How to Have a Happy Vagina!

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Welcome readers. Let's be frank about the subject that no one talks about. How to have a happy vagina. You can reduce your risk of hospitalizations and death from urinary tract infections, improve your sex life, and improve a variety of symptoms causes by fluctuations in your hormones.

Have you ever experienced one or all of these symptoms? Vaginal dryness, frequent urination, urinating urgency, urinary tract infections, burning, itching, pain with sex, adjusting in your chair because your underwear feels wrong or you have to adjust your pants, vaginal irritation or other symptoms? These are some of the symptoms of genitourinary syndrome of menopause. Other symptoms include decreased lubrication with sexual activity, bleeding after intercourse, decreased arousal, orgasm or desire. Don't let the name throw you off. This can happen at any stage of a woman's life.

We are here to help you and get right down to the business of why your vagina feels this way and how to fix the problem. Have you been to the doctor and they either don't address your symptoms or feel too embarrassed to discuss them? You have been told them same thing repeatedly that it might be because you are older, or you just had a baby, or this is just what happens. Unfortunately, providers are only educated on the basics of women's health focusing on the child bearing years, with limited exposure to perimenopause and menopause.

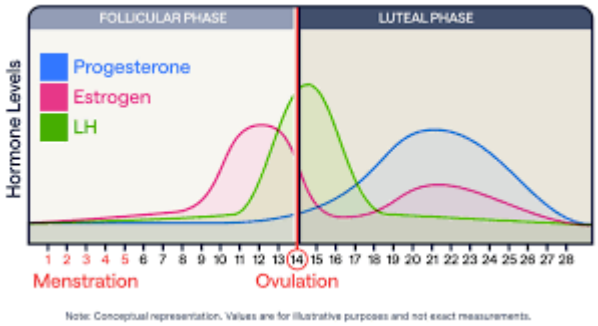
Biology Basics: An abbreviated version

Birth - Puberty

All female babies are born with no hormones. The hormones began to surge during puberty. There are wildly fluctuating levels of hormones, as a girl begins to develop. We all know how girls have fluctuating emotions with crying one minute and then angry two minutes later, easily frustrated or irritable. Young girls are not able to tell you how they feel

because their hormones are fluctuating so much. They develop breasts, hips begin to widen, a growth spurt occurs, body fat increases, skin becomes oiler, and sweat gland function increases. The first periods may be irregular and can take up to five years to become regular. The hormones begin to fluctuate on a more consistent basis and a regular cycle will occur anywhere from 21 to 35 days.

Child Bearing Years:



The phases of the menstrual cycle start with the follicular phase, days 1-13 which begins on the first day of the period. Estrogen rises, causing the uterine lining to thicken and follicles to mature. Day 14-28 is ovulation, which results in a surge of luteinizing hormone which triggers the release of the mature egg from the ovary. The luteal phase occurs on days 15-28 when the body prepares for potential pregnancy. Progesterone levels increase, thickening of the uterine lining results and if no fertilization occurs then the lining of the uterus sheds resulting in menstruation.

Pregnancy has many shifts in hormones that reach specific levels to help maintain growth and development of the baby. Estradiol levels rise to 100 times the prenatal level by the third trimester. Progesterone and 17-hydroxyprogesterone are rising, while the testosterone level is 5 times the amount it was during the prenatal period. Secondary hormone binding globulin increases about five times. Needless to say, all these levels are much higher than they are at baseline. When you deliver a baby, you go from having all these elevated levels of hormones to zero. No wonder your hair falls out, you can't sleep, you feel hot, exhausted and out of sorts. Everyone has told you it is because your baby isn't sleeping and you just delivered a baby but what no one really prepared you for this stage. Welcome to temporary menopause. If you are breastfeeding or pumping you will continue to have these symptoms until your period resumes and hormones return to a normal state. Does this mean you should not breast feed or pump milk for your baby? Absolutely not, but every woman will experience this for a short time after delivery until the hormones stabilize.

Peri-Menopause

Peri-menopause can begin around age 40 but earlier in some women. It can last 4-10 years with the very early stages resulting in periods that remain regular but some subtle changes might occur. As you progress through the peri-menopausal stages the cycle length begins to vary (often a change of 7 days or more). This transition progressively gets longer with skipped periods or gaps of 60 days or more between cycles. The final phase results in

complete absence of your period for one year. Congratulations you have now reached menopause.

Menopause

Menopause occurs when you have the absence of your period for one year. Typically occurs around ages 45-55 with the average age of 51.

Understanding what physically happens, can provide you with the peace of mind and know you are not alone.

How do we fix the problem and women can begin to feel better?

Did you know recent studies indicate the use of vaginal micronized estrogen and DHEA topically is highly effective and safe treatment for genitourinary symptoms of menopause? Nearly every woman should be using a topical vaginal estrogen including women on birth control, women that are lactating, perimenopausal and menopausal women. Why is this so important?

The vaginal tissues atrophy due to the lack of hormones in peri-menopause and menopause which protect the vagina. The labia minora will shrink, the tissue will appear pale and thin resulting in micro-tearing of the tissues, redness and petechiae can be present, urethral eversion or prolapse, the length of the urethral shortens, and retraction of the entrance of the vagina. The vagina likes to be acidic with a pH of 3.5-4.5. The pH levels begin to shift in perimenopause. During menopause the pH becomes more alkaline because estrogen is responsible for maintain pH levels. When the vaginal pH reaches 7.5 bad bacteria begin to grow resulting in yeast infections, bacterial vaginosis and urinary tract infections. Once a woman reaches menopause, there are no hormones to protect the vagina. The American Urological Association study determined the use of micronized estrogen prevented 11/12 urinary tract infections in when compared to those using a placebo. They also concluded women had a 22% decreased risk for hospitalization related to urinary tract infection including a 51% reduction of sepsis and a 73% reduction of dying from a urinary tract infection. Micronized estrogen is not used to treat urinary tract infections but to help keep the tissue healthy to prevent urinary tract infections.

Vaginal micronized 17B-estradiol is highly effective, safe and popular treatment for genitourinary syndrome of menopause. Using this type of estradiol to the vaginal tissues improves vaginal tissue quality, pH, and relief of (dryness, pain) while minimizing systemic exposure. It has a much lower risk of systemic side effects compared to oral therapies. It is often preferred for its high patient satisfaction and lower risk of systemic side effects compared to oral therapies.

Estrogen is a key component in regulating and making lactobacillus which is responsible for maintaining the pH of the vagina. When you have very low estrogen, the body can not make glycogen which makes lactobacillus resulting in disruption of the pH and the pre-

biotics that protect the vagina. Studies confirm that vaginal estriol cream promotes the growth of *Lactobacillus* and *Bifidobacterium*, effectively lowering vaginal pH and reducing dysbiotic communities in postmenopausal women with stress incontinence. Studies, including analyses of the Nurses' Health Study, show that vaginal estrogen use is not associated with an increased risk of cardiovascular disease, cancer, or hip fracture. A research study from June 2024 indicates that the risk of breast cancer recurrence is similar in breast cancer survivors using vaginal estrogen compared to those who do not, suggesting it is a safe option for managing GSM in this population.

I am using hormone replacement therapy currently, should I be using micronized vaginal estrogen cream? Yes. The estrogen patch and other treatments are not enough hormone replacement to treat the genital area. It is not dangerous to use both. The vaginal cream is used once a day for the first two weeks and then twice a week. This is a lifelong therapy to prevent UTI's, and other vaginal complications.

I am breastfeeding should I use micronized vaginal cream? Absolutely yes, because this will help with all the symptoms of your "temporary menopause". If you are not planning to get pregnant you will still need to use a birth control method approved by your doctor. This does not prevent pregnancy.

What can I do to improve my sex life?

The use of micronized estrogen with a combination of sildenafil cream can help to improve your symptoms during intercourse. When vaginal tissue is not supplemented with estrogen, the tissue thins, causing microtears in the tissues. During intercourse, think of it like a contact sport. A penis, fingers, vibrator or other objects continue to come in contact with already thin and irritated tissues, resulting in a painful experience. Often times the fragile tissue can tear or cause micro tears within the vagina and surrounding tissues. When a man ejaculates into the vagina, the ejaculate is slightly alkaline ranging from 7.2-8.0, which neutralizes the acidic environment of the vagina which is typically 3.5-4.5. This sets women up for more infections especially once the vaginal pH reaches 7.5. Does this mean every time you have intercourse you will get an infection? No but if your pH is already off to begin with, intercourse with ejaculation can set you up for an infection. The use of female sildenafil cream and vaginal micronized vaginal estrogen cream helps to reduce urinary frequency, urinary urgency, increases arousal, improves lubrication and orgasm. It also helps to prevent urinary tract infections.

How long does it take to work?

The use of the micronized vaginal estrogen cream will take 2-3 months to work, but keep using it because the tissue needs to adapt again to receiving estrogen.

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