

Why You're Not Ovulating

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Hey, we are your co-hosts of the Beyond Infertility Summit.

Carrie Jones, ND, FABNE, MPH

Dr. Carrie.

Aumatma Simmons, ND, FABNE, MS

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Carrie Jones, ND, FABNE, MPH

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Aumatma Simmons, ND, FABNE, MS

So every day you can expect a mini lecture from us covering foundational content, helping you gain context and insight before deep diving into the day's interviews.

Carrie Jones, ND, FABNE, MPH

We hope that this will serve as a helpful context to get a deeper understanding through the day's interviews.

Hello, I'm your co-host, Dr. Carrie Jones. Today we're going to talk about all the reasons for anovulation. Anovulation is when you don't release the egg; you don't ovulate. Now, let's do a quick little recap of the menstrual cycle because what happens is that your brain tells your ovaries what to do. We think that the ovaries are the ones directing the show, but it's your brain that's directing the show. You've got a part of your brain called the hypothalamus. You have the hypothalamus. then the hypothalamus tells the pituitary a different part of your brain, and then the pituitary tells your ovaries, and it's done in a pulse-like fashion.

Think like Morse code or a text message. The hypothalamus will say, pituitary, tell the ovaries to make estrogen and estradiol. Then the pituitary will pulse out a hormone called FSH Follicle-Stimulating Hormone. Then that will go down to the ovaries. The ovaries are like let's make estrogen. When it's time to ovulate, the hypothalamus tells the pituitary to ovulate to make LH Luteinizing Hormone, and the luteinizing hormone goes down to the ovaries, and the ovaries release the egg. Go ahead, ovulate. But if that place gets messed up at all, if that Morse code is read wrong, or if there is no Morse code and no text messages sent, then the poor ovaries are left waiting around going. Do I ovulate? Do I not ovulate? What am I supposed to do right now? Let's just talk about some common reasons why you may not be ovulating. One of the big reasons, of course, is age. I hate to say it, but once women get into the perimenopausal range, they tend to ovulate less or not as well, not as robustly as somebody younger.

Of course, once she's fully menopausal, she doesn't have a period anymore. She doesn't ovulate. She doesn't release the egg. There are other reasons because it starts in the brain. Think of any kind of head trauma or traumatic brain injury. If anybody has had, let's say, a car accident recently and hit their head, they may notice their next several cycles, especially if it affected their hypothalamus and pituitary, that they don't ovulate. We do have to be aware of any kind of head trauma. There are certain medications. The big one that comes to mind is the birth control pills. The birth control pill will suppress ovulation. That's how it works. It's how it stops the egg release. Therefore, sperm can't meet eggs, and implantation can't occur. The IUD is the progestin IUD. Now, I understand this is a fertility summit. However, I do want you to understand everything. the progestin IUD, which is the Mirena, the Skyla, the Kyleena—these are the names of them. They do have an increased risk of decreasing ovulation or blocking ovulation. Now you can have other reasons: hyperthyroidism or hypothyroidism, so too little or too much thyroid can interfere with the brain pulses and cause someone not to release an egg.

High stress. If you think about it, the brain is in charge. If the brain keeps getting a signal of fight or flight, stress, then producing an egg that month and getting pregnant is not ideal. The brain doesn't think this is the healthiest month to get pregnant, so let's not do it. If you've been under significantly high stress, even if it's something such as traveling a whole bunch of time in different time zones, I've seen women say, I travel to Europe and back and while I had a wonderful time on my trip, my next cycle was kind of crazy. The body registers a lot of movement, and a lot of time zone changes, even good travel can be stressful, and the eating is different; everything's different. It could interfere with ovulation the next month. But stress can also be bad. It may be a particularly bad month at work, with family, and with life events, a lot can happen. Another reason is illness. If you've recently had any kind of bacteria or virus, you've had the flu, which can also affect your ovulation. Being sick is a register to the brain of maybe not this month. Let's not release the egg this month because we need to recover from the illness, and we'll try again next month. Now, if you have been chronically sick, chronically bad, or battling bacteria or viruses, etc., then that also chronically could be getting in the way of ovulation and for sure something to look at.

One of the medications that I forgot to mention is an opioid pain medication. If you are on or have been on opioid pain medications, so you've had some sort of surgery or you have back pain or migraines, and you sometimes use opioid pain medication that will suppress ovulation. There is even some research to show that using over-the-counter, let's say, NSAIDs, your over-the-counter pain medications, and using them consistently every day—let's say every day—you have a headache. Every day in the first part of your cycle, the follicular phase, you are popping an over-the-counter pain medication. There is some literature to indicate that that is going to get in the way of ovulation and is just something to be aware of. Another reason is Polycystic Ovary Syndrome. PCOS. Women have PCOS because of the shift in signals, so the LH hormone, the luteinizing hormone, FSH, and the androgens produced if insulin is high throughout the whole physiology or PCOS. One of the known outcomes is that a lot of the hormone pulses, the Morse codes, and the texts aren't doing what they should do. Insulin is getting in the way. The outcome is that I'm not going to ovulate this month. I'm not going to do it. If you have or suspect PCOS, that is likely the reason for the anovulation.

Now there could be a variety of others. For example, if you've had any kind of surgery lately, like big events, again, I mentioned stress. But just as a reminder, let's say, you've had endometriosis surgery where you're working on cleaning up all your endometriosis, it's also possible it's going to affect ovulation that month and maybe the next couple of months just because of the impact surgery does have on the ovaries. You do want to keep that in mind. You want to make sure that if you are undereating if you're currently having some sort of disordered eating, the undereating can tell the brain that now is not the right month to release an egg and to get pregnant. The body is trying to preserve the nutrients and the food. So, something to keep in mind. Nowadays, under-eating, I'm seeing that disordered eating can be the reason if somebody is on because this is very common and I need to bring this up. If you are on a GLP-1 agonist, let's say you're on Semaglutide, Ozempic, or Mounjaro. What it can do for a lot of women is that while the medication itself may not affect ovulation, the lack of appetite caused by eating it often for a lot of women causes an appetite decline. So they do drop their calorie amount. That could have an impact on ovulation. If you are on any of those GLP-1 agonist medications and you've noticed since going on them, you are not ovulating. Just keep in mind that could be a reason in the medication world and undereating.

Now over-exercising can be a big reason as well. If you have been questioning whether your exercise and how much you're exercising are impacting it, such as this, these are real-world examples. I was messaged by a woman who said, I work out twice a day; I do peloton in the morning, and then I go to some sort of boot camp or yoga class or something after work. But my cycle is irregular. Do you think that's playing a role? My athletes, we're training for marathons for 5ks, for 10Ks, my chronic high-intensity workouts women who are doing it most days of the week. My cross-fitters, who don't take many breaks, are trying to keep up with the class, and maybe it's too much for them. All of those can impact ovulation because, while we use exercise either for health to thrive or to reduce stress, if it's too much for the body, it's going to show up as

women in our ovulation. It's going to unfortunately negatively impact ovulation. Maybe examine how much you are working out. How many classes are you going to take? Do you feel rejuvenated after it? You feel depleted afterward. Are you doing two a day? Are you a marathoner, a triathlete, or an endurance athlete? That is the reason a dancer is pushing, and you will also get good feedback on that if you are getting injuries and not recovering as you should if you're getting soft injuries, tissue injuries, tendons, and ligaments, and you recover enough to keep going, but then you get injured again.

Imagine that's what it's doing—the wear and tear on the tendons, soft tissue, and ligaments. But imagine how the brain perceives that and then impacts down to the ovaries and, of course, ovulation. Now, there are other reasons for anovulation, but those are honestly the big ones that you want to work up with your practitioner and examine. Some of these you can cross out if you're like, I am not on a GLP-1, I don't have an IUD, and I am not on birth control. I don't use opioids. If you're like, I'm not an endurance athlete, or I don't feel like my exercise is impeding me, cross those off the list. But if you're thinking to yourself, it's been a while since I've had my thyroid tested. Do you want to test that whole thyroid? You want to look at what's called TSH Thyroid Stimulating Hormone. You want to look at the free markers, free T4, and free T3. You should consider the thyroid antibodies and check for Hashimoto's, which can get in the way of fertility and ovulation, of course. Thankfully, you can be very proactive about it, but it's something you need to know ahead of time if it's been a while since you've had your glucose and insulin checked; if you suspect that PCOS plays a role, then you can have that worked up, etc. So by listening to this list, you can go, Okay, what is going on with my ovulation?

Yes, I've been sick recently. I wonder if that's what it is or not. Yes, I haven't been dealing with chronic viruses, whatever that looks like. It got in my health. No wonder I'm not ovulating. Ovulation is not a priority. It is not critical to your survival. Therefore, the body is going to prioritize its resources to heal you wherever you need them, in any other place. By understanding this list, you can get worked up, be proactive, and talk with your practitioner about it. That's what this little snippet is for. This little snippet of educational information is to help you create a list, be proactive, and understand maybe why you are not ovulating and what we can do to bring that to light and then get you ovulating again. Again, I am the co-host, Dr. Carrie Jones, and I hope you found this helpful.