I did when I was a young mom and am more tolerant of many things in general.

So my advice to a mature woman wanting to have a baby?

1. Modify your diet and exercise regularly.
2. Give up alcohol, tobacco and cut back on caffeine. Have your spouse do the same.
3. Find a good supportive doctor for a complete and thorough check up, and then follow their advice to the letter.
4. Oh yes, and don't tell your friends until you're in your second trimester. It seems they react more positively to your news, when it's obvious that your not insane and are really going to go thru with this.

Alcohol, Smoking, Caffeine And Drugs When Trying For A Baby

Nobody knows how much alcohol can reduce your chances of conceiving but alcohol can reduce fertility, and excessive drinking can lead to early miscarriage. When trying to conceive your safest bet is to cut out alcohol altogether or at least , no more than one or two units of alcohol once or twice a week. Is an advisable limit.

The effects of alcohol are greater in women who drink large amounts of drinks containing caffeine, smoke and have a poor diet.

A unit is half a pint of ordinary strength beer, lager or cider, a small glass of wine or a single 25ml measure of spirit.

Women who are frequent drinkers are at risk of having babies with Fetal Alcohol Syndrome (FAS). This only usually occurs with higher levels of drinking, but even moderate alcohol intake (more than three units per day) can lead to mental and growth retardation, behavioral problems, and facial and heart defects.

One unit of alcohol is approximately equivalent to:

- ◆ half a pint of ordinary strength beer, lager, or cider
- ◆ a quarter of a pint of strong beer or lager
- ◆ one small glass of wine
- ◆ one single measure of spirits
- ◆ one small glass of sherry

Reducing your alcohol Intake

- ◆ Try sticking to soft drinks
- ◆ cut down on your caffeine intake also
- ◆ ask your partner not to drink in the house
- ◆ don` t keep alcohol in the house

If you think you may have a drinking problem, talk with your doctor or midwife or contact Alcohol Concern on 020 7298 7377.

Smoking

Smoking increases your chances of a miscarriage during the first trimester. Mothers who smoke are also more likely to go into premature labour; have a premature rupture of membranes; experience third trimester bleeding; have slower fetal growth, and deliver underweight babies. Prospective fathers who smoke should also quit, as exposure to “passive smoking” during pregnancy is also harmful. Smoking also impairs a woman's fertility. Smoking affects sperm and may impair male fertility too. You can't count on quitting smoking overnight, so it's best to start trying to withdraw from cigarettes well before attempting to conceive.

Caffeine

Pregnant women should limit themselves to the equivalent of one cup of coffee daily. Caffeine may increase the risk of late first or second trimester miscarriage. So start weaning much before conception.

Drugs

Illegal drugs are bad for your health, whether or not you are pregnant and they can only harm a baby. If you use them, it's imperative to stop before trying to conceive. Even over the counter drugs can do harm when trying to conceive and can even cause miscarriages.

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Aromatherapy for Labor and Childbirth

With all the access we have to information about pregnancy—from websites, to books, to childbirth classes—labor itself remains a mystery in many ways. What we do know is that labor is likely the hardest work a woman will endure in her lifetime. It also holds all the beauty, magic and infinite power of life itself.

But it is the unknown that causes most expectant mothers to be scared and apprehensive as the due date nears. More and more women are turning to aromatherapy during their labor to help them cope with the emotional issues facing them.

Resources usually divide labor neatly into three phases, but it's important to recognize that each childbirth experience is unique. Depending on your emotional needs, consider incorporating no more than two of the following aromatic blends into your childbirth plan.

First Stage: Early Phase

During the early phase of labor, contractions begin. While the intensity varies from woman to woman, you will begin to see a pattern in frequency emerging. You should take it easy, relax, take a bath, or even a nap if possible.

You may be feeling a little apprehensive, and the following aromatic blend can help you relax your mind and release your fears.

In a 10–ml bottle, pour the following essential oils and then add organic vegetable oil to fill:

–4 drops Lavender

–2 drops Neroli

Massage your temples, forehead, chest and solar plexus. Take deep breaths.

First Stage: Active Phase

During the active phase, contractions become more intense and frequent. It is at this point that your doctors will likely tell you to go to the hospital. The key is to relax in order to gain enough strength for the delivery. A good birth coach is essential to help you with your breathing and relaxation exercises. Try the following aromatherapy blend to bring you peace and harmony.

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In a 10–ml bottle, pour the following essential oils and then add organic vegetable oil to fill:

- 6 drops Lavender
- 1 drop Neroli
- 1 drop Rose

Massage your solar plexus, heart chakra, chest and neck. Inhale the blend deeply while resting.

First Stage: Transitional Phase

During this phase, contractions will come hard and fast, and symptoms might include shaking, shivering, and nausea. It is important that your birth coach provide you with all the emotional care and attention you need. Once you are done with this phase, you will be fully dilated and ready to begin pushing.

You may be feeling scared and exhausted. Inhale the following blend between the contractions to help you endure this phase, and give you an added boost of strength for the delivery.

In a 10–ml bottle, pour the following essential oils and then add organic vegetable oil to fill:

- 4 drops Lavender
- 4 drops Sage
- 4 drops Peppermint

Massage the lower back, with emphasis on the sacrum.

Second Stage

Now that your body has prepared itself for childbirth, you're likely feeling relieved that the end is finally in sight. And yet you still have a big job ahead of you. Pushing is an exhaustive process, and during this stage you will use all your reserved energy and strength. Many women feel the desire to give up, as the labor thus far has left them emotionally drained.

Inhale the following aromatic blend before you begin pushing to help you to gain the needed courage and emotional strength for this stage.

In a 10–ml bottle, pour the following essential oils and then add organic vegetable oil to fill:

- 4 drops Peppermint
- 4 drops Rosemary

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Visit www.aromalchemy.com/aromatherapy/ouroils.html to learn more about the essential oils used in these blends.

Check out our Starters Kit for Pregnancy at www.aromalchemy.com/aromatherapy/starterskits.html.

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In Good Health,
Francoise Rapp
www.aromalchemy.com

This article was originally published by Francoise Rapp in "The Arom'Alchemy Newsletter," a weekly ezine dedicated to healthy mind, body and soul through the use of aromatherapy. Join her for many aromatic moments to come by subscribing at www.aromalchemy.com/education.

Midwives & Doulas

Have you ever wondered what the difference was between a midwife and a doula. About a life time ago, when I had my first baby, doula was a word I had never even heard of, and midwives were often just an older woman, with much life experience, helping out at home birthing..

Today Midwives are fully trained certified professionals, who can provide primary health care, including: prenatal care, labor and delivery care, after birth care, gynecological exams, and newborn care. They are qualified to attend, to normal pregnancies, normal births, and healthy babies. Midwives will consult with family doctors, obstetricians and pediatricians should the need arise and have clear indications and guidelines as to when to consult and when to transfer care at any time.

Doulas on the other hand do not provide medical care, and do not deliver babies.. They are trained to provide continuous emotional and physical support to the laboring woman and her partner. The word doula actually means helper. They help you and your partner to gain the most from the entire birthing experience. They are also skilled at providing non medical methods to help reduce pain and stress. They use massage, breathing techniques, relaxation techniques, acupressure, hydrotherapy, and positioning techniques to help during labor and delivery.

Women opting for the services of a midwife, or midwife, doula team, reported feeling more respected and supported so that they were able to give birth safely, and with more power and dignity than ever before. According to several studies women who engaged the services of a midwife, doula team generally had fewer episiotomies, required less anesthesia, and had more successful vaginal births after c-sections. They also seemed to heal more quickly and were more satisfied with their experience than those who give birth under a doctor's care alone.

Midwives are certainly not for everyone but if yours is a low risk, normal pregnancy, then this is just one of many options open to you. The doula can be used regardless of the actual primary health care provider chosen. The best time to check into all options, is soon as you choose to become pregnant. Then there is no rush or pressure to decide.

Antenatal Perineal Massage

According to the research ladies who use these massage techniques have fewer perinial tears, episiotomies and instrumental deliveries, while giving birth, than those that don't massage, and apparently it's most beneficial to us women over 30.

Following are direction for doing the "Antenatal Perineal Massage"

Antenatal Perineal Massage

Place your thumbs about 1 to 1 1/2 inches (three to four centimetres) inside your vagina. Press downward and to the sides at the same time. Gently and firmly keep stretching until you feel a slight burning, tingling or stinging sensation. With your thumbs, hold the pressure steady for about two minutes or until the area becomes a little numb and you don't feel the tingling as much.

As you keep pressing with your thumbs, slowly and gently massage back and forth over the lower half of your vagina, working the lubricant (*use any good massage oil or lotion to avoid friction burn*) into the tissues. Be sure to give extra attention to any scared areas from previous births, as scared tissue will not be as pliable as undamaged tissues. Keep this up for three to four minutes. Remember to avoid the urinary opening.

As you massage, pull gently outwards (and forwards) on the lower part of the vagina with your thumbs hooked inside. This helps stretch the skin much in the same way that the baby's head will stretch it during birth.

Do this massage once or twice a day, starting around the 34th week of pregnancy. After about a week, you should notice an increase in flexibility and stretchiness. .

WHAT IS MENOPAUSE:

A natural progression in a woman's reproductive life cycle when menstruation stops. Levels of circulating female hormones, estrogen and progesterone, drop due to a decline in stimulating hormones secreted by the pituitary gland.

WHEN DOES IT HAPPEN:

Usually between 45 and 55.

WHAT ARE THE SYMPTOMS:

Physical: night sweats, hot flushes, vaginal dryness, loss of libido, fatigue, skin changes.

Mental or emotional: anxiety, mood swings, depression, insomnia, memory loss.

WHAT IS HRT?:

Hormone Replacement Therapy involves the use of female hormones, estrogen and progesterone, to replace those lost during menopause or after hysterectomy. Early estrogens were taken from the urine of pregnant mares. Both hormones are now made synthetically. Some medical specialists say the body does not differentiate between natural and synthetic hormones. Others disagree.

WHAT IS IT GOOD FOR?

For relief of menopausal symptoms, and prevention and treatment of osteoporosis. Some women say it makes them look younger by improving skin condition. Responsible doctors will only recommend it for women with a medical need or indication.

WHO SHOULD NOT TAKE IT?

Anyone with a family or personal history of cancer of the womb or breast, heart disease or stroke; smokers; HRT may also aggravate epilepsy, diabetes and hypertension.

ARE THERE NATURAL HRT REMEDIES?:

Yes, and lots of them, says Dr Arien van der Merwe. These are mostly plant or phyto-estrogens, such as:

Soy isoflavone phyto-estrogens: found in soy foods and supplements of extractions of soy proteins, also chickpeas, red clover, most nuts and seeds.

Crushed linseed (flax seeds): Flax seed contains lignans, another group of phyto-estrogens that balance estrogen and progesterone levels and protect breast tissue from cancer.

Sesame and sunflower seeds: (these give you fibre, essential fatty acids, plant estrogens and more).

Dong Quai (Angelica Sinensis): a Chinese herbal remedy that balances female hormones.

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Sage tea: reduces hot flushes.

Black cohosh: shown in research studies to be "very effective" in reducing hot flushes and vaginal dryness, and preventing osteoporosis.

Mexican wild yam: ask for *Dioscorea villosa* or *Dioscorea compositum*, as there are many species

Licorice root

For more information, including a menopause diet read *Herbal Remedies* by Dr Arien van der Merwe (Tafelberg).

◆ This article was originally published on page 11 of [The Star](#) on August 20, 2003

Relief For Menopausal Symptoms.

Many hormonal changes occur during menopause. Primarily as a result of decreases in estrogen, postmenopausal women are at higher risk of heart disease and osteoporosis.

A number of unpleasant symptoms may also accompany menopause. Some, such as vaginal dryness, result from the lack of estrogen. Others, such as hot flashes and decreased libido are caused by more complex hormonal changes.

Sedentary women are more likely to have moderate or severe hot flashes compared with women who exercise. In one trial, menopausal symptoms were reduced immediately after aerobic exercise.

Many years ago, researchers studied the effects of vitamin E in reducing symptoms of menopause. Most, but not all studies found vitamin E to be helpful.

Many nutritionally oriented doctors suggest that women going through menopause take 800 IU per day of vitamin E for a trial period of at least three months to see if symptoms are reduced.

If helpful, this amount may be continued. Researchers have linked societies with high consumption of soy products to a low incidence of hot flashes during menopause.

In one double blind trial, 60 grams of soy protein caused a 33% decrease in the number of hot flashes after four weeks and a 45% reduction after twelve weeks. Many other supplements, and herbs have also been helpful.

[Vitamin E & Soy Supplements Click here](#)

BLACK COHOSH

Native Americans valued Black Cohosh and used it for many conditions, ranging from gynecological problems to rattlesnake bites.

Some nineteenth-century American physicians used black cohosh for fever, menstrual cramps, arthritis, and insomnia.

Black cohosh contains several important ingredients that may relieve the symptoms of menopause and menstration including triterpene glycosides (e.g., acetin and cimicifugoside) and isoflavones (e.g., formononetin). Other constituents include aromatic acids, tannins, resins, fatty acids, starches, and sugars.

Chaste Tree Berry (Vitex) contains several different constituents, including flavonoids, iridoid glycosides, and terpenoids. The whole fruit extract, rather than one of its individual constituents, appears to be necessary for the medicinal activity of vitex.

Vitex does not contain hormones. The benefits of vitex stem from its actions upon the pituitary gland—specifically on the production of a hormone called luteinizing hormone (LH). This indirectly increases progesterone production and helps regulate the menstrual cycle. Vitex also keeps prolactin secretion in check. The ability to decrease mildly elevated prolactin levels may benefit some infertile women as well as some women with breast

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tenderness associated with premenstrual syndrome (PMS).

[Get Black Cohosh with Vitex Here](#)

Pro-Gest® by Emerita has been available for over 20 years and is the natural progesterone cream women ask for by name. Health care professionals and leading physicians support its use as it is the only natural progesterone cream supported by clinical studies.

How It Works?

Progesterone has a number of important roles relative to menopause. It is the natural balancer to estrogen, as well as being necessary for optimum estrogen utilization. Research over the years has also revealed other vital roles of progesterone on the heart, blood vessels, nerves and brain. Many women find that supplementing with progesterone allows them to achieve a balance once again.

[Get Pro-Gest Here](#)

Anger Link To Heart Disease After Menopause

By Health Newswire reporters

Healthy postmenopausal women who experience anxiety and angry moods could be putting themselves at risk of heart disease, warn US researchers.

A team from the University of Pittsburgh School of Medicine says that the two forms of distress are associated with impaired artery function in this group.

Hormone replacement therapy (HRT) provides some artery protection for women with high levels of anger and what is known as type A behaviour – competitive, impatient and aggressive feelings – say the researchers in the journal *Psychosomatic Medicine*.

However, they say that HRT does not protect women in the same way if they suffer from anxiety and depression.

The researchers say their findings are the first that link these particular psychological traits to impaired artery function in healthy women.

They reached their conclusions after looking at 193 women, who received psychological evaluations before and after menopause, and examination of a major arm artery when they were postmenopausal.

Dr Kelly Harris and colleagues made their assessments by using ultrasound imaging to see how well the artery dilated in response to a stimulus.

Women who had high levels of anger and type A behaviour, and/or high levels of anxiety and depression, had the lowest amount of artery dilation, they found.

The association was the same whether the traits were measured before or after the menopause, although the women who took HRT when they were postmenopausal were protected from the effects of anger and aggression, the researchers said.

“Trait anxiety may be a more ‘toxic’ characteristic in relation to [artery] function than the other psychosocial traits and could therefore be more resistant to protective factors, such as hormone replacement therapy,” says Dr Harris.

The researchers add that in premenopausal women, oestrogen and other circulating hormones help blood vessels maintain their function. This may explain why HRT provides some artery protection in healthy postmenopausal women, they say.

Source: *Psychosomatic Medicine*

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A Safe Natural Alternative to Hormone Replacement Therapy
Written By Lori Ramsey

Let's face it menopause is a natural occurrence in women. Menopause should be an event that happens smoothly with little to no problems. But because of the lack of proper nutrition and lifestyle, the poor quality of our soil and other environmental factors we experience problems with our endocrine system.

With the breaking news of the pitfalls of hormone replacement therapy many women feel at a loss as to how to treat their symptoms of menopause and how to ease through this difficult time.

Hormone replacement therapy at the forefront looked like a promising resolve to treat millions of premenopausal and menopausal women. It looked like the answer to the horrible disease osteoporosis and seemed to be a "drug" therapy that would help to prevent heart disease and certain cancers in women.

But the truth is that artificial hormones aren't beneficial to the body. They cause cancer, strokes and various other health problems.

The answer lies in a natural approach, a safe and side-effect free approach that's been proven time and again to help ease and alleviate the horrid symptoms and side-effects of menopause.

First let's go over the symptoms of menopause. Actually the symptoms of menopause are not caused by menopause itself, but from a condition known as an "estrogen dominance." When the female body approaches menopause the production of progesterone decreases or stops altogether.

When this happens the estrogen in the body dominates the endocrine system, thus producing the very unpleasant symptoms that many menopausal women experience.

Symptoms of estrogen dominance: Worse allergies, breast tenderness, cervical dysplasia, thyroid symptoms such as being cold all the time, decreased libido, depression, dry eyes, fat gain, fatigue, fibrocystic breasts, gallbladder disease, hair loss, headaches, hypoglycemia, scatterbrain, increased blood clotting and risk of strokes, infertility, irregular menstrual cycles, irritability, insomnia, memory loss, miscarriages, mood swings, osteoporosis, bone loss, PMS, uterine cancer, uterine fibroids, water retention. These are "some" of the most common symptoms of estrogen dominance.

It's these symptoms that prompt women to see their physicians and find remedies to alleviate the problems. For the past several decades the number one prescription for this was hormone replacement therapy.

But you can relax and know that a safe and natural alternative to the dangerous HRT is available and it's available over the counter.

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Natural progesterone cream has long been used to fight and cure the symptoms of estrogen dominance. A natural progesterone is far different from its synthetic counter– part that's chemical based. Natural progesterone is derived from Mexican wild yams and processed to exactly match what our bodies produce.

Therefore it is easily assimilated into the body. It's the lack of progesterone that causes the estrogen dominance and all the horrid symptoms.

Using a natural progesterone cream may seem too easy or simple. You will rarely find a "regular" medical physician who will agree or who will even know the true benefits of natural progesterone cream. It's the few who have stepped out of their comfort zones of FDA approved drug therapy and researched the natural means who have realized the profound benefits of such a natural and safe alternative.

It's the insistence of many women, who researched this for themselves and armed themselves with the information that confronted their physicians and help to put them on the road to under–standing the virtues of natural progesterone cream.

Man–made chemicals have never been better than what God put on this earth naturally. Research this for yourself. Progesterone is the main hormone in the body that regulates the entire endocrine system. Without it you experience horrible side–effects.

Progesterone even helps to regulate estrogen and to keep the body's production of estrogen in check. With the delicate system of checks and balances our bodies need progesterone and especially during times such as menopause.

Natural progesterone cream is the answer to a safe and natural alternative to hormone replacement therapy. The cream, applied to various spots on the body twice a day for several weeks each month help to alleviate all the symptoms of estrogen dominance, helps to restore bone loss, helps to stop osteoporosis and helps in preventing certain cancers and heart diseases. This in conjunction with a proper diet and a healthy lifestyle will increase your quality and enjoyment of life.

Resources: Dr. John Lee, MD and his books about progesterone, Natural Progesterone, What Your Doctor May Not Tell you about Menopause and What Your Doctor May Not Tell You About Premenopause.

Betty Kamen, Hormone Replacement Therapy Yes or No?

Lori Ramsey specializes in offering advice and information on fertility and has many good articles on her website <http://www.beyondfertility.com> .

You can also purchase the best natural progesterone cream on the market from her site – <http://www.beyondfertility.com/hmps.htm>

HORMONE REPLACEMENT THERAPY AND BREAST CANCER:
THE RISKS IN PERSPECTIVE

Written By – Patricia T. Kelly, Ph.D

Janet M., a fifties–something woman, entered my office and said as she sat down, "I've read that if I take hormones I'll increase my breast cancer risk. I'm going crazy without sleep and with these mood swings, but I don't want to increase my breast cancer risk by taking hormones."

Like many women, Janet had heard that a recent study, the Women's Health Initiative (WHI), definitively showed that hormone replacement therapy (HRT) increases breast cancer risk. Janet, like most people, didn't realize that this study found no statistically significant increase in breast cancer risk to women who took HRT.

When differences are not significant, an increase in risk may well be due to other factors, not the one being studied, such as HRT use. As often happens when a medical story is reported, the emphasis was on the increase in risk, not whether the increase was likely to be due to the agent being studied or to the size of the risk.

The actual size of a risk is important in any woman's decision making process. In this case the risk was exceedingly small — only 8 in 10,000 women a year — which is 0.08% or eight hundredths of one percent! Janet was amazed to learn the actual size of the increase, and said, "You mean I was getting all concerned for a risk that small!"

"And," I pointed out, "even this very small difference in risk may not be due to hormone use." I explained that breast cancers take an average of eight years to reach about half an inch in size. This means that breast cancers started in the first year of the study would not be detected for eight or more years. The study followed women for only about five years, so all or most of the breast cancers found were probably present in an undetected state before the study began.

Janet asked if HRT use might have caused some breast cancers to grow more rapidly and therefore be detected sooner than eight years. This is unlikely. A number of studies find that breast cancers in women who were using HRT were not larger and were not dividing more rapidly than breast cancers in non hormone users. Since breast cancers grow more slowly in older women and the average age in this study was 63, breast cancers in this group would tend to grow more slowly and so take even longer than the

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eight year average to be detected.

Women in the WHI study used a particular type of hormone Prempro. The results of this study therefore do not apply to other, newer approaches in which more natural hormones are used and a woman's menstrual cycle is more closely approximated.

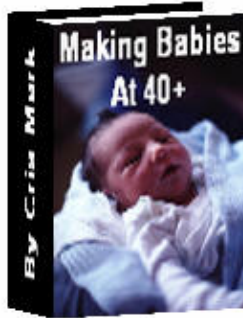
Janet was surprised to learn that many studies find that women who use HRT do not have an increase in breast cancer risk compared to women who don't use hormones, even when hormones are used for twenty years. Also, in another large study in which some women were assigned to take Prempro and others not, women who used Prempro had no significant increase in breast cancer risk.

As Janet left, she said, "I can see now that when I hear about a study I need to know how big a risk is and not just that it is increased. I'll also ask how long a study it was. This discussion has given me a whole different perspective."

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Patricia T. Kelly, Ph.D. is a medical geneticist who specializes in providing information about cancer risk to individuals and health professionals. She is affiliated with Saint Francis Memorial Hospital in San Francisco. Information about her book, *Assess Your True Risk of Breast Cancer*, can be found on her web site: <http://www.ptkelly.com>

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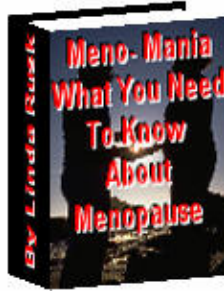


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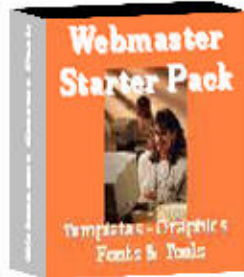
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