NATURAL FERTILITY & HORMONE CARE · DR. LAURIE TERZO

Decode Your Cycle

What your cycle signs and symptoms may be telling you about your hormones and fertility, plus the red flags worth a closer look.

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Welcome

You've been tracking. Maybe for months. Temperatures, apps, ovulation strips, that little chart you check before your feet even hit the floor. And still, no one has sat down and told you what any of it actually means.

Your cycle is one of the most honest reports your body gives you. Every sign, a short luteal phase, spotting before your period, temps that never quite rise, mucus that never quite shows, is your body saying something about your hormones, your thyroid, your blood sugar, your nervous system.

This guide helps you read those signals the way I do with the women I work with. The first table decodes common cycle signs into what they may be pointing to. The second flags the patterns worth deeper testing. None of it is a diagnosis. All of it is a better place to start asking questions.

The Cycle Decoder

What each cycle sign may be telling you.

Cycle sign or pattern	What it may suggest	Notes
Short luteal phase (under 10 days)	Low progesterone, cortisol dysregulation, or inflammation	A common sign of a luteal phase defect, often tied to low progesterone or cortisol imbalance.
Low follicular temps (under 97.2°F)	Thyroid imbalance or low metabolic rate	May reflect subclinical hypothyroidism or low metabolic rate (linked to low T3).
Low luteal temps (under 97.5°F)	Low progesterone or HPA-axis strain	Less of the thermogenic effect of progesterone, often tied to cortisol dysregulation.
No fertile (egg-white) mucus	Low estrogen, dehydration, or vaginal dysbiosis	Estrogen drives fertile mucus, and dehydration or imbalanced vaginal flora can play a part.
Long cycles (over 35 days)	PMOS (formerly PCOS), hypothalamic dysfunction, or delayed ovulation	Typical of PMOS, delayed ovulation, or hypothalamic amenorrhea.
Irregular cycles	Stress, HPA-HPO axis disruption, or hypothalamic amenorrhea	In TCM, liver qi stagnation, and disrupted HPO signaling can drive irregularity.
Spotting before your period	Progesterone drop or luteal phase defect	Suggests an early progesterone drop or unstable uterine lining.

Cycle sign or pattern	What it may suggest	Notes
Sudden temp drop mid-luteal	Inflammation, or an implantation dip if pregnant	Worth watching alongside your other signs.
No temp shift after a positive OPK	Anovulatory cycle or stress effect	An LH surge without ovulation can mean LUFS or stress disruption.
Elevated temps throughout the cycle	Low-grade infection, estrogen dominance, or a tracking error	Worth a second look at tracking and inflammation.
Very low temps in both phases (under 96.8°F)	Possible hypothyroidism or metabolic slowdown	May indicate a sluggish thyroid or chronically low metabolism.
Delayed temp rise after OPK	Sluggish ovulation or weak follicle rupture	Ovulation may be weak or delayed even after the LH surge.
Multiple LH surges in one cycle	PMOS or stress-related LH fluctuation	Seen in PMOS or stress cycles with multiple dominant follicles.
Short follicular phase (under 12 days)	Premature ovulation, stress, or liver imbalance	Poor estrogen build-up, sometimes from weak FSH stimulation.
Luteal phase longer than 16 days	Possible pregnancy, cysts, or hormonal imbalance	Worth confirming with a test.
Temp dip before period	Normal progesterone drop or estrogen surge	A common progesterone drop leading into menses.
High temps after your period starts	Inflammation or lingering progesterone	Progesterone may persist a day or two despite bleeding.
Irregular mucus (dry after fertile)	Estrogen drop or hormonal dysregulation	Patterns worth tracking over a few cycles.
Watery mucus throughout the cycle	Estrogen dominance or microbiome imbalance	Worth noting alongside other estrogen signs.
Fertile signs with no ovulation	Estrogen surge without full follicular maturity	An estrogen surge can occur without ovulation (immature follicle).

The Red Flag Tracker

If you notice any of these consistently, it may be time to look deeper.

Red flag sign	Suggested follow-up	Notes
No cervical mucus all cycle	Check estrogen, vaginal microbiome, hydration	Estrogen deficiency, poor hydration, or microbiome imbalance.
Luteal phase consistently under 12 days	Test progesterone 7 days after ovulation, and cortisol	Suggests a luteal phase defect, often inadequate progesterone or cortisol dysregulation.
Luteal temps under 97.5°F	Evaluate progesterone and thyroid function	Can indicate a weak corpus luteum or low progesterone.
Cycles consistently under 26 days	Rule out luteal phase defect, stress, undernutrition	Short luteal phase or stress-related shortening.
Cycles consistently over 35 days	Screen for PMOS and thyroid dysfunction	Often linked to PMOS or anovulation.
No clear temp shift each cycle	Rule out anovulation or tracking errors	May need progesterone testing or ultrasound confirmation.
Positive OPKs without ovulation signs	Confirm ovulation with progesterone or ultrasound	An LH surge alone does not confirm ovulation, it can be a false positive or LUFS.
Mid-luteal spotting or temp dip	Assess progesterone or uterine lining	Can reflect low progesterone or poor endometrial stability.
Erratic or flatlined BBT	Investigate thyroid, cortisol, blood sugar	Seen with thyroid issues, cortisol dysregulation, or poor sleep.
Frequent PMS (mood swings, breast pain, cramps)	Check hormone clearance, liver detox, progesterone	Often estrogen dominance or poor hormone clearance.
Multiple positive OPKs in one cycle	Assess for PMOS or stress-driven LH	Seen in PMOS or with fluctuating LH from stress or diet.
BBT consistently below 96.8°F	Check thyroid and iron status	Often points to hypothyroidism or low T3.
Mid-cycle bleeding	Investigate the ovulation-time estrogen dip, fibroids, or polyps	Often the brief estrogen drop around ovulation, or a structural cause (fibroid or polyp).

Red flag sign	Suggested follow-up	Notes
Very light or very heavy periods	Check hormone balance, clotting, nutrients, structure	Possible clotting, thyroid, or progesterone imbalance.
Cervical mucus with an unpleasant smell	Check for BV, vaginal pH, or infection	Often linked to BV or microbiome imbalance.
Severe PMS (rage, low mood)	Evaluate progesterone, estrogen metabolism, inflammation	Estrogen-progesterone imbalance and inflammation often involved.
Cycle length varies more than 7 days month to month	Assess HPO axis health and ovulatory function	Stress or ovulatory dysfunction.
BBT shifts but no ovulation symptoms	Consider LUFS or stress	The ovary may not rupture the follicle (LUFS).
No period for 3+ months	Evaluate for hypothalamic amenorrhea, PMOS, or thyroid	Check thyroid, PMOS, or hypothalamic function.
Chronic acne or new hair growth	Test androgens (DHEA, testosterone), insulin, inflammation	Androgen excess, PMOS, or insulin resistance.

Want a clearer picture of what's going on?

If your cycle is raising questions, you don't have to figure it out alone. My team offers free, 45-minute fertility audit calls. They are conversational, with no prep needed, just bring your story and your questions. We'll talk through what might be going on for you, and what a root-cause next step could look like.

Book your free fertility audit call: https://p.bttr.to/38tXEDF