

THE PERIOD LITERACY HANDBOOK

Everything you need to know about your
menstrual cycles, period.

Dr. Anne Hussain, ND

SUPPLEMENTAL MATERIALS

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HOW TO USE THESE SUPPLEMENTAL MATERIALS

This guide contains all the visual materials, references, and additional resources from The Period Literacy Handbook by Dr. Anne Hussain, ND. These are the same materials found in the ebook and paperback versions and are meant to go along with the audiobook version.

What's included:

- Diagrams and visual materials from chapters across the book with detailed captions
- Acknowledgments to recognize the contributors and supporters of The Period Literacy Handbook and its author
- Author biography with a bit about Dr. Anne Hussain, ND
- Glossary of Terms (Appendix A) to refer to define medical and scientific terminology used across the book
- Resources (Appendix B) to round out your understanding of your health and support organizations furthering the cause of menstrual equity. These are Dr. Anne Hussain, ND's personal recommendations and does not include
- Notes and References containing all the source citations for research and data presented throughout the book

Navigating this guide:

- During listening, keep this guide handy to locate the associated diagrams and any terminology you need to brush up on
- After listening, review the Resources section (Appendix B) to learn more about your body and support organizations championing menstrual health and wellness
- Resources (Appendix B) to round out your understanding of your health and support organizations furthering the cause of menstrual equity. These are Dr. Anne Hussain, ND's personal recommendations and does not include

DIAGRAMS

Chapter 1: Menstrual Anatomy



DIAGRAM 1: Lower abdomen side view. The uterus sits in between the urinary bladder (in front) and rectum (behind). The vaginal canal extends from the bottom of the cervix. The spine can be seen behind the rectum, and the symphysis pubis (the joint between the left and right pubic bones) can be seen in front of the bladder. The pelvic floor is at the base of the organs but cannot be fully visualized.

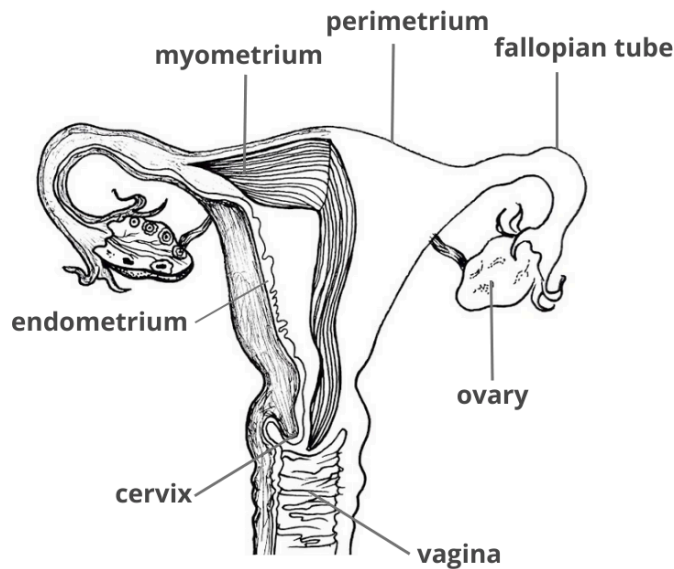


DIAGRAM 2: Uterus front view, half peeled back for a view of the inside. The uterus has three layers: perimetrium (outer), myometrium (middle), and endometrium (inner). The fallopian tubes are on either side of the uterus, ending in fimbriae that make contact with the ovaries. The bottom part of the uterus is the cervix which opens into the vaginal tract. The inside of the vagina has folds called rugae.

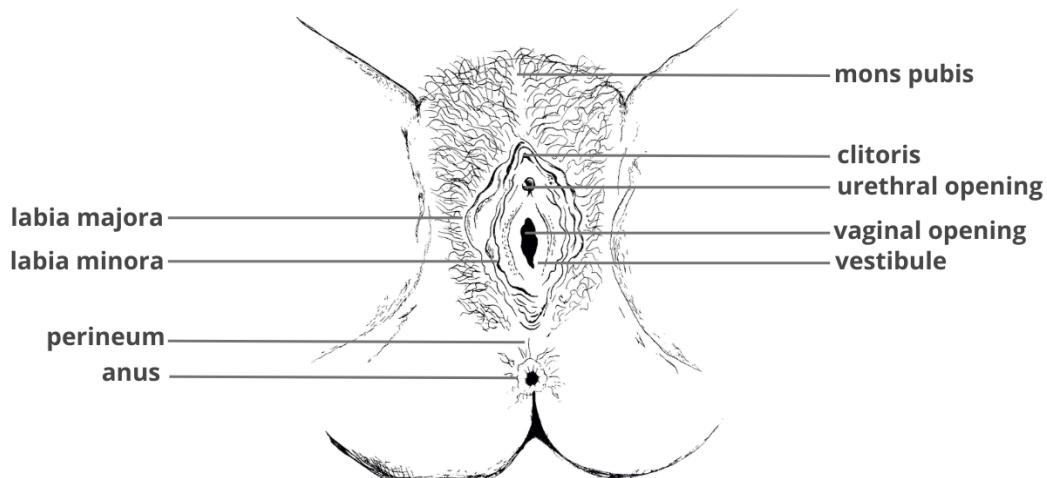


DIAGRAM 3: Bottom view of the external genitalia. From top to bottom in this illustration is the mons pubis, the visible part of the clitoris, the urethral opening, the vestibule and vaginal opening, the perineum, and the anus. The labia minora and majora are also visible on each side of the central structures. Hair covers the mons pubis and the skin around the labia.

Chapter 2: Menstrual Cycle Overview

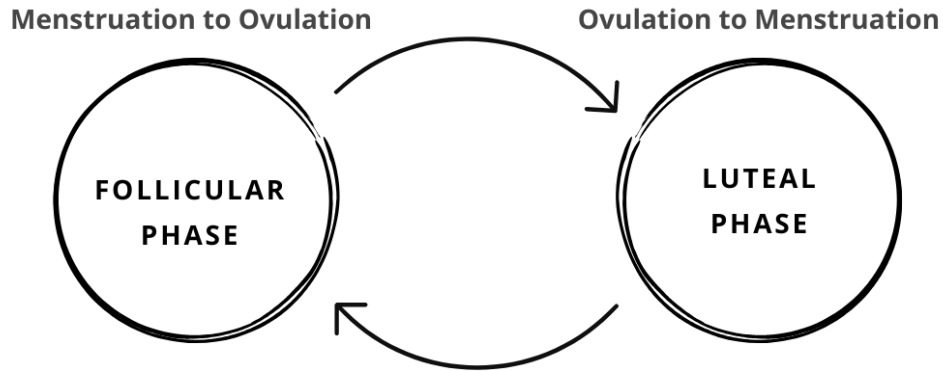


DIAGRAM 4: The two halves of the menstrual cycle, (1) follicular phase from menstruation to ovulation, and (2) luteal phase from ovulation to menstruation.

Chapter 3: Phases of the Menstrual Cycle

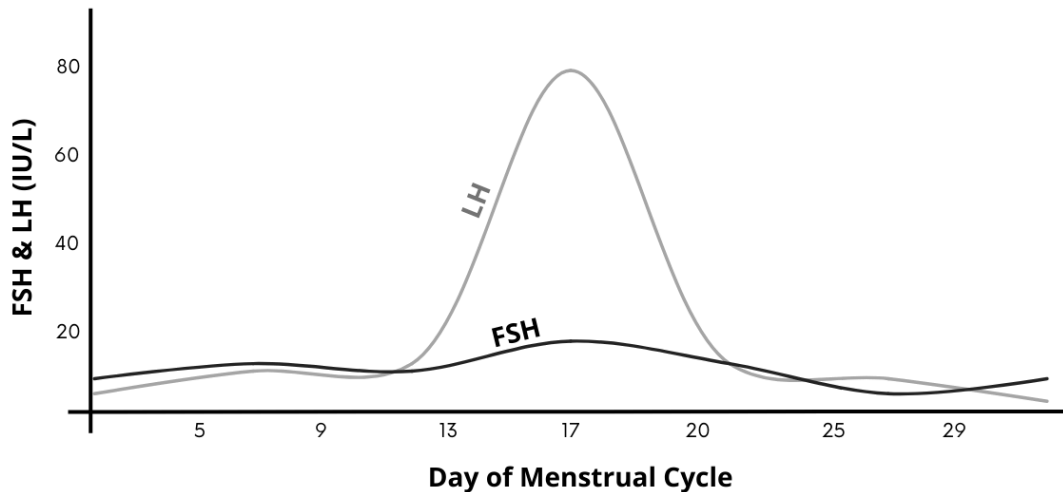


DIAGRAM 5: Graphical representation of LH and FSH throughout a 32-day menstrual cycle. LH levels are volatile, with a huge spike in the middle of the menstrual cycle to trigger ovulation. FSH levels vary more during the cycle, increasing during the follicular phase for follicle growth and maturation, decreasing slightly when LH begins to rise, increasing mid-cycle for follicle preparation, decreasing again in the early luteal phase, and increasing one more time at the end of the luteal phase to recruit follicles for the next cycle.

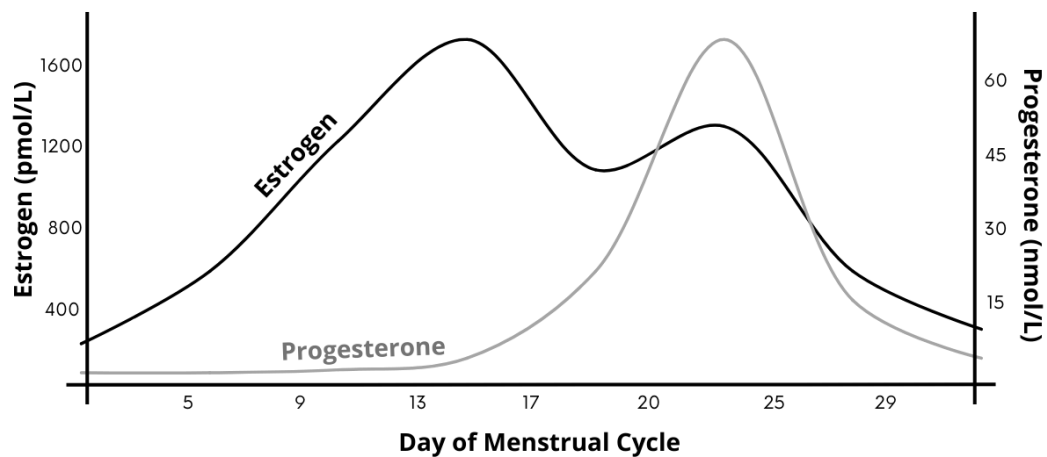


DIAGRAM 6: Graphical representation of estrogen and progesterone throughout a 32-day menstrual cycle. Please note the different units of estrogen (pmol/L) and progesterone (nmol/L), which is a 1000-fold difference. Estrogen rises at the beginning of the cycle, dipping shortly before ovulation. It increases after ovulation until the body registers that pregnancy did not occur. Progesterone levels are low until after ovulation, at which time it is produced by the corpus luteum. Its sharp decline at the end of the luteal phase triggers the endometrium to shed during menstruation.

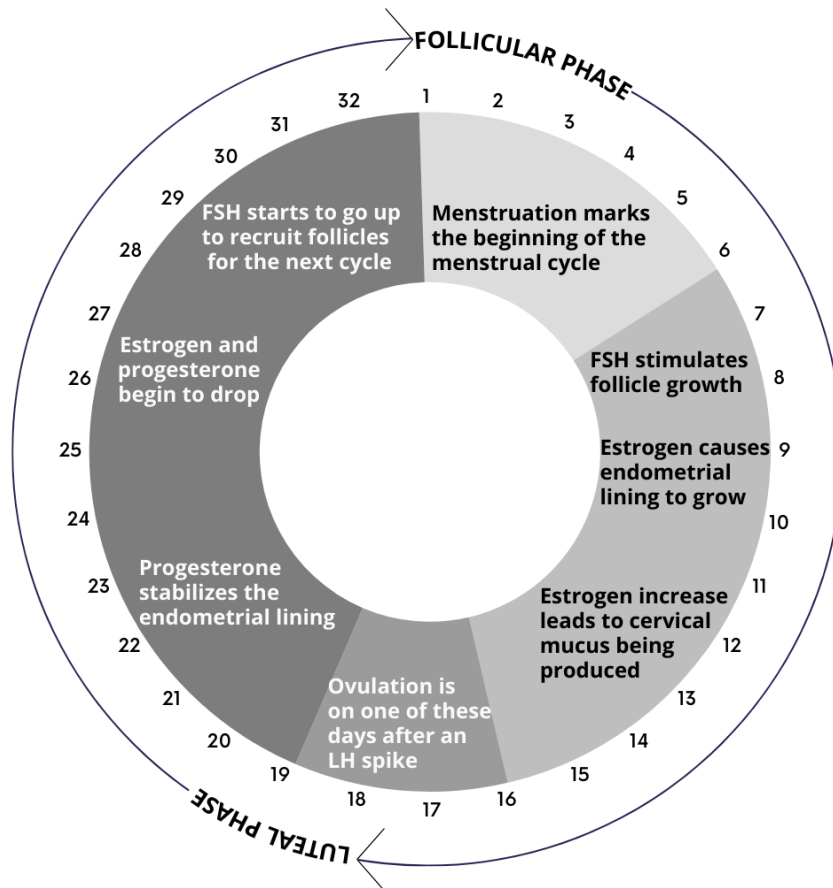


DIAGRAM 7: Cyclical representation of key events in a 32-day menstrual cycle. Day 1 of the cycle is when menstruation begins. A typical period lasts between three and seven days. Menstruation also marks the beginning of the follicular phase, during which FSH causes follicles to grow and a dominant follicle matures. At the same time, estrogen causes the endometrial lining to grow. LH spikes approximately halfway through the cycle and causes ovulation to occur, marking the beginning of the luteal phase. Progesterone is then produced by the corpus luteum to stabilize and mature the endometrium. After a few days, when the body recognizes the lack of pregnancy, hormones begin to drop, which destabilizes the endometrial lining. FSH starts to go up to recruit follicles for the next cycle as estrogen and progesterone decline.

Chapter 4: Main Menstrual Hormones

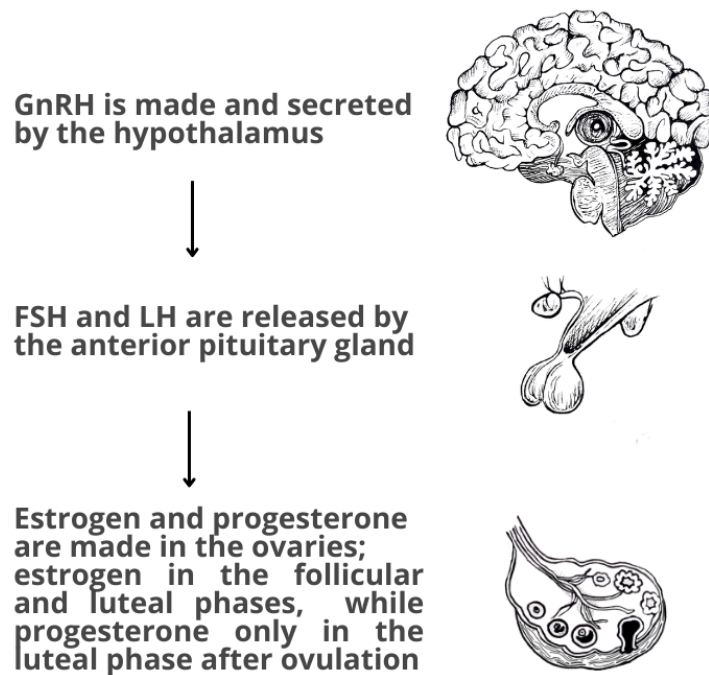


DIAGRAM 8: Hypothalamic-pituitary-ovarian (HPO) axis). GnRH released by the hypothalamus in the brain relays a signal to the pituitary gland (also in the brain, shown enlarged separately for convenient visualization). The pituitary gland releases FSH (slow-frequency GnRH pulses) and LH (high-frequency GnRH pulses). In the ovaries, FSH will cause follicle growth and maturation and estrogen to go up. Once LH is released, ovulation will occur in the ovary and progesterone will be released by the corpus luteum.

Chapter 10: Intrauterine Contraceptives

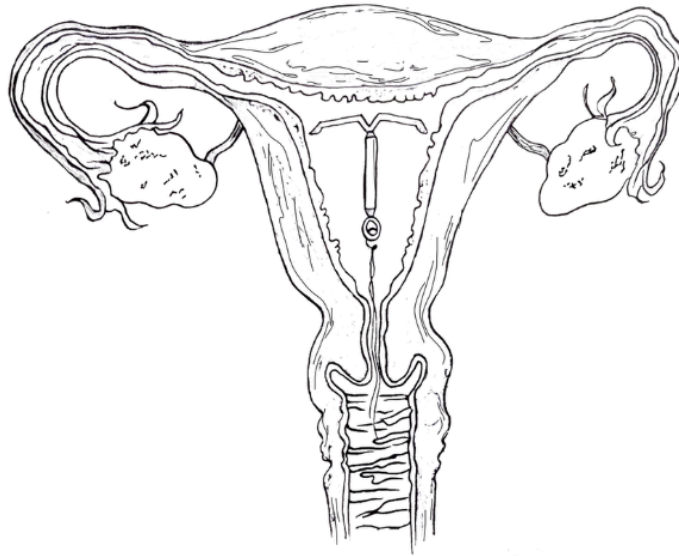


DIAGRAM 9: T-shaped intrauterine device (IUD) in the uterine cavity.

Chapter 28: Cyclical Living

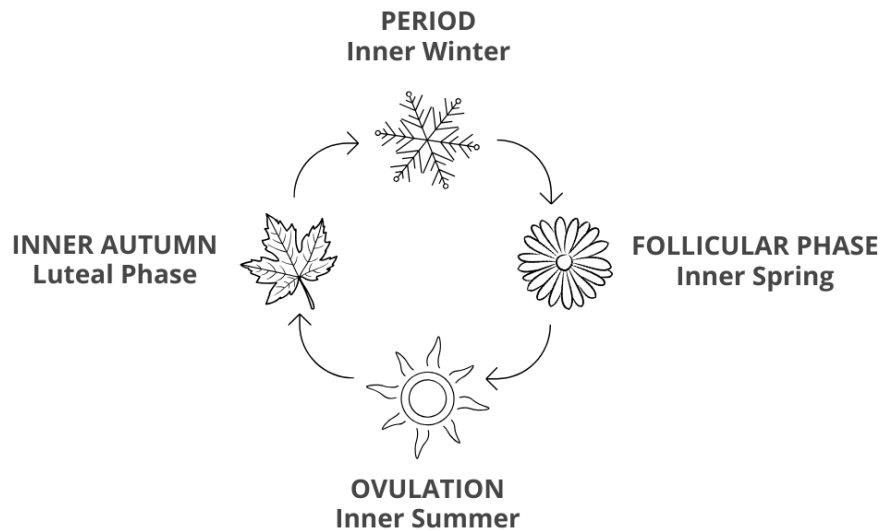


DIAGRAM 10: The Seasons of the Menstrual Cycle: period (inner winter), follicular phase (inner spring), ovulation (inner summer), and luteal phase (inner autumn).

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Thank you to all the activists, scholars, and advocates working toward closing the gender gap, taking up the cause of menstrual equity, instigating systemic change, championing racialized and oppressed populations, promoting planetary wellness, and trying to move us toward a more inclusive and equitable world. Thank you for your efforts and for leading by example.

And, last, but certainly not least, thank you, reader or listener, for your time and attention. I hope this book of mine offers something that you will carry forward with you.

ABOUT THE AUTHOR

Dr. Anne Hussain, ND is a naturopathic doctor and period literacy advocate based out of Canada. Her personal journey with polycystic ovary syndrome (PCOS) and a lack of reproductive health education growing up in Karachi, Pakistan drives her passion for menstrual health education.

Her private practice is located near Toronto, Ontario with a focus on hormone health, fertility, and PCOS. She obtained her Doctor of Naturopathy degree at the Canadian College of Naturopathic Medicine after completing her HBSc in Biochemistry at McMaster University.

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APPENDIX A: GLOSSARY OF TERMS

Abnormal uterine bleeding (AUB): Blood loss from the uterus that is beyond the normal blood loss of menstruation, for e.g., extremely heavy menstrual bleeding, mid-cycle bleeding, bleeding after menopause, etc.

Absolute contraindication: A situation in which an intervention or treatment should not be administered as the risks outweigh the benefits.

Acupuncture: The practice of inserting thin needles into various parts of the body corresponding to different organ systems to promote the smooth flow of Qi and good health.

Adenomyosis: A condition with endometrium-like tissue found in the muscular layer of the uterus.

Allopregnanolone: Steroid hormone resulting from progesterone metabolism that is implicated in PMDD.

Amenorrhea: Absence of periods for three or more months.

Anaemia: A lack of oxygen-carrying red blood cells or haemoglobin protein which can lead to fatigue, hair loss, low mood, and other symptoms.

Anovulatory cycle: A cycle in which ovulation does not occur.

Assigned female at birth (AFAB): Assignment of sex before or at birth based on the external genitalia present.

Body Literacy: Understanding your body better in order to achieve wellness and identify any deficiencies or issues. This often includes an understanding of menstrual rhythms.

Cervical cancer: Uncontrolled cell growth (cancer) in the cervix of the uterus, typically related to infection with HPV (human papillomavirus).

Celiac disease: A gastrointestinal immune disease triggered by gluten consumption.

Cervix: The bottom part of the uterus that produces mucus and dilates during labour.

Cisheteropatriarchy: a sociopolitical system of power and control where cisgender, heterosexual males and the traits associated with masculinity are centred.

Coagulopathy: A condition that affects the process of blood clotting.

Cognitive behavioural therapy (CBT): Form of psychological intervention to help identify and change patterns of thought and behaviour.

Complete blood count (CBC): A blood test that assesses red and white blood cells.

Confirmation bias: Favouring and interpreting data in a way that supports one's existing beliefs, understanding, and values, typically ignoring information that is contrary to that.

Contraception: A means to prevent pregnancy.

Copper intrauterine device (IUD): T-shaped intrauterine device with copper coiling used for contraception.

Corpus albicans: Remnant of the corpus luteum after ovulation.

Corpus luteum: The empty follicle remnant that results from the release of an egg at ovulation.

Cortisol: A hormone produced by the adrenal glands as part of the physiological stress response.

Cyclical living: Living in sync with the ebb and flow of the menstrual cycle, understanding that the way one feels shifts slightly in different parts of the cycle.

Cycle tracking: Noting down changes experienced over the span of two or more menstrual cycles.

Decidualization: Changes in the endometrial lining of the uterus that start after ovulation and proceed into the early stages of pregnancy.

Depo-provera: Hormone therapy injection commonly used for contraception containing the progestin called medroxyprogesterone acetate.

Determinants of health: The non-medical factors that affect health, healthcare, and health outcomes like geography, literacy, financial stability, etc.

Dehydroepiandrosterone (DHEA): Sex hormone made primarily by the adrenal gland that serves as a precursor to other hormones like testosterone.

Determinants of health: The non-medical factors that affect health, healthcare, and health outcomes like geography, literacy, financial stability, etc.

Dihydrotestosterone (DHT): Sex hormone that is made from testosterone that is associated with pattern hair loss.

Dysmenorrhea: Medical term for pain associated with menstruation.

Emergency contraception: Form of birth control used to prevent an unplanned pregnancy in instances where there was no birth control used, use of contraception was not perfect, or if there was a contraceptive method failure.

Endometriosis: An inflammatory condition where tissue similar to the endometrial lining grows outside of the uterus.

Endometrium (also: endometrial lining): The innermost layer of the uterus that grows during the menstrual cycle and is shed during your period.

Endometrial hyperplasia: Overgrowth of the innermost lining of the uterus that may be precancerous.

Endometrial cancer: Uncontrolled growth (cancer) of the innermost lining of the uterus.

Epigallocatechin gallate (EGCG): An antioxidant derived from green tea used for various health concerns involving uncontrolled cell growth like fibroids.

Estradiol (E2): The most prevalent and strongest of the three forms of the sex hormone, estrogen, produced by the body. It is also used as hormone therapy in menopause.

Estriol (E3): One of the three forms of the sex hormone, estrogen, produced in the body. It is a weak estrogen and can be used vaginally for vaginal dryness.

Estrogen: Sex hormone that is responsible for the growth of the endometrial lining during the menstrual cycle and is associated with secondary sex characteristics such as breasts amongst other roles. It is also used in various forms of hormone therapy. See estradiol, estriol, and estrone.

Estrone (E1): One of the three forms of the sex hormone, estrogen, produced in the body. It is a weak estrogen and can be converted into estradiol.

Ethinylestradiol: The most common synthetic estrogen used in combination birth control products.

Fallopian tubes: *see oviducts.*

Ferritin: Iron-storage protein typically measured in blood that may occasionally be elevated due to inflammation in the body.

Fertile window: The time frame during which conception can occur based on sperm survival period and ovulation.

Fibroids: Growths of connective tissue and muscle cells that may lead to heavy bleeding and painful periods.

Folic acid: An essential vitamin (B9) needed for cell division, especially in early pregnancy to reduce the risk of neural tube and congenital defects.

Follicular cyst: Fluid-filled pocket of tissue resulting from a lack of ovulation.

Follicular phase: The first part of the menstrual cycle between your period and ovulation during which your follicles and endometrium grow.

Follicle stimulating hormone (FSH): A hormone produced by the pituitary gland in the brain that causes follicles to grow during the menstrual cycle.

Gender dysphoria: Distress related to an incongruence between assigned sex and gender identity.

Glycodelin A: A protein that inhibits implantation.

Gonadotropin-releasing hormone (GnRH): A hormone produced by the hypothalamus in the brain that is responsible for the release of follicle stimulating hormone and luteinizing hormone.

Hashimoto's disease: An autoimmune disorder of the thyroid gland whereby antibodies are produced against the thyroid.

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, according to the WHO.

Hirsutism: Coarse and/or dark hair growth in those assigned female at birth in a pattern akin to those assigned male at birth, for e.g., on the face along the jawline and chin.

Human chorionogonadotropin (hCG): A hormone produced by a fertilized egg when pregnancy has occurred.

Hymen: thin layer of tissue at the opening of the vagina that may take a variety of different shapes.

Hyperpalatable: Foods lacking in nutrients that are often high in fat, sugar, salt, and additives that make them attractive to the taste buds but not satiating, leading to easy overconsumption and deleterious effects on health over time.

Hypothalamic-pituitary-ovarian (HPO) axis: the communication system between the brain and ovaries that is responsible for the menstrual cycle.

Hysterectomy: Surgical removal of the uterus.

Iatrogenic: Induced unintentionally by a medical intervention of some kind.

In utero: While in the uterus, from Latin.

Infertility: According to the ASRM: A disease, condition, or status characterized by any of the following: (a) The inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors, (b) The need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner, and/or (c) In patients having regular, unprotected intercourse and without any known etiology for either partner suggestive of impaired reproductive ability, evaluation should be initiated at 12 months when the female partner is under 35 years of age and at six months when the female partner is 35 years of age or older

- **Primary Infertility:** Infertility with no history of a past pregnancy.
- **Secondary infertility:** Infertility where a past pregnancy has been achieved.

Inflammation: Part of the body's immune response mechanism to protect and repair the body.

Informed consent: The practice of making educated decisions on how you want to proceed with your care under the guidance of your healthcare team.

Inhibin: A protein that stops the production and release of follicle-stimulating hormone.

Insulin: A hormone produced by the pancreas that regulates blood sugar and facilitates movement of blood sugar into cells for energy production.

Intrauterine contraceptive (IUC): An intrauterine contraceptive, any contraceptive measure that can be inserted into the uterus.

Intrauterine device (IUD): An intrauterine contraceptive, typically without hormones.

Intrauterine system (IUS): A kind of intrauterine device that releases hormones, typically levonorgestrel.

Irritable Bowel Syndrome (IBS): A gastrointestinal disorder characterized by increased visceral hypersensitivity, altered gut microbiome, abdominal discomfort and pain, and variable stool consistency and frequency.

Kisspeptin: Protein in the hypothalamus of the brain that is involved in gonadotropin-releasing hormone and thyroid-stimulating hormone release.

Lactobacillus (plural lactobacilli): The primary bacteria genus that lives in the vaginal tract

Laparoscopy: Surgical procedure that is minimally invasive conducted using small incisions.

Leiomyoma (plural leiomyomata): Medical term for fibroids.

Leukotrienes: Inflammatory mediators involved in menstruation that are produced by the immune system.

Leuprolide: A hormone medication that is similar to GnRH and suppresses estrogen and testosterone.

Luteal cyst: Benign fluid-filled sac that forms from the corpus luteum after ovulation.

Luteal phase: The second part of the menstrual cycle from ovulation to right before the next period.

Luteinizing hormone (LH): A luteinizing hormone that surges mid-cycle and causes ovulation to occur.

Levonorgestrel: Progestin typically used in hormone intrauterine systems for birth control.

Mefenamic acid: A non-steroidal anti-inflammatory drug for pain relief.

Menarche: The first period ever.

Menopause: The natural state reached after twelve months of having no period at the end of one's reproductive life cycle.

Menopause hormone therapy: Use of estrogen and progesterone (typically) for the signs and changes that occur as natural estrogen and progesterone in the body (begin to) wane.

Menstrual cup: A vessel to contain menstrual blood that is inserted into the vaginal canal and sits there via suction.

Menstrual disc: A vessel to contain menstrual blood that is inserted vaginally and sits at the base of the cervix at the vaginal fornix.

Menstrual cycle: A combination of the events and hormonal changes that happen in the uterus and ovaries.

Menstrual health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.

Menstrual equity: Accessibility, affordability, and safety of menstrual products, menstrual education, and menstrual healthcare.

Menstrual toxic shock syndrome (mTSS): See TSS.

Menstruation: The process of shedding the endometrial lining during a menstrual cycle.

Myo-inositol: A compound often used to improve insulin sensitivity, improve ovulation rates, support pregnancy, and decrease androgens in those with PCOS.

Myometrium: The middle muscular layer of the uterus.

N-acetyl cysteine (NAC): An antioxidant used for lung concerns as well as menstrual concerns like PCOS to decrease androgens and improve ovulation rates.

Naturopath, aka naturopathic doctor (ND): A regulated healthcare professional who practices naturopathic medicine after successful completion of education at an accredited institution and standardized examinations, and is governed by a regulatory body that requires active maintenance of their license.

Naturopathic medicine: A primary healthcare system that focuses on the whole person, prevention, health promotion, and treating individuals using a combination of modern medicine and traditional methods of healing.

Non-steroidal anti-inflammatory drug (NSAID): Class of drugs used for relieving pain and inflammation including ibuprofen.

Nuva ring: Hormonal birth control that is inserted into the vaginal canal.

Oligomenorrhea: Infrequent and/or irregular menstruation.

Ovarian cyst: Fluid-filled sacs that can form on the ovaries.

Ovarian cycle: The changes in the ovary including follicle growth, ovulation, and hormone secretion involved in reproduction.

Ovulation: The release of an egg from a follicle that occurs after a spike in LH.

Ovulatory cycle: A menstrual cycle where ovulation occurred.

PALM-COEIN: Acronym describing the causes of abnormal uterine bleeding: polyp, adenomyosis, leiomyoma, malignancy, coagulopathy, ovulatory dysfunction, endometrial, iatrogenic, not otherwise classified.

Patriarchy: Societal and governing systems in which men hold power and privilege at the expense of women and other people.

Pelvic floor: Group of muscles at the base of the pelvis that support the reproductive organs.

Perimenopause: The timeframe around menopause that can start a decade or so before the last natural period.

Perimetrium: The outermost layer of the uterus.

Period literacy: Having a basic understanding of the menstrual cycle, cultivating an awareness of your menstrual cycles and the changes that happen over its duration, and holding all of that in context of your life and the world we live in.

Pituitary gland: The part of your brain responsible for producing a variety of different hormones including FSH, LH, and TSH.

Polycystic ovary syndrome (PCOS): An endocrine disorder characterized by at least two out of three of: (1) infrequent or anovulatory menstrual cycles, (2) clinical or biochemical signs of elevated androgens, (3) polycystic ovaries (and/or elevated AMH in adults).

Polyp: Tissue growth attached to an inner surface of the body like the uterus. It is typically benign but may be pre-cancerous.

Post-menopause: The time after menopause has been reached.

Precocious puberty: When the physical and hormonal changes associated with sexual maturation are reached earlier than expected: before eight years of age in those assigned female at birth and nine years in those assigned male at birth.

Premenstrual dysphoric disorder (PMDD): A hormone-based condition characterized by significant distress and/or emotional lability in the luteal phase only.

Premenstrual exacerbation (PME): A worsening of a pre-existing health condition in the luteal phase after ovulation.

Premenstrual syndrome (PMS): A set of physical and emotional hormone-based symptoms in the seven to ten days leading up to a period after ovulation.

Prenatal vitamin: A multivitamin designed to supplement a pregnant person with essential nutrients for an embryo to grow.

Primary ovarian insufficiency (POI): A diagnosis given when menopause is reached before 40 years of age.

Progesterone: Sex hormone associated with the luteal phase of the menstrual cycle and maintenance of a pregnancy.

Progestin: Hormones that are not made by the body and are similar to progesterone that is made in the body.

Progestogen: Term referring to progesterone and progesterone-like compounds called progestins.

Prolactin: A hormone that leads to milk production.

Proliferative phase: Part of the uterine cycle after menstruation until ovulation when the endometrial lining is building up.

Prostaglandins: Inflammatory mediators that are involved in menstruation (and other processes) that are produced by the immune system.

Puberty: Physical and hormonal changes through which a youth matures into having the ability to reproduce.

Qi: A concept from Traditional Chinese Medicine loosely translated to your vital energy or life force.

Recall bias: error due to an error in remembering past events or omitting details while retelling said events.

Relative contraindication: a situation that could be risky and particular caution should be exercised to ensure that the benefits outweigh the risks.

Rescue dose: dose of medication needed for breakthrough pain.

Secretory phase: Part of the uterine cycle from ovulation time until menstruation.

Self-care: Practices and activities intentionally undertaken for the fulfillment of one's joy, peace, pleasure, and creativity.

Shinrin yoku: Translated as forest-bathing from Japanese, the practice of spending time in nature.

Testosterone: Sex hormone typically associated with masculinity that forms a precursor to estrogen and is involved in numerous processes in the body.

Thyroid stimulating hormone (TSH): Hormone released by the pituitary gland in the brain that tells the thyroid to produce its own hormones called T4 and T3.

Toxic shock syndrome (TSS): Rare medical condition in which a toxin called TSST-1 typically produced by the bacterium, *Staphylococcus aureus*, causes fever, rash, low blood pressure, and other symptoms that require antibiotic treatment. When associated with menstruation, it is called menstrual TSS or mTSS.

Tranexamic acid: Medication to prevent blood loss that is employed in cases of heavy menstrual bleeding.

Tubal ligation: Birth control method in which the oviducts are permanently blocked through surgery.

Tumour shrinking decoction: A Traditional Chinese Medicine herbal formula consisting of fifteen herbs commonly used for growths such as uterine fibroids.

Ulipristal acetate (UPA): A form of prescription-based emergency contraception.

Ultraprocessed foods (UPFs): Foods made entirely or mostly from substances extracted from foods, derived from food constituents, or synthesized in laboratories from food substrates or other organic sources according to the NOVA Food Classification System.

Uterine cycle: The changes in the endometrial lining of the uterus in response to estrogen and progesterone.

Uterus: The primary organ involved in menstruation, comprising three layers, called the perimetrium, myometrium, and endometrium.

Vagina: Fibromuscular tube on the inside of the body that runs from the cervix to the external genitalia.

Vasectomy: Form of male birth control in which the vas deferens, the tube that carries sperm, is sealed or cut and tied on both sides through surgery.

Vulva: Structures of the external genitalia associated with those assigned female at birth including the labia minora, labia majora, mons pubis, parts of the clitoris, vestibule, and urethral opening.

Wellness: Functioning optimally within your current environment according to the National Wellness Institute.

APPENDIX B: RESOURCES

Periods & Related Resources

The Endometriosis Network Canada: <https://endometriosisnetwork.com/>

International Association for Premenstrual Disorders: <https://iapmd.org/>

Periods Gone Public by Jennifer Weiss-Wolf

The Period Literacy School: <https://www.periodliteracy.com/>

The Period Repair Manual by Lara Briden, ND

Society of Obstetricians and Gynaecologists of Canada: <https://www.sexandu.ca/contraception/>

Wild Power: Discover the Magic of Your Menstrual Cycle and Awaken the Feminine Path to Power by Alexandra Pope

YourPeriod.ca: <https://www.yourperiod.ca/>

Period Tracking Apps:

Menstruation Nation

Euki

Customizable Google Period Tracker created by Aliza Aufrichtig of The New York Times:

<https://www.alizaaufrichtig.com/period-tracker>

Period Non-profit Organizations (Canadian)

Free Periods Canada: <https://www.freeperiods.ca/>

Moon Time Sisters: <https://truenorthaid.ca/moon-time-sisters/>

The Period Purse: <https://www.theperiodpurse.com/>

Perimenopause and Menopause

The Hormone Repair Manual by Lara Briden, ND

Menopause Chicks: <https://www.menopausechicks.com/>

The Menopause Society: www.menopause.org

Menopausal by Davina McCall with Dr. Naomi Potter

Menoverse: <https://hellomenoverse.com/>

Preconception, Pregnancy, & Fertility

Evidence Based Birth: <https://evidencebasedbirth.com/>

Expecting Better by Emily Oster

FACTS (Fertility Appreciation Collaborative to Teach the Science) About Fertility:

<https://www.factsaboutfertility.org/>

Fertility Matters Canada: <https://fertilitymatters.ca/>

It Takes Two... And a Uterus by Dr. Sarah Zadek, ND

PregnancyInfo.ca: <https://www.pregnancyinfo.ca/>

Taking Charge of Your Fertility by Toni Weschler

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CHAPTER 20. ENDOMETRIOSIS

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CHAPTER 31. ADVOCATING FOR YOUR CYCLE

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